ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

ACMC
ASHLEY COUNTY
MEDICAL CENTER

October 2018

Jimmy Stell
Safety Officer

Phillip Gilmore
CEO

Kenneth Richards, M.D.
Chief of Medical Staff

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January 2017

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Chief of Medical Staff

ASHLEY COUNTY MEDICAL CENTER

AUTHORITY OF SAFETY OFFICER

The hospital safety officer, Jimmy Stell, is hereby authorized by the undersigned and through the authority of the Safety Committee to intervene whenever conditions exist that pose an immediate threat to life or health, or pose a threat of damage to equipment or building.

Phillip K. Gilmore
Phillip Gilmore, CEO

3-24-17
Date

MSG
Mark Malloy, M.D., Chief of Staff

3/30/17
Date

GOAL OF SAFETY PROGRAM

The goal of the Safety Program is to continuously be alert to real or potential safety hazards which present a risk to patients, visitors, or staff and to intervene accordingly.

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Program Introduction		0.10
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Employees	Safety Committee

All policies and procedures in this manual will be applied to and followed according to the standards set forth by the State Health Department of Arkansas and Long Term Care Facilities.

Preventive Maintenance, Mechanical, Electrical and Biomedical Equipment check list and all records may be found on file in the Maintenance Department.

The Administration and Management of this hospital fully recognize and support the HOSPITAL SAFETY PROGRAM. The rules and regulations contained in this manual are for each department's use and contain the specific rules and regulations by department.

The SAFETY COMMITTEE is responsible for the administration of this program and will meet regularly and record minutes and proceedings of the meetings. In addition to the quarterly safety meetings, any pertinent safety problems will be discussed at monthly interdepartmental meetings.

It is the responsibility of the SAFETY COMMITTEE to coordinate the Fire, Safety and Disaster Plans. Reports and copies of such documents and actions are to be made a part of the permanent record of this committee. Various reports and inspections of related surveying agencies are also to become a part of the permanent record.

The details of the SAFETY PROGRAM are found in the following pages of this manual. Any corrections, suggestions or additions to such are welcomed and should be brought to the attention of the SAFETY COMMITTEE for review and consideration.

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Components of Safety		0.20
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

- Hazardous Materials
- Hazardous Surveillance
- Safety Risk Management
- Disaster Preparedness
- Utilities Management
- Safety Education
- Equipment Management
- Life Safety

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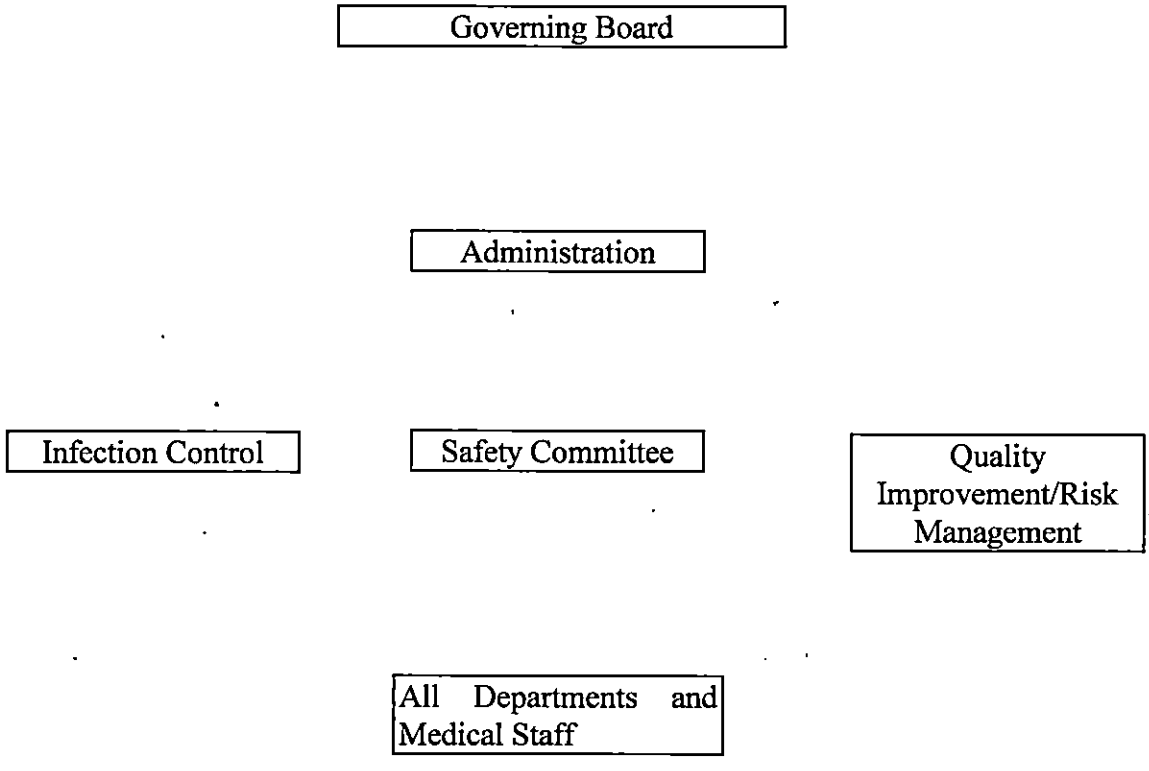
TITLE/DESCRIPTION:		**FILING NUMBER:**
Safety Organizational Chart		0.30
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee



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TITLE/DESCRIPTION:		**FILING NUMBER:**
Emergency Codes		0.40
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

Emergency Color Code designations for alerting personnel to a situation and minimize anxiety for patients and visitors will be assigned as follows:

- CODE BLACK — If Evacuation is necessary
- CODE ORANGE — Bomb Threat
- CODE RED — Fire or Fire Drill
- CODE BLUE — Cardiac Arrest
- CODE GREEN — Mass Casualty
- CODE PINK — Kidnapping
- CODE PURPLE — Combative Patient/Visitor
- CODE YELLOW — Generations Escape
- CODE WHITE — Tornado Warning
- CODE SILVER — Active Shooter
- CODE C — Ebola Patient

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Duties of Safety Officer		0.50
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Safety Officer	Safety Committee

1. Act as chairman of the safety committee.
2. Act as hospital safety officer.
3. Coordinate the formulation of policies and procedures for safety in all hospital departments.
4. Work with Risk Manager to assess the impact of safety policies on visitors, patients and employees.
5. Coordinate the process for collecting information about hazards and safety throughout the hospital.
6. Report actions taken to correct deficiencies in safety.
7. Furnish information to the Q.I. and Risk Management programs on safety and any situations which would affect those areas.
8. Work with departments to implement safety committee recommendations.
9. Help in developing the safety orientation for new employees and on-going education for safety.
10. Coordinate the hazardous materials and waste programs.
11. Work with all departments in the developing and ongoing improvement of the emergency preparedness program.
12. Coordinate with Maintenance Director the Life Safety Code Program including compliance with fire codes building construction, hospital environment and grounds safety.
13. Receive reports from the Maintenance Director regarding ongoing safety evaluation of hospital equipment.
14. Receive reports of equipment and utility failures from Maintenance Director and reporting failures to the safety committee.

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Department/Unit Safety Officer		0.60
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments/Units	Safety Committee

Definition: In order to achieve the objectives of the overall safety program at Ashley County Medical Center and to provide each unit and department a trained individual to coordinate many of the everyday safety activities, each department/unit will assign one person to be the designated safety officer.

Standard: All departments, units, and services of the hospital will appoint a safety officer from within their area who will carry out the overall directions of the approved Safety Management Plan.

Procedure: The Department Safety Officer will oversee department safety functions defined as:

- Fire safety
- Hazard communication
- Hazard surveillance surveys
- Emergency preparedness
- General safety (housekeeping, risk management, incident of reporting)

Training sessions will be scheduled as indicated by the needs of the program.

The responsibilities of the Department/Unit Safety Officers include, but are not limited to:

1. Assure department/unit compliance to the Hazard Communication Program at Ashley County Medical Center by orienting all new employees to the program, including the hazardous materials used in their work area, the location of the HazComm Manual, and personal protective equipment in place. The safety officer will assure proper documentation of the training and maintain the department's HazComm Manual.

2. Conduct Department Hazard Surveillance surveys monthly and report the results of the survey to the Safety Manager for review and approval. The Safety Manager will report any hazards or unsafe actions to the safety committee for review and corrective action.

3. Evaluate and document department/unit fire drills.
   Assure that department staff is knowledgeable and practiced in the hospital fire plan and evacuation plan, as well as the department-specific procedures.

TITLE/DESCRIPTION:		**FILING NUMBER:**
Department/Unit Safety Officer		0.60
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

Department/Unit Safety Officer (continued)

4. Evaluate department-specific plan and outline of staff responsibilities in the event of a disaster situation.

5. Complete Monthly Department Safety Report and submit to Safety Officer. (See attached form in Health and Safety Plan)

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Safety Committee		0.70-1
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Employees	Safety Committee

The hospital is a unique organization comprised of many departments, all having different needs and duties. The task of safety surveillance is difficult, but may be simplified by emphasis on professionalism and education among staff and employees. The Hospital has at its disposal many unprecedented resources to combat accidents and fire, and it is up to each employee to use these resources. The Safety Committee is one of these resources. The Safety Committee is designed to coordinate the development of Hospital and departmental safety rules and practices. The committee will meet quarterly and more often as needed. Special meetings may be called at the discretion of the Safety Director or Administrator as deemed necessary. Also, safety may be discussed at the monthly interdepartmental meetings.

EXTENT OF AUTHORITY

The chairman of the Safety Committee reports to the Administrator. The Administrator will review the findings and recommendations of the Safety Committee and take appropriate action. The Safety Committee will be composed of a representative from each department, and others as appropriate.

RESPONSIBILITIES OF SAFETY COMMITTEE

1. Development of written policies and procedures to enhance safety within the Hospital and its grounds.

2. Coordinate and cooperate in developing departmental safety rules and practices.

3. Convene the Safety Committee at least quarterly and more often if needed.

4. Maintain written minutes of each safety committee meeting.

5. Report in writing pertinent committee findings and recommendations to the Governing Body, Administration, Nursing and all departments and service involved.

6. Establish an occurrence reporting system:
    a. For investigating evaluating all incident reports.
    b. For documenting review of all such reports and actions taken.

7. Provide liaison with the Infection Control Committee.

8. Provide safety related information:
    a. For orientation of new employees.
    b. For continuing education of all hospital employees.

9. Conduct a hazard surveillance program at specifically defined intervals.

10. Establish methods of measuring results of the safety program and periodic analysis to determine its effectiveness, including a review of all pertinent records and reports.

11. Become familiar with local, state and federal safety regulations applicable to our hospital.

12. Become familiar with safety-oriented governmental and non-governmental agencies.

13. Develop a reference of pertinent documents and publications dealing with all facets of hospital safety.

14. Conduct periodic safety inspections throughout the hospital.

FUNDAMENTAL RULES OF SAFETY

The Hospital Safety surveillance program must devote most of it efforts to the elimination of falls and to instruction of personnel in the proper method of lifting and carrying. The balance of the safety program will be divided equally among all remaining types of unsafe conditions and unsafe acts. The program will be carried out on a departmental basis. While the program is considered to be very comprehensive, it is more easily contemplated than accomplished, because accidents have a peculiar habit of being unexpected.

Attention to one potential hazard area can result, intentionally or unintentionally, in the neglect of others. A continuing surveillance program that gives constant attention to all accident causes, therefore, is the only pathway to a perfect safety record. Total awareness means "Safety Always - In All Ways".

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TITLE/DESCRIPTION:		FILING NUMBER:
Employee Health and Safety Plan		0.80
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
January 2017	All Departments	Safety Committee

Employee Health and Safety Plan:

I. Management Component

II. Accident/Injury Analysis Component

III. Record Keeping Component

IV. Education and Training Component

V. Safety and Health Inspection Component

VI. Incident Investigation Component

VII. Health and Safety Plan Review and Revision Component

Attachment A Training and Education Matrix

Attachment B Frequency of Dept Safety Inspections

Appendix 1 Sample Trend Analysis Review

Appendix A Safety Training Attendance List

Appendix B Self- Inspection Form

Appendix C Safety Hazard Report

Appendix D Vehicle Inspections

Appendix E Accident Investigation Form

Appendix F Annual Health and Safety Plan Review

I. MANAGEMENT COMPONENT

1. Safety Policy (please post)

It is the policy of Ashley County Medical Center (ACMC) to work continually toward improving our safety program and safety procedures.

It is ACMC's intent to provide a safe working environment in all areas for our employees. It is our belief that all accidents and injuries can and should be prevented by controlling the environment and the actions of our employees. Therefore, safety will take precedence over expediency and shortcuts. Every attempt will be made to reduce the possibility of accidents or injuries. Protection of employees, the public, and ACMC property and operation is paramount. We consider no phase of the operation more important than the health and safety of our employees.

Employee safety is our number one priority as we do business. We will pledge to train and equip our employees with the tools and knowledge to be able to do their jobs safely. We will ensure the policies adopted by our company are implemented and adhered to by all employees. While at the same time, employees must take personal responsibility for the prevention of injuries.

Management will continue to be guided and motivated by this policy, and with the cooperation of all employees, will actively pursue a safer working environment throughout our company.

Phillip K. Gilmore, CEO

1-27-17
Date

2. Assignment of Responsibilities

The ACMC Safety Officer will be the primary person responsible for the implementation and enforcement of the company safety policy. In the absence of the Safety Officer, the ACMC Compliance Officer will assume the responsibility for enforcing the program.

Additionally, the Compliance Officer will be responsible for all documentation and records developed as a result of safety training, meetings, accident investigations and hazard reports required by the plan.

II. ACCIDENT/INJURY ANALYSIS COMPONENT

1. Injury Analysis

The ACMC Human Resources Director will review our company's health and safety trends on a quarterly basis. The purpose of this review will be to identify any trends or patterns and take corrective action.

The following documentation will be reviewed when developing the trend analysis:

OSHA 300 log, Loss Run reports, Incident Reports/near misses, Accident Investigations, Self inspection reports, etc.)

Trends will be reviewed for patterns such as: shift, injury type, time of day, and by type of exposure. The ACMC Compliance Officer will make recommendations and track corrective actions identified to prevent recurrence of similar accidents or hazards.

2. Documentation

The Human Resources Director will be responsible for documenting the trend analysis reviews. All documented reviews will be retained for a period of 24 months.

(A sample of a simple trend review is attached to this sample program, Appendix 1.)

EMPLOYEE HEALTH AND SAFETY PLAN

III. RECORD KEEPING COMPONENT

Safety Program Record Keeping

The ACMC Human Resources Director will be responsible for maintaining all documentation of training, accident reports, and OSHA logs, and other documentation required for the implementation of this health and safety plan. The Compliance Officer will be responsible for maintaining documentation of near miss reports and hazard reports.

Blank forms for all necessary documentation for the health and safety plan will be available in the Human Resources office or the Compliance Officer's office.

The following are a list of records kept as part of the health and safety plan:

1. Injury Records:
An injury log will be maintained in the Human Resources office. Injuries will be recorded on an OSHA 300 log (if required), or equivalent, within 24 hours of being reported.

The summary portion of the OSHA 300 log (if required) will be posted from February 1st to April 30th each year in a place where employee notices are normally placed.

Injury records will be retained for a period of five (5) calendar years.

2. Inspection records
All health and safety inspections will be maintained in the office of the Compliance Officer for a period of at least 1 year.

3. Safety Meetings/Training Records
Safety meeting records will be maintained in the office of the Compliance Officer, and training records will be maintained in the Human Resources office for a period of at least 1 year unless other regulations require that they be maintained for longer periods.

4. Accident Investigation Records will be maintained in the Human Resources office for a period of at least 1 year.

EMPLOYEE HEALTH AND SAFETY PLAN

IV. EDUCATION AND TRAINING COMPONENT

1. Training And Education

Ashley County Medical Center is committed to providing safety and health related orientation and training to all employees at all levels of the company. The Compliance Officer will be responsible for identifying the education and training needs of this facility on an annual basis. The training subjects and materials are developed utilizing industry and site specific criteria based on the identified and potential hazards and past claims history.

The training program will be administered in two phases consisting of new employee or reassignment orientation and general periodic and refresher training. In addition to formal safety and health training, employees will also receive on the job instruction on safe operating procedures of each assigned job or task.

The training identified by our company will include but is not limited to, the topics on the attached training matrix (Attachment A).

2. Employee Orientation:

Our company will conduct orientation for employees when:

I. Health and Safety Plan is implemented or changed
II. Employees are new or newly assigned
III. New substances, processes, or equipment is introduced
IV. New hazards or previously unrecognized hazard is found

The orientation will consist of all required training programs as well as job and site specific safety and health information. All new employees will be given a tour of the facility and an opportunity to pose questions to familiarize themselves with the process. New employees will not be released to an individual job assignment until it has been determined by the Department Manager that the individual has retained the minimal acceptable elements of the training provided and can safely perform the assigned duties.

3. Training and Education Documentation

Safety education and training will be documented and records will be maintained by the Human Resources Director for a period of 24 months or as required by law or directives.

EMPLOYEE HEALTH AND SAFETY PLAN

Documentation will include:

1) Date of training,
2) Name of trainer,
3) Subject(s) covered, and
4) Attendance roster with employee's signatures.

Ashley County Medical Center will ensure that supervisors are trained in safety hazard recognition and prevention.

V. SAFETY AND HEALTH INSPECTION COMPONENT

1. Safety Inspections

The Department Managers will be responsible for conducting and documenting safety inspections within our company. The purpose of these inspections is to identify hazardous conditions and practices that may result in injury or illness to the employee. Furthermore, Department Managers will be responsible for taking action to track and correct the hazards found during these inspections.

Attachment B is a list and schedule of areas to be inspected:

2. Documentation

Records of these inspections will be maintained by the Compliance Officer. Records will be maintained and tracked until all hazards noted are corrected and will remain on file for a period of 12 months.

Documentation will include:
1. Date of inspection
2. Name of person conducting inspection
3. Inspection results (items noted)
4. Person assigned for corrective action
5. Date of corrections made

All parties who conduct formal workplace inspections will be trained on their responsibilities and on how to document the inspections.

EMPLOYEE HEALTH AND SAFETY PLAN

VI. ACCIDENT/INCIDENT INVESTIGATION COMPONENT

Accident/Incident Investigation

An accident may be defined as an unexpected and usually undesirable event that may cause injury to people, damage to property or the environment, or a combination of both. Accidents usually arise from a combination of unsafe conditions and unsafe acts.
Ashley County Medical Center requires all employees to immediately report to their supervisor all accidents and incidents that result in injury or property damage, and all near misses. Each of these events will be investigated within 24 hours to determine the causes and contributing factors. From the accident investigation, a plan of corrective action will be established to prevent recurrence of similar events.

The Department Manager will investigate and document all accidents and incidents that involve workers. The investigation will include completing the Accident Investigation Report, taking witness statements, and ensuring the injured worker has received any needed medical assistance. **(See attached incident investigation report form)**

1. Procedure:

1. The employee reports work related accident
2. Supervisor ensures proper medical attention given
3. Arrange for transportation for injured employee's medical treatment if needed
4. Secure the scene of the accident
5. Supervisor completes the Accident Investigation Report

A. The steps of an effective accident investigation include:

1. Secure and manage the scene to prevent further injury and preserve evidence that may be important in the investigation.
2. Take photographs and make sketches of the scene. Identify equipment, materials, etc.
3. Interview witnesses, others who may have been involved in or have information about the process, and others who may be able to provide pertinent information concerning the conditions that may have contributed to the accident. Reduce the statements to writing and have them signed by the persons interviewed.
4. Evaluate all factors to determine Who, What, When, How, and Why?
5. Prepare a written, detailed report of the investigation
6. Recommend corrective actions.
7. Follow up on the recommendations to ensure corrective actions have been implemented and that they are effective.
8. Supervisor sends Accident Investigation Report to Senior Management for review.

2. Documentation

The accident investigation will be reviewed by Human Resources or Compliance Officer to determine corrective actions needed. The Department Manager will be responsible for tracking and implementing the corrective actions. Accident investigation reports should be retained in the Human Resources office for a period of at least two years.

Ashley County Medical Center will ensure that accident investigations are conducted by trained personnel.

VII. REVIEW AND REVISION COMPONENT

Review and Revision

The Safety Officer or other designated representative will review and revise the components of the Health and Safety Plan on an annual basis. The purpose of this review will be to determine if all areas of exposure are addressed in the Health and Safety Plan. Special attention will be devoted to areas that demonstrate failure in a program element, and introduction of new processes or equipment. Corrective actions will be taken and the plan will be amended to ensure that it is effective.

Annual reviews will be documented showing the date of the review and any corrective actions taken. Documentation will be maintained by the Compliance Officer.

Attachment A: Training and Education Matrix

I = initial, at orientation

A = annual

	Hazard Communications	Emergency Evacuation	Blood Borne Pathogens	Respiratory Protection	Fire Safety	Personal Protective Equipment	Tornado	Defensive Driving
Accounting	I, A	I, A	I	I	I, A	I	I, A	
Administration	I, A	I, A	I	I	I, A	I	I, A	
Admissions/Fin. Counseling	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Ashley Health Services	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Ashley Specialty	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Business Office	I, A	I, A	I	I	I, A	I	I, A	
Dietary	I, A	I, A	I	I	I, A		I, A	
Hamburg Clinic	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Health Information	I, A	I, A			I, A		I, A	
Home Health	I, A	I, A	I, A	I, A	I, A	I, A	I, A	I, A
Laboratory	I, A	I, A	I, A	I, A	I, A	I, A	I, A	I, A
Materials Management	I, A	I, A	I	I	I, A	I, A	I, A	
All Nursing	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Pharmacy	I, A	I, A		I	I, A	I, A	I, A	
Physical Therapy	I, A	I, A	I, A	I, A	I, A	I, A	I, A	I, A
Radiology	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Respiratory Therapy	I, A	I, A	I, A	I, A	I, A	I, A	I, A	
Speech	I, A	I, A	I, A	I, A	I, A	I, A	I, A	I, A
Wellness Center	I, A	I, A	I, A	I	I, A	I, A	I, A	
Maintenance	I, A	I, A	I, A	I, A	I, A	I, A	I, A	I, A

Attachment A: Training and Education Matrix

I = initial, at orientation

A = annual

	Lock out/tag out	Fall protection	Ladder safety	Hand tool safety	Hearing conservation	Powered industrial truck		
Maintenance	I, A	I, A	I, A	I, A	I, A	I, A		

EMPLOYEE HEALTH AND SAFETY PLAN

Attachment B:

Frequency of department safety inspections: (See Appendix B)

Department/Area	Inspection Schedule
All Departments	At least quarterly

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Health and Safety Plan Employee Acknowledgment

Employee Name:_____

Date Hired:_____

I acknowledge that I have read and received training on the contents of the health and safety plan. I understand that compliance with all stated company policies, including safety, is a condition of continued employment with this company.

Employee Signature_____ Date_____

Human Resources Director_____ Date_____

EMPLOYEE HEALTH AND SAFETY PLAN

Appendix 1

Sample Trend Analysis Review

YEAR (DATE) to (Date)

DATA REVIEWED

- X OSHA 300 log
- X 1st Report of Injury
- X Incident/near miss reports
- X Accident investigations
- X Loss Run reports
- X Self Inspection Reports

RESULTS OF REVIEW

In (Year) the areas that have had the largest occurrences of injuries and near misses are, in order of highest to lowest:

CORRECTIVE ACTIONS TAKEN:

EMPLOYEE HEALTH AND SAFETY PLAN

Appendix A

Safety Training Attendance List

The undersigned have received the following training:

Subject:_____ Date:_____

Trainer:_____ Location:_____

Employee Name: *Printed*	*Signature*	*Dept.*

Appendix B

Safety Standards Self-Inspection Form

Date of Inspection: _____

Location or Department(s) Inspected: _____

Signature: _____

		Yes	No
1. **Housekeeping**	Is the work area clean and orderly?		
2. **Floors**	Are floors in good condition: smooth, clean surfaces, without holes, cracks or humps?		
3. **Aisles**	Are aisles and passageways clear, dry and free of tripping hazards?		
4. **Stairways**	Are stairs in good condition, with handrails and adequate lighting?		
5. **Storage**	Are materials, products, or supplies properly and safely stored to a workable height?		
6. **Ladders**	Are ladders provided where needed, of standard construction, and in good physical condition?		
7. **Machines & Equipment**	Are machines and equipment in safe operating condition? Are the necessary guards provided and used?		
8. **Hand Tools**	Are the right tools for the job being used? Are they in good condition?		
9. **Electrical**	Are all required grounds provided on power tools and extension cords? Is equipment in good operating condition?		
10. **Lighting**	Is adequate lighting provided in all work areas?		
11. **Eye Protection**	Are all employees provided with suitable eye protection when around operations that produce eye hazards?		
12. **First Aid**	Are first aid supplies provided if needed?		
13. **Fire Extinguishers**	Are fire extinguishers easily accessible, unblocked, and properly serviced/		
14. **Entrances**	Are entrances kept dry or provided with nonskid mats		
15. **Exits**	Are emergency exits marked, clear, and easily accessible? Are exit doors unlocked and do they swing toward the outside?		
16. **Exterior** (sidewalks, parking lots, etc.)	Are sidewalks and parking lots smooth and free of cracks. holes and tripping hazards?		
17. **Material Handling-**	Are all employees trained in proper lifting		

Lifting	techniques and material handling?		
18. **Signs**	Are safety instructions and warning signs posted where needed?		

Appendix C

Safety Hazard Report

Name: _____ Date: _____

Day of Week: _____ Time: _____

Location: _____

_____

Hazard Description:

_____

_____

_____

_____

_____

_____

Recommendation:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date of Correction: _____

Appendix D

Vehicle Inspections

1.	**Tires and Wheels:**	**Satisfactory**	**Needs Servicing**
	Correct air pressure		
	Tires free of wear		
	Rims free of damage		
	All lugs present and tight		
	Properly matched tires		
2.	**Lights**		
	Turn on lights – use low beams		
	Check high beams, left and right turn signals, break lights and parking lights		
3.	**Brakes**		
	Parking brake: apply parking brake with vehicle moving slowly. Vehicle should stop		
	Service brake: push brake pedal firmly with vehicle going about 5 miles per hour. Vehicle should stop with no pulling to one side or delayed stopping action.		
	Test the steering while the vehicle is moving. Steering should be smooth and consistent with no play in the steering wheel.		
4.	**Emergency Equipment**		
	Are flags, jack, flares or other warning devices, fire extinguisher, flashlight, and wheel blocks. etc. Check to see that supplies are in good working order.		
	Spare tire properly inflated		
5	**Inside of Vehicle**		
	Check mirrors, windshield wipers, panel gauges, horn. Adjust seat for comfort. Adjust side mirrors		
	Make sure cargo is properly secured.		
6.	**Under Hood**		
	Fluid levels: oil, water, brake fluid, windshield washer fluid, battery fluid		
	Check the condition of belts; look for loose or frayed belts.		
	Houses: Check for loose or disconnected hoses.		
	Check under vehicle for leaking fluids		

Appendix E

Accident Investigation Form

Department: _____ Date of this report: _____

Injured Employee: _____

Employee Job Title: _____

Date and time of injury: _____ AM/PM

Where injury happened: _____

Nature of injury/property damage: _____

_____

Describe the incident (What happened?): _____

_____

_____

_____

Contributing factors: _____

_____

Witnesses:

_____

What action(s) are being taken, and by whom, to prevent recurrence of this type of injury?

_____

Was the report to supervisor or first aid delayed? _____Why?_____

_____

Was medical treatment required? _____ Who administered medical treatment? __Where was medical treatment administered?

_____

What is the severity potential for lost time? High/Major ___ Medium/Serious

___ Low/Minor ___
Probable Recurrence Rate: Frequent ___ Occasional ___ Rare ___

Supervisor's signature: _____ Date: _____

Investigated by: _____ Date: _____

Reviewed by: _____ Date: _____

Appendix F

Annual Accident Prevention Plan Review

Date of Review: _____

New Exposures Identified: _____

_____

_____

_____

_____

_____

Action Taken: _____

_____

_____

_____

_____

_____

Reviewed By:

_____

_____

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Employee's Responsibilities		0.90
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Employees	Safety Committee

The safety team's awareness of the major cause of accidents is the very first step toward elimination of accidents. On the basis of this premise, the following list of basic safe practices should be instilled in every employee.

Safety is everyone's business, and every hospital employee should:

1. Report any unsafe condition or act that he observes.
2. Report any foreign material that he sees on floors, or remove at once to prevent injury to others.
3. Report defective or damaged equipment immediately.
4. Walk not run - especially in halls and on stairs. Keep to the right, using caution at intersecting corridors.
5. Know the hospital's fire safety plan. Know the locations of fire alarms and extinguishers, and know how to use them.
6. Become familiar with the relevant work procedures, and safe work practices.
7. If swinging doors (a special problem) have glass inserts, be sure the other side is clear before opening. If not, open the door slowly using the handle or push plate.
8. Report all injuries, however slight, to the supervisor, and get immediate first aid.
9. Realize that horseplay and practical jokes often result in serious injury. The hospital is no place for playing.

Practice of these basic safety rules will eliminate a vast percentage of all hospital accidents. The employee should keep in mind the adage, "Habit is a cable: We weave a thread of it every day until at last we cannot break it".

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Safety & Health Hazards		1.00
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Employees	Safety Committee

TYPE OF HAZARD	DESCRIPTION OF HAZARD
Power	Lack of belt or pulley guards; lack of guards; lack of guards on powered shifts; lack of guards on chains and sprockets; no power disconnect procedure.
Ladders	Defective ladders Ladders improperly stored No safety feet No guide irons Painted ladders
Fire Extinguishers	Improperly installed No extinguishers where required Extinguishers need test or service Extinguishers not properly identified as to type of fire
Barriers/Railings	Lack of railing on stairs Inadequate or no rail on platform Unguarded open-sided floor Loose stair rail Rail too close to wall Fence needing repair around transformed area No drain gutter cover
Housekeeping	Electrical cords on floor Other items on floor Door aisles not clear Lid needed for trash can Water on floor Improper storage on top of lockers Tripping hazard

TITLE/DESCRIPTION:
Safety & Health Hazards

FILING NUMBER:
1.00

EFFECTIVE DATE:
December 2003

APPLIES TO:
All Employees

APPROVED BY:
Safety Committee

(continued)

TYPE OF HAZARD	DESCRIPTION OF HAZARD
Grinders	No peripheral protection member Inadequate or no guards Blowers needed on grinder
Fans	Inadequate or no blade guards
Storage	Storage too close to sprinkler heads Materials stored in switch room Need storage cabinet for paints and thinners Unsafe storage Safety can for storage area should swing out Bare bulbs in storage closet
Signs/Labels	Improper labeling of cans No exit signs Sign by garbage disposal Sign on ladder Sign for rooms not posted Signs for fire extinguishers Door not designated "not an exit" "No Smoking" signs needed Signs partially covered
Safety	Inadequate or no face and eye protection Hard hats needed
Saws	No blade guard No cutterhead return
Grounding	3-wire type wire needed in place of 2-wire Equipment not grounded
Wire Brush	Inadequate guard

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Inspections		1.10
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Safety Officer	Safety Committee

The mission of the Safety Officer is to direct the safety program, to provide safety technical assistance to each department, to assure that all program elements are functioning properly, and to keep the Administrator advised of the effectiveness of the program throughout the hospital. Safety inspections are one of the tools by which this mission is accomplished. Safety inspections take place at all levels and are of vital importance in accident control. They assist in determining what safeguarding is necessary to eliminate or otherwise remove hazards before accidents and personal injuries occur. Safety inspections are mandatory requirements and are to be performed by qualified personnel. There are three types of inspections:

a. continual (routine)
b. periodical (local, and/or established)
c. special

All are done to assure that all elements of the safety program are functioning properly. The safety department conducts staff inspections and spot checks performance and conditions, however, department personnel are to perform day-to-day inspections of his/her department.

WHY INSPECT

- To detect and identify conditions which have caused or may cause accidents.
- To detect unsafe acts of persons such as using equipment without authority, and/or at unsafe speeds, unsafe handling of materials, improper personnel protecting equipment, etc.
- To maintain personal contact with the supervisor and the employees.
- To check for compliance with all established safety standards pertaining to hospital services.
- To create and maintain interest in the safety program.
- To aid in selling the accident prevention program to employees, and demonstrate management's interest in the safety program and the employee's welfare.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Inspections		1.10
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Safety Officer	Safety Committee

INSPECTOR

- Must be interested and enthusiastic about safety.
- Must have knowledge of the processes being inspected.
- Must have a knowledge of the mechanical equipment being inspected.
- Must have a knowledge of the hazards and accident causes.
- Must know the established safety rules and standards.
- Must have the ability to express himself orally and in writing.
- Must have the proper attitude:
    1) Want to be helpful and reasonable.
    2) Have a definite appreciation of his responsibilities.
    3) Must use common sense.
- Must be firm.

REPORT OF INSPECTIONS

- Should be simple brief statements which cover the subject.
- Should contain follow up provision.
- Should assist in selection of remedies and corrective action.
- Corrective action should be made on the spot, if possible.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Construction Safety Surveillance		1.20
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Safety Officer	Safety Committee

Construction areas will be inspected for safety hazards and a log will be kept. The Maintenance Director and Construction Superintendent will be made aware of hazards immediately.

TITLE/DESCRIPTION:		FILING NUMBER:
Health Safety		1.30
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

Wheelchairs and stretchers will be in good condition and readily available. Stretchers, examining tables, wheelchairs, etc. must be properly secured before assisting patients on to or out of them by setting brakes on wheels. When transporting patients and following safety precautions must be taken:

a. Stand at patient's head and push slowly
b. Guide the vehicle from in front when going down inclines and ramps
c. When approaching corridor intersections, use additional caution
d. Restraining straps should be used on all wheeled stretchers.

All employees shall have a TB skin test. In the event of a positive test, a chest X-ray will be done. All X-Ray personnel shall follow isolation procedures as outlined in Infection Control Policy. All personnel are to report to his/her supervisor any unsafe condition or act that he/she observes. All personnel must understand his/her responsibility as outlined in the fire plan and disaster plan. All personnel should be familiar with general rules of proper body mechanics.

a. Do not lift with your back; take all possible strain on your leg muscles.
b. Work smoothly in unison with the patient's effort and with others.
c. Always avoid any false motions and jerky movements.

All medical equipment will be checked for electrical or mechanical defects by Biomedical Services according to schedule. All other electrical equipment will be checked by engineering at least annually.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Body Mechanics		1.30-1
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

GOALS:

To promote efficient use of muscles and prevent muscle strain, fatigue or injury during movement of objects or persons.

ASSESSMENT:

- Proper body alignment
- Physical conditions preventing movement of muscles
- Knowledge and use of proper body mechanics to correct existing poor habits
- Type of activity or procedure that requires attention to body mechanics

EQUIPMENT:

- Wash hands
- Explain procedure
- Position in proper body alignment

PROCEDURE:

- Always face object to be moved. If you must change direction to complete task, move body and extremeties as a unit.
- Elevate bed or working surface to waist level and stand close to objects to be moved whenever possible.
- When moving person or object, keep feet separated.

RATIONALE:

- Avoids rotary movements of spine.
- Stooping or stretching requires greater energy than if object is at waist level.
- Provides more stable base of support.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:
Body Mechanics

FILING NUMBER:
1.30-1

EFFECTIVE DATE:
December 2003

APPLIES TO:
All Employees

APPROVED BY:
Safety Committee

PROCEDURE:	RATIONALE:
• Before lifting or removing object, tighten abdominal muscles to move abdomen up and in.	• Provides support for abdomen and stabilizes pelvis.
• When lifting object from floor, bend at knees with one foot slightly in front of other.	• Uses gluteal and femoral muscles and provides better balance.
• After picking up object, use muscles in thighs, legs, and hips to rise to standing position.	• Uses large muscle groups, saves energy, and avoids back strain.
• Carry object close to body.	• Promotes body stability.
• When moving object or person, slide, push or pull whenever possible.	• Lifting an object requires working against pull of gravity and thus more energy.
• Use weight of your body by leaning toward object you are pushing and leaning away from object you are pulling.	
• Slide object on even surface.	• Requires less energy; less friction.
• When moving any object use smooth, continuous movement.	• Requires less energy than stopping and restarting movements.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Incident/Accident Reporting		1.40
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	All Employees	Safety Committee

Variance reporting of employee, patient, and visitor incident/accident will be accomplished by a written report on the hospital's occurrence reporting form, and turned in to the Risk Manager within 24 hours.

- Content of this report is confidential.
- Purpose of this reporting is for quality improvement purposes only.
- Copies of the completed report should not be made.

Examples of types of events to report include, but are not limited to:

- Any spill of chemicals or drugs
- Equipment malfunction
- Near miss events
- Misidentification of patient
- Patient, employee or visitor fall
- Needlestick or other sharps injury
- Burns
- Any patient injury
- Lost or mislabeled specimens
- Incorrect sponge/needle/instrument counts
- Medication error
- Lost or damaged articles, or stolen items
- Wrong site procedure or near miss
- Lack of documented patient consent or incorrect consent

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Required Reports to Safety Committee		1.50
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

The Safety Committee has reviewed the current reporting procedures for departments to follow which address requirements from OSHA, State Board for Licensure.

The following types of occurrences should be reported in writing on the prescribed form to the hospital Safety Officer or Risk Manager within 24 hours.

- patient injury
- visitor injury
- employee injury
- medication errors
- errors in treatments or orders
- lost or stolen items
- security problems
- medical device failure
- hazardous exposure (i.e., blood, body fluids, chemical spills)
- problems with fire drills
- any unusual patient, employee, or visitor event

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Door Release		1.60
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

All patient bathrooms are equipped with an easily accessible call light and buzzer. All patient care areas are equipped with a mechanical device that will release the door lock in the event a patient locks him/herself in the bathroom.

Any department not having the device shall notify the maintenance department.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Extension Cords/Adapters		1.70
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

Extension cords shall be of an approved material and construction. All extension cords and electrical equipment must be approved by the Engineering Department prior to use.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Hazard Surveillance		1.80
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

I. The promotion and maintenance of a Hazard Surveillance Program to detect and report all safety hazards related to patients, visitors and personnel will be accomplished through the following mechanisms:

   A. General safety inspections

   B. Risk Management function

   C. Continuous Quality Improvement monitoring

II. As part of the CQI monitoring, medical-device recalls and hazard notices from government agencies/manufacturers will be acknowledged and followed up on by the Safety Officer.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:
WORKPLACE HAZARD ASSESSMENT

FILING NUMBER:
1.81-1

EFFECTIVE DATE:
January 2017

APPLIES TO:
All Departments

APPROVED BY:
Safety Committee

A workplace hazard assessment will be performed in all departments annually and employees advised of the possible hazards and personal protective equipment which may be required. All new employees will be advised of workplace hazards and personal equipment needed in the department where they will be working.

Following is a hazard assessment by department:

ADMISSIONS, ADMINISTRATION, ACCOUNTING, BUSINESS OFFICE, MEDICAL RECORDS, SOCIAL SERVICES:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
Carpal tunnel syndrome	1. Keyboard platform wrist pillow
	2. Mouse tray with wrist support
	3. Keyboard tray
	4. Wrist supports if indicated

ANESTHESIA:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Contamination from blood and/or body fluids	1. Gloves, mask, goggles, gown
2. Radiation	2. Lead apron

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:
WORKPLACE HAZARD ASSESSMENT

FILING NUMBER:
1.81-2

EFFECTIVE DATE:
January 2017

APPLIES TO:
All Departments

APPROVED BY:
Safety Committee

DIETARY:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Cleaning supplies, e.g. oven cleaner	1. Gloves, goggles
2. Washing/sanitizing dishes and pots/pans	2. Gloves

ENGINEERING:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Noise	1. Earplugs
2. Welding	2. Welding mask, gloves
3. Chemicals	3. Gloves, goggles, mask
4. Fumes, dust, paint droplets	4. Mask
5. Sharpening mower blades	5. Safety glasses
6. Boiler Room	6. Full Face Shields
	Full Aprons
	Gloves
7. Generator	7. Ear Muffs
	Goggles

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:
WORKPLACE HAZARD ASSESSMENT

FILING NUMBER:
1.81-3

EFFECTIVE DATE:
January 2017

APPLIES TO:
All Departments

APPROVED BY:
Safety Committee

NURSING, OB, SURGERY, ER, OP CLINIC, HOME HEALTH/PERSONAL CARE:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Airborne pathogens	1. Masks
2. Splashes to clothing by pathogens	2. Gowns
3. Skin contact with pathogens	3. Gloves
4. Eye splashes	4. Goggles
5. Mucus membrane splash	5. Face shields
6. Disinfectants, chemicals	6. Gloves
7. Latex	7. Non-latex gloves, powderless gloves
8. Sharps and needles	8. Safety needles

GENERATIONS:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Skin contact with pathogens	1. Gloves
2. Eye splashes	2. Goggles
3. Disinfectants, chemicals	3. Gloves, goggles
4. Latex	4. Non-latex gloves, powderless gloves
5. Sharps, needles	5. Safety needles

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:
WORKPLACE HAZARD ASSESSMENT

FILING NUMBER:
1.81-4

EFFECTIVE DATE:
January 2017

APPLIES TO:
All Departments

APPROVED BY:
Safety Committee

HOUSEKEEPING:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Airborne pathogens	1. Masks
2. Splashes to clothing	2. Gowns
3. Skin contact with pathogens	3. Gloves
4. Eye splashes	4. Goggles
5. Disinfectants, chemicals	5. Gloves
6. Latex	6. Non- latex gloves
7. Droplets	7. Masks, gloves

LABORATORY:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Skin contact with pathogens	1. Gloves
2. Latex	2. Non-latex or powder-free gloves
3. Airborne pathogens or chemicals	3. Goggles, masks

MATERIALS MANAGEMENT:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Skin contact with chemicals if spilled	1. Gloves

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:
WORKPLACE HAZARD ASSESSMENT

FILING NUMBER:
1.81-5

EFFECTIVE DATE:
January 2017

APPLIES TO:
All Departments

APPROVED BY:
Safety Committee

PHARMACY:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Possible contact with chemotherapy drugs	1. Gloves
	2. Goggles
	3. Gowns

PHYSICAL THERAPY:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Back injury	1. Back support belts
2. Skin contact with pathogens	2. Gloves, gowns
3. Eye splashes	3. Goggles
4. Airborne pathogens	4. Masks
5. Latex	5. Non-latex or powder-free gloves

RADIOLOGY:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Radiation	1. Lead apron
2. Nuclear medicine dose injections	2. Gloves
3. Exposure to blood during injections	3. Gloves

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:
WORKPLACE HAZARD ASSESSMENT

FILING NUMBER:
1.81-6

EFFECTIVE DATE:
January 2017

APPLIES TO:
All Departments

APPROVED BY:
Safety Committee

RESPIRATORY THERAPY:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT:
1. Skin exposure to blood/body fluids	1. Gloves, gowns
2. Airborne pathogens, chemicals	2. Masks, goggles, gowns
3. Chemicals, reagents	3. Gloves
4. Eye splashes	4. Goggles
5. Latex	5. Latex-free or powder-free gloves

WELLNESS CENTER:

HAZARD:	PERSONAL PROTECTIVE EQUIPMENT
1. Skin exposure to blood/body fluids	1. Gloves
2. Skin exposure to cleaning chemicals	2. Gloves

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION		FILING NUMBER
Mandatory Usage Policy of Safety Equipment		1.82
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

POLICY:

- Safety products are available for use at ACMC for prevention of needlesticks leading to exposure to Bloodborne Pathogens (HIV, Hepatitis B, Hepatitis C, Syphilis)

- Use of these products is **MANDATORY** when there is possibility of exposure to a patient's blood or body fluids.

- If employees are found not using the safety products that are available at ACMC, disciplinary action will be taken. (This is not just if a needlestick occurs - This is every day usage.)

- Disciplinary action will follow the policy of Disciplinary Action as written in the ACMC Personnel Policies. This includes the following steps:
    1. Verbal counseling
    2. Written reminder.
    3. Probation
    4. Suspension without pay.
    5. Discharge

- Department Managers and Infection Control Nurse will be responsible for monitoring employees for use of these products.
- ALL employees should encourage the use of safety products.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Appliance Grounding		1.90
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

All appliances used in the hospital must be properly grounded. Maintenance Personnel will have a visual inspection of all appliances in the hospital yearly and certify their safety through the application of a sticker to each appliance.

Any appliance not so certified must be immediately removed from the hospital premises. Any use of the unauthorized appliance by hospital personnel will lead to disciplinary action.

Any appliance certified and which is suspected of presenting a hazard to hospital employees must be brought to the attention of Maintenance immediately. A hazard may be present when a cord is frayed or broken; when the appliance appears to overheat; when a heating element or other dangerous machinery is accidentally exposed; or when the appliance fails to operate according to the manufacturers specifications.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Personal Electrical Equipment of Patient & Hospital Employee		2.00
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

Personal electrical equipment of patients and hospital employees must be inspected by the Maintenance Department before being used. Items that have not been inspected by the Maintenance Department will be removed from the hospital.

Personal electrical equipment of patients is not authorized for use in the Intensive Care and Coronary Care Units.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Portable Heating Device		2.10
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

Portable comfort heating devices, such as space heaters, may be used in the hospital. Any such devices must be approved by the maintenance department.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Security Procedures		2.20
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Employees	Safety Committee

If an emergency occurs which requires assistance of Security, such as an employee or patient being threatened with physical violence (Code Purple), or an infant kidnapping (Code Pink), an employee should push the Feature button on the phone, then the numbers 63, then "All". This will access the intercom and telephone speakers. The employee can then announce Code Purple and the location, or "Attention, please. We are under Code Pink." Security employees and additional staff should respond as quickly as possible. Accessing the intercom by employees must only be used for emergencies.

For non-emergent problems requiring the assistance of Security, the employee should contact the Engineering Department during regular business hours. Engineering can be contacted at 269 or 270 between the hours of 7:00 a.m. and 4:00 p.m., Monday through Friday. After 4:00 p.m. contact Security by dialing 870-351-9070. The Emergency Room and the Switchboard has a panic button that they can use in case of an emergency to contact the Police Department. The Switchboard is to notify the Engineering Department and Security if the panic button is used.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Security Program Reporting		2.30
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

An occurrence reporting system establishes the mechanism to identify security and safety situations regarding patients, visitors, personnel and property. All occurrences are reported to the Safety Committee quarterly. Conclusions, recommendations, actions taken and effectiveness of actions taken will be documented in the Safety Committee minutes.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Department Safety Surveys and Reports		2.40
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

The Department Safety Officer will survey the department monthly for possible safety hazards present in the department, and submit a copy of the survey to the Risk Manager or Safety Officer.

In addition, a monthly departmental Safety Report will be submitted to the Risk Manager or Safety Officer. This report will contain information on the department's monthly safety inservices, and any patient or employee safety concerns. The department safety officer is responsible for seeing that the monthly department safety inservice is conducted. The Risk Manager will send out a suggested safety topic if possible.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Employee Parking		2.60
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

PURPOSE:

To establish a policy for all employees for parking

PROCEDURE:

Employees may park in the North and East parking lots. Employees will not be permitted to park in the front of the hospital, the Emergency Room, and the doctor's parking area. Vehicles parked in the areas designated for handicapped parking will be towed at the owner's expense.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Driver Policy		2.65-1
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
November 2013	All Departments	Safety Committee

POLICY:

All applicants for employment who will be driving an ACMC owned vehicle, or will be using their own personal vehicles regularly (defined as at least four times a year) are required to complete an application for employment that includes listing references and previous employers, pass a pre-hire drug test (anything less than a clean report is not acceptable), and to sign a consent form for his/her Motor Vehicle Record (MVR) to be run before he/she is hired. MVRs will be kept in the applicant's employee file. Each applicant's driving record is required to meet the following criteria:

- No Type A driving violation in the last five years.
- No more than three type B driving violations in the last five years
- No more than two at-fault accidents in a three-year period

Type A violations:

- Driving under the influence of alcohol or drugs
- Refusing to take a substance test
- Driving with an open container (alcohol)
- Reckless driving or careless driving
- Hit and run
- Fleeing or evading police or roadblock
- Racing/speed contest
- Driving on suspended or revoked license
- Vehicular assault
- Verified complaint of texting while driving after previous counseling regarding texting while driving

Type B Violations:

- Speeding
- Improper lane change
- Failure to yield
- Failure to obey traffic signal or sign
- Accidents caused by moving violations
- Having a license suspended in the past five years

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Driver Policy		2.65-2
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
November 2013	All Departments	Safety Committee

Post-Hire Requirements:
For a new employee driving ACMC-owned vehicles, during an employee's initial probationary period, he/she will drive with a current ACMC experienced driver as a rider, who will observe acceptable driving behaviors, routes, and loading/unloading procedures of the new employee.

Annual MVR reports will be obtained on all drivers of ACMC-owned vehicles and all employees who drive their own vehicles regularly as a part of their job.

All employees who drive their own vehicles as part of their job will provide a certificate of insurance to HR annually.

Transportation Safety Rules:
Mandatory seatbelt use
No alcohol or controlled substances allowed
Emergency cell phone use only, and must safely pull over at the first opportunity to use.
No texting, reading, or typing while driving.
Follow all traffic laws.
All accidents must be reported to Risk Management.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Annual Evaluation		2.70
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

The Safety Program of Ashley County Medical Center will be evaluated annually for revisions to policies/procedures and for overall effectiveness of safety efforts. Goals of the Safety Committee will be defined at the beginning of each year to aid in the evaluation process.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Product Information		2.80
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

It is the policy of the Safety Committee that any chemical, hazard or combustible product purchased, that the user must be notified by the manufacturer. Materials Management should forward all product information to Engineering and ER. They will keep on file the following:

- Inventory of all products.
- Safety Data Sheets where appropriate.
- Records and Methods of Disposal.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Smoking Policies		2.90
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
August 2009	All Personnel	Safety Committee

Smoking is prohibited on the entire campus of Ashley County Medical Center, including inside the employees' vehicles, except in the designated smoking area for Generations patients and under supervision.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Cellular Phone Use in Hospital		3.00
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Employees	Safety Committee

Employee use of cell phones while in the hospital will be restricted to those who need their cell phones to perform their work responsibilities. These must be approved by Administration.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Wearing Shoes when Entering Building		3.10
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Hospital Wide	Safety Committee

For Health & Safety reasons, shoes must be worn when entering hospital.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Equipment Brought from Home		3.20
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

Equipment brought into this hospital by a patient will be treated under Hospital Infection Control Policies.

1. Patients may be permitted to bring Medical Equipment from home to the hospital only if that equipment is absolutely necessary for their treatment and only if it cannot be obtained by Ashley County Medical Center.

2. Equipment brought to the hospital from home will be treated under Hospital Infection Control Policies.

   a. This equipment will follow policy regarding cleaning, sterilization, tubing changes, etc.

   b. The Department for which the equipment is being used will be responsible for following infection control policies.

3. Any equipment brought to the hospital will have to undergo an electrical safety check as described per Safety Policy.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Equipment Failure or Malfunction Reporting		3.30
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Hospital Wide	Safety Committee

In the event of Patient Equipment or Medical Device failure or malfunction, the following procedure should be followed:

1. Tag, take out of service, hold for inspection.

2. Notify Maintenance and Risk Manager.

3. Complete Occurrence Report according to policy.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
OSHA Posting		3.40
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	All Departments	Safety Committee

The Job Safety and Health Protection OSHA posting under provision of Title 29, Code of Federal Regulations Part 1903.2 (a) (1) will be posted in a conspicuous place. Designated sites are just inside entrances at CCU and Dietary and Human Resources.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		FILING NUMBER:
Admissions Safety Policies		3.50
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Admissions Personnel	Safety Committee

Each individual is responsible for his/her own on-the-job safety and health and each has a moral obligation to prevent illness or injury to fellow employees.

Each person who directs the work of others is responsible for the safety of those he supervises as well as himself. This responsibility includes training, working conditions, awareness and all other aspects of a safe and healthy work environment.

GENERAL SAFETY RULES

Knowing and complying with safety rules is your personal responsibility; if you do not know the safe way, ask your supervisor, do not risk injury.

1. Keep your work area, wherever it is located, clean and orderly.
2. Put rubbish in designated trash containers. Do not let scrap accumulate.
3. Do not block access to fire extinguisher or flammable metal powder containers.
4. Walk, do not run.
5. Use only authorized entrances and exits.
6. Horseplay, practical jokes or similar activities are strictly forbidden.
7. Do not climb to or jump from elevations. Use stairs, ladders, etc.
8. Report all illnesses/injuries to your supervisor immediately.
9. Stay in your own work area unless on other hospital business.. When visiting another area, find out and follow the rules for that area.
10. Never operate equipment of any kind unless you are qualified and authorized to do so.
11. Know and follow the safety rules for your job.
12. Follow posted instructions and directions.

GENERAL SAFETY RULES (continued)

13. Know where the exits and fire extinguisher are located.

14. Report unsafe conditions to your supervisor immediately.

15. Do not remove, damage or tamper with safety devices.

16. Never induce or direct another employee to violate a safety rule.

17. Never remove warning signs or tags or fail to obey their instructions.

18. Always report all near miss accidents or property damage to your supervisor.

19. Clean up spilled liquids immediately.

20. Know what you should do in an emergency.

21. Keep cabinet doors and all types of drawers closed when not in use.

22. If an emergency occurs outside of the area, stay where you are and continue to work unless you are an emergency team member of are otherwise instructed by your supervisor or established emergency signals.

OFFICE RULES

Office injuries comprise a significant portion of our industrial injuries. These ground rules will help prevent injury to yourself or to fellow workers.

1. Keep paper clips, pencils and other small objects off the floor.

2. Report broken or damaged furniture to maintenance.

3. Keep office furniture arranged in an orderly manner.

4. Do not move office furniture yourself; call maintenance.

OFFICE RULES (continued)

5. Do not allow electric or telephone cords to extend into walkways. Report any defective cords to maintenance.

6. Keep knives, scissors and other sharps or pointed objects properly stored and covered when not in use.

7. Watch out for people carrying liquids. Hot coffee can cause severe burns.

8. Distribute file cabinet loads evenly in all drawers and do not overload them.

9. When closing file drawers or safe doors, use the handles and keep your other hand clear.

10. Do not lick envelopes; they will cut.

11. Avoid walking on waxed floors with wet shoes.

12. Remember: You are responsible for the equipment, tools and materials you work with.

13. Strictly observe **NO SMOKING** hospital policy.

SPECIFIC SAFETY RULES

Personal Clothing

In the office what you wear will be determined by good taste as well as by supervisor guidelines and the requirements of your job.

Ladders

The improper use of ladders is a major source of injuries. Injuries from slipping ladders or falls from ladders are, in the majority, very serious and frequently result in permanent disability. Follow these rules:

SPECIFIC SAFETY RULES (continued)

1. Never use metal ladders while working on or near electrical systems.
2. Place straight or extension ladder bases away from the top support a distance equal to one fourth the ladder length.
3. Straight of extension ladders must be equipped with safety (non-skid) feet.
4. Never use a folded step ladder as a straight ladder.
5. Face the ladder when climbing and use both hands. Have a helper hand up parts or equipment.
6. Stay off the top three rungs of straight ladders and the top and last two steps of step ladders.

Material Handling

Material handling is not confined to the shop or storage areas, but extends throughout each facility. Improper lifting of heavy ledgers, paper supplies, or stacks of records, etc., has caused serious injury on many occasions. Follow these rules:

1. Use gloves when handling rough or sharp edged materials. If nails or staples protrude, remove or bend them over.
2. Always use material handling equipment when available. Do not attempt to "manhandle" heavy objects. But use material handling equipment only when qualified or authorized.

Electrical Machinery and Equipment

All electrical equipment must be equipped with ground wire (three pronged plug). All electrical cords, plugs, and switches must be in good repair. The use of extension cords is prohibited, except in cases of extreme circumstances or emergencies. All electric machines or heat-producing elements are to be turned off when not in use.

TITLE/DESCRIPTION:		**FILING NUMBER:**
Admissions Safety Policies		3.50
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Admissions Personnel	Safety Committee

SPECIFIC SAFETY RULES (continued)

Lighting

All offices are to be well-lighted. If a light fixture fails to work properly, contact your supervisor at once, or call the Maintenance Department, and ask that the problem be corrected.

RULE VIOLATIONS

A good safety program depends on the consistent application of sound management principles and observances of safety rules. The violation of any safety rule is a serious matter and is subject to disciplinary action. These actions will depend upon the nature and seriousness of the violation. Safety rule violations range from those committed through inadvertence or oversight to those which are intentional or deliberately committed, or which result from conduct so negligent, reckless or disregardful of safety as to amount to an intentional violation.

Penalties will range from verbal admonishment to written reprimands to dismissal, if warranted.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Anesthesia Safety Policies		3.60
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Anesthesia	Safety Committee

Anesthesia Safety Regulations are approved by:

1. Biomedical Engineering Department
2. Anesthesia Provider(s)
3. Medical Staff
4. Administration

Anesthetist shall inspect and test anesthesia machine before each use. The machine shall be inspected at least annually by a qualified maintenance man. Any defective part of anesthetic machine shall be replaced immediately if the defect represents a safety hazard.

Only noncombustible/nonflammable anesthetic agents shall be used.

When the ground contact signal (red light) lights and/or the audible warning sounds, the following procedure should be followed:

1. Make immediate effort to determine the source of trouble and correct it if possible.
2. Remove the last electrical item plugged in, as well as all other electrical equipment not required for patient support or monitoring.
3. Notification of pertinent engineering or maintenance personnel.
4. Close room until the defect is remedied.

Nitrous oxide tanks and oxygen tanks are stored in the locked anesthesia office in the area designated for that purpose. The tanks are secured to prevent accidental turning over.

Racks are provided to protect cylinders from accidental damage or dislocation.

Storage rooms are vented to the outside as indicated in N.F.P.A. #56.

(continued)

All electrical switches and lighting are according to regulations.

The anesthetic agents that may be stored in the cabinet in the Anesthesia Department storage room are: Halothane, Isoflurane, Desflurane, and Sevoflurane.

Schedule 2-5 meds are stored in a locked cabinet in the Recovery Room and narcotic records kept.

Only qualified personnel are permitted to handle gas related equipment.

PIN-INDEX SAFETY SYSTEM

The Pin-Index Safety System consists of a combination of two pins projecting from the assembling of the apparatus and so positioned as to fit into matching holes drilled into the cylinder values. It is intended to prevent error in attaching the gas cylinders. All the anesthetic machines are safe-guarded by Pin-Index Safety Systems.

The oxygen monitor on the anesthesia machine in surgery will be used on all surgical cases requiring use of the machine and a note on the anesthesia sheet as to the percentage of oxygen being administered.

TRANSPORTATION OF SURGICAL PATIENT

Surgical patients are brought to the OR by surgical personnel on a litter with side rails up and safety strap in place.

PATIENT IDENTIFICATION AND CONDITION

Patient's identity is checked before being taken into the operating room--verbal, if possible, and with wrist band. If the patient's condition presents medical observations which may radically alter the course of the intended anesthetic or operative procedure, he must be re-examined by the surgeon or physician before entering the operating room, and the surgeon's consent must be given.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Anesthesia Safety Policies		3.60
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Anesthesia	Safety Committee

PRE-ANESTHESIA PREPARATION OF PATIENT

Adequate amounts of oxygen and cardiotonic drugs will be on hand prior to beginning anesthetic induction. Anesthesia personnel will familiarize themselves with the rate, volume, and mechanism of air exchange within the surgical and obstetrical suites, as well as with humidity control.

1. All electrical equipment must be on an isolation transformer circuit which must be provided with a ground fault detector.

2. A relative humidity of 30-60% shall be maintained in the OR at all times.

3. No electrical equipment except that approved by the Engineering Biomedical Department of this hospital shall be used in any anesthetizing location.

4. Power shall be supplied to all such apparatus or equipment from individual isolation transformers connected to an outlet receptacle by means of a plug and cord, or by a common transformer installed in a non-hazardous location, or from individual batteries made up of dry cells, or from common batteries made up of storage cells installed in a non-hazardous location.

5. All defective equipment is removed from anesthetizing area until properly repaired and approved by the Engineering Biomedical Department of this hospital.

6. The humidification system is in connection with the air condition system and is checked and maintained by the engineering department.

7. The ground indicator alarms and the isolated electrical system are installed to guard against current electrical sparks and electric shock to patients and surgical personnel. The maintenance test can be found in the biomedical manual.

8. Common defects are:
   a. complete failure of indicator
   b. burned out bulbs or buzzers
   c. the silence switch being in the "off" position

   A weekly check of this system is made by the Engineering Department of the hospital.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Dietary Safety Policies		3.70
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Dietary Personnel	Safety Committee

GENERAL GOOD SAFETY HABITS:

1. Report all injuries and illnesses immediately to a supervisor.
2. Walk-in refrigerator and freezer can be opened from the inside when locked.
3. Lights should always be on in walk-ins except when leaving at night.
4. Do not put metal objects, bones, paper or thick greasy fats in garbage disposal.
5. Bulbs over stoves, tables, etc., should be enclosed.
6. Do not use steel wool for cleaning.
7. Report unsafe conditions to supervisors immediately.

SLIPS/FALLS

1. Walk, don't run.
2. Go around corners cautiously.
3. Walk on slippery floors carefully.
4. Wheel carts and trucks through halls and doors slowly.
5. Use wet floor signs after mopping.
6. Mop up spills immediately.
7. Do not climb on storage room shelving.
8. Only use a ladder when reaching overhead; do not substitute a chair, box, etc.
9. Report greasy spots on floors, defective ladders, etc., to supervisors immediately.
10. Keep floors clean, dry, uncluttered, and free from broken tiles.

SLIPS/FALLS (continued)

11. Wear shoes which have rubber heels and slip-resistant soles.

12. Keep mops, cloths, tea, or coffee bags from dripping across floors.

13. Do not store heavy utensils or other items on high shelves.

BURNS/ELECTROCUTION

1. Lift lids from kettles and pots away from you.
2. Get instructions before handling steam equipment.
3. Give persons carrying hot food the right of way.
4. Handle cleaning materials with care. Some are strong enough to burn hands and eyes.
5. Assume all pots, pans, stoves, steam kettles, coffee urns and pipes are hot before attempting to touch them.
6. Use pot holders, mitts, or dry cloth to pick up hot objects.
7. Keep oven doors closed when not in use.
8. Do not handle hot things without hand protection.
9. Disconnect electrical equipment from the plug.
10. Do not handle equipment with wet hands.
11. Handles on cooking utensils should not protrude over the edge of the tables.
12. Do not remove guards from kitchen equipment.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Dietary Safety Policies		3.70
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Dietary Personnel	Safety Committee

CUTS/WOUNDS

1. Know how to use all equipment.
2. Do not stack china too high.
3. Do not wash cutlery with flatware.
4. Discard all chipped and cracked dishes.
5. Never pick up broken china or glass with bare hands.
6. Put broken china in a box or can before placing in trash.
7. All knives, saws and cleavers should be stored in proper racks.
8. Keep dull knives sharpened.
9. Do not try to catch sharp objects.
10. Beware of slivers, jagged wires and protruding nails on produce crates.
11. Never place hands or fingers inside garbage disposal units.
12. Store glasses and cups upside down to protect rims.
13. Slicing, chopping and mixing machines should be used by authorized personnel only.

FIRES

1. Know how to operate fire extinguisher.
2. Never use water or flour on grease fires.
3. Vents on range hoods should be cleaned regularly.
4. Dispose of spray cans properly.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Dietary Safety Policies		3.70
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Dietary Personnel	Safety Committee

SPOILAGE/CONTAMINATION

1. Keep containers of food covered.
2. Keep refrigerators and freezers closed at all times.
3. Dispose of leaking cans promptly.
4. Do not use badly dented cans.
5. Use spray disinfectant in well ventilated areas.

LIFTING RULES

1. Be sure your footing is solid.
2. Bend your knees, not your back.
3. Get a good grip on item you are lifting.
4. Lift slowly and steadily with object close to your body.
5. Do not twist your body.
6. Get help if the object is too heavy.

POLICIES:

1. All walk-in refrigerators and freezers are equipped with self-opening devices in order to be opened from the inside.
2. There is insulation of or protection from hot and cold water pipes, water heaters, refrigerator compressors, condensing units, and heat-producing equipment.
3. Food and non-food supplies are clearly labeled.

TITLE/DESCRIPTION:		**FILING NUMBER:**
Dietary Safety Policies		3.70
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Dietary Personnel	Safety Committee

POLICIES (continued)

4. A review is conducted of the hospital preventive and corrective maintenance and safety programs as these relate to the Dietary Department. Actions are taken based on the findings of the review. The review and actions taken are documented.

5. All food is procured from sources that process the food under regulated quality and sanitation controls. All dietary sanitation requirements are met.

6. Garbage is held, transferred, and disposed of in a sanitary manner which does not permit breeding of insects, rodents, or vermin, or the transmission of disease. Containers are leak-proof and non-absorbent with close-fitting covers. Liners are used.

PROCEDURES:

1. Equipment is kept in proper working order. Malfunctions are reported immediately to the supervisor.

2. Directions are followed for use of equipment such as mixers, slicers, dishwashers, ranges, and ovens.

3. Safety devices are used as provided on the equipment.

4. Precaution is exercised in handling hot equipment to guard against burns. Dry, flame-proof pot holders are used to handle hot pots and pans. Handles of pans are turned away from the edge of the stove to prevent accidental spilling.

5. Glassware and dishes are handled with care. Chipped or cracked pieces are discarded.

6. Spilled material is wiped up immediately to help prevent falls.

7. Heavy boxes are lifted properly to prevent injury. Two or more employees lift heavy articles, when necessary.

8. Injured employees receive immediate medical attention, and occurrence report filed

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Emergency Room Safety Policies		3.80
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	ER Personnel	Safety Committee

1. Electrical equipment and outlets will be inspected by maintenance.
2. Strictly observe the **No Smoking** hospital policy.
3. Procedures for medical and surgical asepsis shall be strictly observed.
4. Periodic inspections by the Pharmacist will be made in the drug storage areas.
5. All doors and drawers are kept closed when not in use.
6. Electric cords will be placed to prevent tripping hazard.
7. Instruments, sharps and needles will be placed in proper containers.
8. In the event there is a suspected or actual contaminated case, all disposable equipment and supplies will be used. If not, disposable items are disinfected and autoclaved.
9. Precautions shall be taken in transporting patients, making sure that patient is securely on stretcher and rails are up.
10. Hospital traffic shall be kept at a minimum.
11. Stretchers, exam tables, wheelchairs, etc. must be properly secured before assisting patient on to or out of them by setting brakes on wheels.
12. All personnel are requested to report any unsafe conditions to his/her supervisor.
13. All personnel must understand his/her responsibility as outlined in fire and disaster manual.
14. All personnel will be responsible for understanding the safety rules as outlined in the Safety Manual.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Engineering Safety Policies		3.90
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Engineering Personnel	Safety Committee

Each individual is responsible for his/her own on-the-job safety and health and each has a moral obligation to prevent illness or injury to fellow employees.

Each person who directs the work of others is responsible for the safety of those he/she supervises as well as himself/herself. This responsibility includes training, working conditions, awareness and all other aspects of a safe and healthy work environment.

General Safety Rules

Knowing and complying with safety rules is your personal responsibility; if you do not know the safe way, ask your supervisor; do not risk injury.

1. Keep your work area, wherever it is located, clean and orderly.
2. Put rubbish in designated trash containers. Do not let scrap accumulate.
3. Do not block access to fire extinguishers or flammable metal containers.
4. Walk, DO NOT RUN.
5. Use only authorized entrances and exits.
6. Horseplay, practical jokes or similar activities are strictly forbidden.
7. Do not climb to or jump from elevations. Use stairs, ladders, etc.
8. Report all illnesses/injuries to your supervisor immediately.
9. Stay in your work area unless on other hospital business. When visiting another area, find out and follow the rules for that area.
10. Never operate equipment of any kind unless you are qualified and authorized to do so.
11. Know and follow the safety rules for your job.
12. Follow posted instructions and directions.
13. Know where exits and fire extinguishers are located.
14. Report unsafe conditions to our supervisor immediately.
15. Do not remove, damage or tamper with safety devices.
16. Never induce or direct another employee to violate a safety rule.
17. Never remove warning signs or tags or fail to obey instructions.
18. Always report all near miss accidents or property damage to your supervisor.
19. Clean up spilled liquids immediately.
20. Know what you should do in an emergency.
21. Keep cabinet doors and all types of drawers closed when not in use.
22. If an emergency occurs outside of the area, stay where you are and continue to work unless you are an emergency team member or are otherwise instructed by our supervisor or established emergency signals.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Engineering Safety Policies		3.90
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Engineering Personnel	Safety Committee

Office Rules

Office injuries comprise a significant portion of our industrial injuries. These ground rules will help prevent injury to yourself or to fellow workers.

1. Keep paper clips, pencils, and other small objects off the floor.
2. Repair broken or damaged furniture.
3. Keep office furniture arranged in an orderly manner.
4. Do not move office furniture yourself.
5. Do not allow electric or telephone cords to extend to walkways. Repair any defective cords.
6. Keep knives, scissors, and other sharp or pointed objects properly stored and covered when not in use.
7. Watch out for people carrying liquids. Hot coffee can cause severe burns.
8. Distribute file cabinet loads evenly in all drawers and do not overload them.
9. When closing file drawers or safe doors, use the handles and keep your other hand clear.
10. Do not lick envelopes; they will cut.
11. Avoid walking on waxed floors with wet shoes.
12. Remember: You are responsible for the equipment, tools, and materials you work with.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Engineering Safety Policies		3.90
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Engineering Personnel	Safety Committee

General Requirements for Maintenance Personnel

A. Smoking is prohibited on all hospital grounds.

B. Face Shields or eye protector must be worn when using grinders.

C. Clothing should be neat, clean, and conform to the best standards of Business and Professional practices. No loose or hanging clothing allowed around tools or machinery.

D. Hair should be kept neat and clean. If hair is shoulder length, it needs to be secured back or under hat to keep out of moving machinery. (belts, pulleys, etc.) Beards must be kept trimmed and clean at all times.

E. Exits & Aisles: Must not be obstructed in any way. No equipment, chairs, supplies or trash are permitted in EXIT routes.

F. Isolation Procedures: The standard isolation and precaution policies of the hospital should be observed when indicated.

G. Good Housekeeping

1. Do not hang clothing on or near any source of heat or heat-producing equipment.
2. Do not allow trash to accumulate in any area. Trash should be disposed of daily.
3. Trash containers into which ash trays have been emptied should be inspected for fire at the end of each day. (Location: Outside the Central Supply Office)
4. Rags and/or flammable solvents will be disposed of in self-closing metal containers.
5. Shop should be clean at all times.

General Requirements for Engineering Personnel (continued)

H. Glassware: Do not use broken or chipped glassware. Discard it and order new.

Warning Signs and Labels

A. Purpose: To provide a uniform policy and procedure for indicating the presence of certain hazards that may not be apparent to the casual observer.

B. Labels
1. All materials must be labeled in regard to:
CONTENT
CONCENTRATION
STORAGE REQUIREMENTS

2. All hazardous materials must also be labeled in regard to:
CAUTION REQUIRED
TYPE OF HAZARD (POISON, IRRITANT, AND INHALANT)
PRECAUTIONS (AVOID SKIN CONTACT, DO NOT INHALE)
INSTRUCTIONS IN CASE OF ACCIDENT (WASH IMMEDIATELY)

C. Signs: Should be posted as needed, for example:
"NOT SUITABLE FOR THE STORAGE OF FLAMMABLE LIQUIDS" AND "NO SMOKING"

Fire Prevention and Control

A. Prevention:
1. Be aware of ignition sources - open flames, cigarettes, heating elements and spark gaps (motors, light switches)
2. Flammable liquids give off vapors which may also burn or explode. Be sure flammable liquids are properly stored.

Fire Prevention and Control (continued)

B. Priorities in case of fire:
   1. Evacuation:
      a. Evacuate the immediate area of the fire (patients)
      b. There will be no general evacuations unless a General Alarm is sounded.
   2. Procedure for Reporting:
      a. Call the hospital operator and say, "This is (name). I want to report a fire in the (place). It is an (what kind). It is (size).
      b. Precautions:
         DO NOT HANG UP - CHECK TO BE SURE THE MESSAGE HAS BEEN RECEIVED.
   3. Sound alarm to get help and to initiate evacuation of the area or building. This is essential because small fires can rapidly become conflagrations.

C. Responsibilities:
   Check to be sure all personnel have been evacuated, close all doors, shut down electrical, gases equipment, air handler and 02.

D. Control of Fires:
   Try to extinguish the fire if it is a small isolated fire. Evaluate the type and extent of the fire. If it's going to be a large fire, get out.

   1. Solid
      a. Small objects may be handled with asbestos gloves, and extinguished with ABC Dry chemical or CO2.
      b. Water or Dry chemical extinguishers may be needed for large fires.
   2. Flammable Liquids
      a. Dry chemical extinguishers are usually needed for safe and effective control of burning liquids.
      b. If flammable liquids have spilled BUT NOT ignited, sand (or other nonflammable absorbent) may be used to prevent spread and reduce the fire hazard. A dry chemical extinguisher is available in case of FIRE.

Fire Prevention and Control (continued)

3. Electrical
   a. Shut down circuit if possible.
   b. Dry chemical is safe and effective.

4. Gas:
   a. Shut off source if possible.
   b. "Blow out" flame with dry chemical.
   c. Keep other flames away from gas cylinders.

E. Fire Safety Equipment in Maintenance
   1. Fire Extinguishers: Dry chemical type may be used on any type of fire.
   2. Sand or absorbent material: is to be used to contain spread of spilled liquids.
   3. Asbestos Gloves: may be used to move or handle a small burning object, or to handle hot vessels, or to turn off hot valves or handles. (Located in the Boiler Room)

IV. Electrical Safety

A. Grounding: All instruments must be grounded. The only exceptions to the rule are items entirely encased in plastic.
B. Report shocks. All shocks must be reported immediately including small tingles. Small shocks often precede major shocks and a light tingle may indicate potential trouble.
C. Corrective actions: Shut off the current and/or unplug the instrument.
Do not attempt to use an instrument that is causing shocks. Not only is it potentially dangerous, but any results from the instrument would be suspect.
D. Repairs: **DO NOT** work on or attempt to repair any instrument while it is plugged in.
E. Repairs on the electrical system of the building are done entirely by Engineering personnel.
F. Extension cords should be avoided. If used, they must be 3-way type and properly grounded.

Fire Prevention and Control (continued)

V. Compressed Gases

A. Introduction: Compressed gases constitute several hazards. Any gas cylinder with a broken valve head becomes a missile capable of penetrating walls. Specific gases may be toxic or flammable. Finally, heating of cylinders may result in explosion.

B. General policies:

1. Cylinders must be secured at all times so they cannot fall.
2. Valve safety covers are left on until pressure regulators are attached.
3. Containers are marked clearly with the name of the contents.
4. Hand trucks or dollies are used in moving cylinders. Do not drag or roll cylinders.
5. The use of oil, grease or lubricants on valves, regulators, or fittings is prohibited.
6. Do not attempt to repair damaged cylinders or to force frozen cylinder valves.

C. Flammable gases: Special care must be used when gases are used in confined spaces.

1. No more than two cylinders are manifolded together however, several instruments or outlets are permitted for a single cylinder.
2. Valves on all flammable gas cylinders shall be shut off when the Maintenance Shop is unattended.

D. Pressure regulators and needle valves:

1. Thread and surfaces must be clean and tightly fitted. Do not lubricate.
2. Tighten regulators and valves firmly with the proper sized wrench.
3. Open valves slowly. Do not stand directly in front of gauges. Do not force valves that "stick."
4. Check for leaks at connections. Leaks are usually due to damaged faces at connections or improper fittings. Do not attempt to force an improper fit.
5. Valve handles are left attached to the cylinders.
6. Shut off cylinders when not in use.

Fire Prevention and Control (continued)

E. Empty cylinders:
   1. Must be marked empty with a letter "E" or tagged.
   2. Empty cylinders from Lab are turned over to the Engineering Department to dispose of.

Chemical Hazards in Lab

A. Introduction: A number of routine procedures in clinical laboratory involve the use of highly caustic poisonous, or flammable reagents. These are appropriately labeled to indicate the hazards.

B. Classification: Dangerous chemicals may be grouped into the following:
   1. Caustic or corrosive Acids and alkalies may cause burns of skin or mouth, or eyes and may cause damage to equipment and storage areas.
   2. Poisons: Almost any substance in quantity can be poisonous. For these purposes, a poison will be classified as a substance which may cause death or serious effects if relatively small amounts are inhaled, ingested or contact the skin. Poisons may be gas, liquid or solid.
   3. Carcinogens: Do not handle carcinogens in our lab.
   4. Flammables: Such materials that easily ignite, burn and serve as fuel for a fire.
   5. Explosive: Materials which may explode under special circumstances.

C. Labeling: All chemicals are labeled to indicate:

NEED FOR CAUTION	-	CAUTION
TYPE OF HAZARD	-	IRRITANT
PRECAUTIONS TO BE OBSERVED	-	AVOID SKIN CONTACT
INSTRUCTIONS IN CASE OF ACCIDENT	-	WASH EXPOSED AREA IMMEDIATELY

Chemical Hazards in Lab (continued)

D. Storage of Corrosives:
1. Store caustic and corrosive materials near the floor to minimize danger of bottles falling from shelves.
2. Separate containers to facilitate handling. Organic acids (acetic acid) should be stored separately from strong oxidizing agents (sulfuric, or nitric) to Prevent interaction of fumes and corrosion of storage cabinets.

E. Storage of Flammables:
1. Quantities of one gallon or over must be stored in a safety can.
2. Small quantities are stored on open shelves, but bulk storage (more than 5 gallons) must be in a safety storage area.
3. Flammables are not stored in areas exposed to direct sunlight.

General Safety Regulations Maintenance & Biomedical

Methods and frequency of testing, and verification of performance and use specifications, for all electrical and electronic patient care equipment, based upon established safety requirements, performance, criteria, and manufacturers' claims. Such testing and verification shall apply to both fixed and mobile equipment, with particular emphasis on life-support equipment such as respirators, defibrillators, physiologic monitoring systems, infant incubators and warmers, as well as devices with a high hazard potential such as electrosurgical equipment. All new equipment shall be evaluated prior to its use. The testing interval for each device or category of equipment shall be consistent with the manufacturer's recommendations, standards promulgated by recognized technical organizations, and frequency of use. In no case shall the testing interval excess six months.

Systematic periodic evaluation of the electrical power distribution system and all electrical and electronic non-patient-care equipment. Evaluation shall be made of all elements of electrical power distribution system, including receptacles, following new construction, renovation, or replacement, and at least annually thereafter. Receptacle inspection shall include testing for polarity, quality of grounding, and mechanical security. Inspection and testing of nonclinical equipment shall be performed at regular intervals to be determined by the Chief of the Engineering and Maintenance Department, such nonclinical equipment includes, but is not limited to, electrical beds, lamps, television sets, radios, and all appliance, including equipment that must remain in place and thus be accessible to potential users.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Generations Safety Policies		4.00-1
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

ENVIRONMENT MANAGEMENT OVERVIEW

SUMMARY

Geropsychiatric patients require a specialized treatment environment in order to receive the best care possible. In the geropsych program, we have established a set of policies to ensure the safety and well-being of patients in our program. These policies are guidelines that address how geropsychiatric patients are to be treated for their behavioral and physical problems. Special concerns of elderly patients form the underlying principles for these guidelines. For example, many geropsychiatric patients have sensory or cognitive difficulties that necessitate enhanced environmental cues and therapeutic support. Therefore, in order to maximize the treatment experience of the patients in our program, the following policies were developed.

Broad Topics

The following broad topics are included:

- Unit Safety: This group of policies governs the guidelines for the maintenance of a safe unit. The policies concerning unit safety, fire and disaster plans and unit monitoring ensure a safe physical environment. Other plans govern how room checks, searches and nursing rounds are conducted.

- Patient Safety: These policies deal with the patient's behavior within the environment. They also govern how the patient is treated within the environment by staff and others. A final focus of these policies involves how the patient leaves and returns to the unit. Overall, these ensure that the patient's interaction with the environment will be safe, secure and humane.

- Physical Care: In a unit with geriatric patients, physical and medical concerns will be ever present. The policies in this group ensure that good nursing and medical procedures are followed on a routine basis. Situations will also arise when routine medical care is not sufficient. These policies govern the orderly transfer of patients from the geropsych program and back, if appropriate. It is clear that the patient=s physical care should be as high a priority as their psychiatric care.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Unit Safety Guidelines		4.00-2
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

POLICY

The Geropsychiatry Program is committed to providing a physically safe environment for our patients. The following guidelines provide a structure within which our patients can be safe and secure.

PROCEDURE

The following safety guidelines are in effect at all times on the unit, exceptions will be made only by the interdisciplinary treatment team:

- All corded appliances are locked in the cabinet provided at the nurses' station with specific time for patient use.
- Cans or glass bottles are not allowed on the Unit.
- Wire hangers are not allowed on the Unit.
- Plastic bags are not allowed on the Unit.
- Matches and lighters are not allowed on the patient's person. They are kept at the nurse station.
- Belongings from patient locked storage, and patients personal medications are given to the patient upon discharge only. They may be sent home with a family member during the patient=s hospitalization.
- All visitor bags, including purses, are searched at the nurses station, if there is suspicion that contraband is involved.
- Patients are searched upon return from a pass, including belongings if there is some indication that contraband is involved.
- Patients on elopement precautions may be placed in hospital gowns, robe and slippers.
- Patient rounds are done every hour on each shift. At this time, rooms are inspected for unsafe articles.

PROCEDURE (continued)

- Patients are not allowed in the medicine room, treatment room, or the offices unless accompanied or given permission by staff.
- Day room is to be monitored by staff at all times when patients are present.
- In the event of suspicion of drugs or alcohol on the Unit, an unannounced patient/room search is conducted for safety measures, and all patients may be requested to submit a urine specimen for drug screen.
- Patient/staff walks are conducted on a four patients to one staff ratio unless staff discretion warrants additional coverage.
- Patients must be accompanied by a staff member for all diagnostic procedures.
- The Smoking Policy is enforced at all times. No smoking is allowed within the Unit. Patients will be escorted to an outdoor smoking area as appropriate.
- All drugs, disinfectants, cleaning fluid and insecticides are kept behind locked doors. Housekeeping carts are never left unattended.
- Pull-up bars are located in all bathrooms.
- Bed rails are located on both sides of each patient bed.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Fire Plan		4.00-4
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

Fires and other disasters must be managed well in order to ensure patient safety. Fire and disaster drills will be performed periodically to ensure staff competence.

In the event of a fire or fire drill, the Nurse on the Unit is to direct the staff in the proper procedure to protect patients, staff and visitors.

PROCEDURE

If the fire/fire drill is on the Unit:

- Remove the patients from immediate area of fire.
- Pull fire alarm.
- Dial 0 (Operator) - Report Code Red, location, name of caller
- Additional available staff to proceed as follows:

- Staff member is to immediately check the seclusion room and release any patient who may be in locked seclusion or restraints and move him/her to a safe area. This staff member is to stay at the side of the patient until the end of the procedure.

- All patients are to be immediately moved to the end of the hall, farthest from the location of the fire by available staff members and remain near the exit for evacuation alert, if necessary. (See Hospital Fire and Disaster Plan for Evacuation Routes.)

- The nurse is to secure the patient charts in the nursing station and take the Kardex and round sheets with him/her to check off the patients who are present.

- Other staff members are to make rounds of all areas on the Unit, starting with the rooms closest to the location of the fire. All windows in rooms are to be closed as well as doors to the hallway.

- Have all patients extinguish cigarettes during procedure. Patients are to be lined up along both sides of the hallway to allow free access down hall. No sitting on floor with legs extended or lying on the floor.

PROCEDURE (continued)

- Evacuate the Unit.

If fire/fire drill is on another Unit:

- Staff will close all doors on the unit, turn off unnecessary electrical equipment, and be on the alert for further instructions.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Incident Management		4.00-6
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

There are times when incidents happen with patients despite preventive measures. These events may be uncontrollable and yet it is important to follow appropriate procedures. The Program Director, Nurse Manager and Medical Director must be notified of an incident which involves a patient in this program. The following procedure delineates the notification process.

PROCEDURE

The Program Director shall be immediately informed, by phone if necessary, of the following situations:

- Any suicide gesture, attempt or successful suicide.
- Any medical emergency on the Unit.
- Any attempted or successful elopement.
- Any patient who cannot be accounted for.
- The discovery of any contraband or physical altercation of any kind on the Unit.
- Sexual activity on the Unit.
- The use of restraint or seclusion.
- The placing of a patient on a special precautions level of monitoring.

The Program Director will upon his/her discretion inform the Medical Director immediately or the next day.

The Nurse Manager will be informed according to hospital policy.

(continued)

The Program Director shall be informed as soon as he/she arrives at work of the following situations:

- Any potential AMA or actual AMA occurrence.
- Any situation with a disruptive visitor.
- Any situation indicating a consistent lack of compliance with the treatment plan by the patient or the patient's family.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Patient Monitoring		4.00-8
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

PURPOSE

It is the policy of the geropsych program that staff monitoring is instituted to prevent patients from harming themselves or others. Indications of suicidal intent, a desire to elope, or increasing agitation will be immediately evaluated by the staff member who becomes aware of them.

POLICY

In order to provide protection to psychiatric patients, three levels of staff monitoring are provided:

Every 30 minutes (done on all patients unless otherwise ordered)
Every 15 minutes
Constant monitoring

Monitoring every 15 minutes, or constant monitoring will be done for three clinical reasons: suicidal risk, agitation, and elopement risk.

A Registered Nurse or a Therapist may place a patient on more frequent monitoring and increase the level of the observation. In all cases the least restrictive clinically appropriate intervention will be made. The Attending Physician is always contacted to give a specific order for the level of monitoring. Any discontinuation of monitoring or lessening of the level of monitoring must be by Physician order.

PROCEDURE

A written physician=s order is obtained for more frequent monitoring:.

- After evaluation and assessment, staff monitoring may be instituted by the Attending Physician, Registered Nurse, or a Therapist.
- If a Therapist or Registered Nurse institutes the Unit staff monitoring, the Attending Physician is notified and the appropriate order is obtained by the Registered Nurse.
- The physician's order shall include the level of the monitoring (watch, close, constant) and the reason for the monitoring (suicidal risk, agitation, elopement risk).

PROCEDURES (continued)

The patient is told why the staff monitoring has been instituted and the procedure is explained to the patient.

The order for staff monitoring is communicated to all patients. The order is noted on the Kardex. The reason for the monitoring is noted on the Unit.

A physician=s order is necessary to discontinue or lower the level of staff monitoring.

A nursing staff member is assigned the responsibility to complete the Special Precautions.

Routine monitoring: Consists of thirty (30) minute checks by a staff member.

- The patient is to remain visible to a staff member at all times during the day.
- The patient is placed in a room close to the nursing station at night.
- The patient is monitored every thirty (30) minutes during the night.
- The patient's behavior is documented on the monitoring log.

Fifteen (15) minute checks by a staff member:

- The patient is placed under staff observation every fifteen (15) minutes.
- The patient must remain on the Observation Unit until the physician and treatment team determine the status and precautions needed for the patient's safety.
- The patient is placed in a room close to the nurse's station, and is checked every fifteen (15) minutes during the night.
- The patient's behavior is documented every fifteen (15) minutes on the monitoring log.
- A physician's order must be obtained before discontinuing this level of monitoring.

PROCEDURES (continued)

One-on-one monitoring:

- The patient is assigned a constant staff member.
- The Physician and treatment team determine transfer needs of the patient.
- The patient is placed in a room close to the nursing station and monitored by continuous staff contact.
- The patient=s behavior is documented every fifteen (15) minutes on the monitor log.
- One-on-one monitoring will be in effect until discontinued by the Physician.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Room Check		4.00-11
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

A patient's room is the only real privacy that they have while in the hospital. Yet, in order to maintain safety for the patient, it is important to be aware of dangerous situations that may be developing. Balancing the right of privacy and staff's need to keep the unit safe is the goal of implementing a room check procedure.

POLICY

Room checks will be completed and documented at least once each day by the designated staff member.

PROCEDURE

A general surveillance of each patient room is made, giving care and respect to patient property and leaving room in condition it was found.

- Windows are inspected including sills, frames and draperies on windows.
- Bathrooms are inspected.
- Light fixtures and plumbing should function properly.
- Thermostat should be secured tightly on wall.
- Walls are inspected for damage.

Following inspection of patient rooms, common community patient areas, group/conference rooms and hall exits are inspected.

Minor environmental repair needs shall be noted by sending a requisition to Engineering.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Room Searches		4.00-12
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

In order to maintain the safety of the unit, contraband items, drugs or alcohol must not be found on the unit. A patient=s right to privacy is at risk when there is reasonable cause to suspect they are possessing contraband. We will be clear and direct when a search is conducted and inform the patient of the reason for the search.

POLICY

Whenever dangerous contraband or drugs are suspected in a patient=s room or whenever there are suspected safety hazards to the patient=s environment, room searches will be instituted in the geropsych program.

PROCEDURE

If available, the patient will be notified, and will have the option of being present during the search.

Searches will be done with two staff members present.

- Air vents are examined.
- Closets and cupboards are emptied and searched.
- Patient's clothing and personal items are searched.
- Drawers are emptied and items inspected. The bottom and sides of the drawers are inspected.
- Windows and draperies are inspected.
- Bathroom inspections include all hollow cylinders (towel racks, toilet tissue holders, etc.). The sink and toilet are fully inspected.
- Light fixtures and switches are checked for tampering.
- Waste cans are emptied and contents searched.
- Tables, lamps and chairs are inspected.

PROCEDURE (continued)

- Beds are stripped and linens are inspected. The underside of the bed is inspected.
- Walls are searched. Pictures, posters and cards are removed and searched.
- The floor area is inspected. Where there is carpeting, torn areas are searched for drugs, etc. Loose baseboards and trim are searched.
- Plants are inspected.
- Removable ceiling tiles are inspected.

If nothing is found, this is documented in the progress notes.

If contraband is found, the progress notes will record what, how much, where, when and by whom. The Medical Director, Attending Physician, Program Director and Therapist should be notified.

The patient's belongings are to be treated carefully and non-contraband items are to be returned properly at the end of the search.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Patient Belongings		4.00-14
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

Significant personal belongings are extremely important to geriatric patients. Items that help orient the patient and help them feel more comfortable are valuable. This value however, must also be assessed within the framework of other safety issues. That is, it is important to maintain safety and protect the patient from the loss of their belongings. The following guidelines hopefully provide a balance between safety and patient comfort or value.

POLICY

Patients and their families are to be informed prior to admission of the personal items that may accompany the patient to the unit, the limitations on personal items to serve to provide safety, maximize utilization of storage areas and protect against loss. Patients may store valuables in a locked cabinet, and have access to these items during designated hours. The patient and family will receive a written copy of the recommended items during the admission process.

The Admitting Clerk has the patient sign a Release of Responsibility for all personal property taken to the Unit.

PROCEDURE

- During the pre-admission process, the Admitting Clerk or geropsych unit staff will inform the patient, and whenever appropriate family members who may accompany the patient, of the recommended items to be taken to the Unit.

- During admission, the Admitting Clerk or staff inquires as to what valuables the patient has brought with him/her to the hospital. The patient is encouraged to send valuables home with the family members, (i.e., excessive amount of money, expensive jewelry, charge cards, etc).

- When it is not possible to have the patient's valuables sent home, they are placed in a valuables envelope. On the envelope is a list of all valuables enclosed. The patient signs the envelope. The staff member witnesses the signature. The staff member fills out the patient's name and the date of admission on the stub which is attached to the valuables envelope. The staff member detaches the stub from the valuables envelope, staples it to the valuables check-off list and sends it with the patient's chart to the Unit. The staff member seals the valuables envelope and

PROCEDURE (continued)

places it in a locked cabinet.

- The staff member has the patient sign the Conditions of Admission form for all personal possessions that the patient maintains on the Unit. All inappropriate items are sent home.
- When there is not an appropriate person to assume responsibility for the suitcases and inappropriate items, the staff member places the items in the storage closet and proceeds to make arrangements for a relative or friend to pick up the belongings as soon as possible.
- Exceptions can be made to these lists according to the value of the items to the patient and the risk the items pose on the Unit. The treatment team will make a determination on exceptions to the lists.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Nursing Rounds		4.00-16
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

The nursing staff is vital to ensuring unit safety. Their careful observation can prevent a number of unit problems. Nursing rounds are a routine mechanism to maintain unit and patient safety.

POLICY

The Registered Nurse is responsible for assigning nursing staff to make Unit rounds, in order to account for the whereabouts of all patients and to ensure a safe environment. Rounds are to be made at least **HOURLY** between the hours of 7:00 A.M. and 11:00 P.M. From 11:30 P.M. to 6:30 A.M., rounds are to be made at least **EVERY 2 HOUR.** Any inconsistency between the census and the head count shall be communicated to the Registered Nurse immediately and action taken to locate the missing patient(s).

PROCEDURE

- Obtain necessary materials (round sheet, pen, and flashlight).
- The Unit Secretary or designated staff member is to write each patient=s name on the rounds sheet for the on-coming shift so it is prepared in time for the appropriate rounds. Date the rounds sheet.
- The count of patients listed should be checked to be certain that the total matches the census on the Unit.
- The Registered Nurse designates the staff member(s) responsible for each set of rounds.
- The assigned staff member(s) are to personally locate each patient, unless on pass or out on hospital outing, list and document the patient=s location on the rounds sheet under the appropriate time column, i.e., Day room, room, seclusion room, on pass, cafeteria, etc. The staff member places his/her initials at the top of the column above the time. At the time of joint rounds, both staff members are to initial the rounds sheet.
- While making rounds, the staff member should observe the environment for unsafe conditions.

PROCEDURE (continued)

- Significant behavioral observations of patients and environmental problems shall be checked out and reported to the charge nurse immediately.

- Once the patients are prepared for bedtime, the doors to their rooms are to be left open at least 12 inches without hindering the patient's privacy, to:

  - ❖ Allow the staff to readily hear any noise coming from the room.
  - ❖ Allow staff to enter the room for night rounds without waking patient.
  - ❖ Allow staff to readily detect smoke in the event of a fire in the room.

- Flashlights are to be used during night rounds, taking care not to flash the light in the patient's face, but to allow the staff member to verify that the patient is in his/her bed.

- The staff member must enter the room and observe the condition of the patient.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Personal Search		4.00-18
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

POLICY

In order to provide a safe environment for patients, staff and visitors, a personal search shall be done in the following circumstances:

- For all admissions at the time of the completion of the bruise sheet.
- Whenever it is suspected that a patient has drugs or alcohol in his/her possession.
- Whenever a patient is placed on special precautions.
- Whenever it is suspected that a patient has in his/her possession contraband that could be used to harm himself/herself or others.

The Program Director or Nurse Manager must approve a personal search at other than at time of admission. When staff feels a personal search is warranted, the Program Director or Nurse Manager should be contacted for approval. The Attending Physician and other members of the treatment team are notified.

PROCEDURE

- Program Director or Nurse Manager approval for personal search shall be documented in patient records.
- Male patients are searched by male staff; female patients are searched by female staff.
- Patients should remove all clothing and be given a gown. All clothing should be removed and searched including:
  - Pockets
  - Seams
  - Hems
  - Linings
  - Shoes and Socks
  - Any other areas of clothing which would provide a place of concealment for contraband articles.

PROCEDURE (continued)

- Check all belongings brought in with the patient, including suitcases, purses, bags, etc.

- The search and the time of the search should be documented in the patient's record.

- All contraband articles should be removed, labeled and returned to the patient upon discharge except for illegal substances or alcohol. These should be sent to the Pharmacy for proper disposal and the Program Director notified and information charted in patient's chart.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Smoking Policy		4.00-20
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

POLICY

It is the policy of the Geropsychiatric Program that the patient shall not smoke in patient rooms or on the Geropsychiatric Unit.

It is the policy of the geropsych program that patients not be allowed to keep a lighter or matches on their persons.

PROCEDURE

- The above smoking regulations are explained verbally and in writing to the patient upon admission.
- All lighters and matches are confiscated on admission and placed in a locked cabinet until discharge.
- Patients unable to follow the smoking regulations will be placed on supervised smoking at a designated location away from the patient care unit.
- Upon return from pass, all patients will be checked for lighters and matches.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Off Unit Passes		4.00-21
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
August 2012	Generations	Safety Committee

POLICY

Off unit passes shall rarely be given to the patient, except in extreme emergencies, such as a funeral for a close family member. It is the feeling of the Generations Medical Director that, in order for the patient to have the most effective treatment possible, it is essential for the patient to remain on the Generations Unit. Any request for an off-unit pass will be evaluated on a case by case basis, and decision made by the Generations Medical Director, and specific orders written for that patient at that time.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Failure To Return From Off Unit Passes		4.00-22
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

POLICY

Proper steps will be taken to insure the safety of patients who elope from an authorized pass.

PROCEDURE

If a patient fails to return from a pass on time, the R.N. will try to call the patient and/or family members accompanying the patient on the pass to inquire about the patient's status.

The Attending Physician is informed of the patient's status.

The Attending Physician may discharge the patient AMA from elopement status. The patient must be discharged after eight hours.

An Occurrence Report is made out by charge nurse concerning the discharge from elopement status and sent to Risk Management.

Nursing Documentation:

- R.N. documents that patient has not returned from an approved pass.
- R.N. documents attempts to reach patient and family.
- R.N. documents calling the Attending Physician.
- R.N. documents patient status according to physician's orders. Patient remains either Aon pass@ or discharged AMA from elopement status.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Drug/Alcohol Abuse During Treatment		4.00-23
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

POLICY

It is the policy of the geropsych program that patients are NOT allowed to use unauthorized alcohol or drugs at any time during their hospitalization. Patients displaying this behavior may be subject to discharge.

PROCEDURE

- The Unit Drug/Alcohol Abuse policy is explained verbally and in writing to the patient upon admission.
- When a patient is suspected of bringing alcohol and/or drugs into the geropsych program, a search of the patient and room are done. This includes a personal search.
- If alcohol and drugs are found, the patient is told that this is against Unit policy and will be reported to the Attending Physician, Registered Nurse and Therapist.
- Every effort should be made to determine how the alcohol or drugs were brought onto the Unit.
- The confiscated items are placed in the medicine room by the staff member checking the patient.
- The Registered Nurse is informed and an incident report is made out by the Registered Nurse.
- The Registered Nurse calls the Attending Physician to inform him/her of the incident.
- If there is a suspicion of drugs/alcohol on the Unit, a complete room/unit search is done at the Nurse Manager or Program Director's discretion.
- If the patient is not discharged, the Medical Director and treatment team may approve holding privileges through entire hospitalization or some other appropriate consequence.
- The treatment team can make exceptions to this rule depending on hospital policy.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Room Restriction		4.00-24
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

POLICY

It is the policy of the geropsych program that patients having difficulty maintaining control over their behavior may be asked to remain in their rooms for a specified period of time in an attempt to decrease external stimulation. This treatment intervention will NOT constitute a restriction of patient's rights. The room restriction shall not be for more than twenty-four (24) hours.

PROCEDURE

- After assessing and evaluating the patient's behavior, a decision may be made by the nurse to restrict the patient to his/her room for a given period of time.
- The patient's room will NOT be locked. The patient will have a means of leaving the room at all times.
- The Attending Physician is immediately notified of the intervention.
- Nursing documentation shall include:
- Assessment of the patient's behavior prior to the decision to institute the room restriction.
- Period of time patient is to remain in the room.
- Patient's response to the room restriction.
- A discussion of the incident will take place in the treatment team staffing.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Disruptive Visitor		4.00-25
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

POLICY

In order to protect the patients in the geropsych program, disruptive visitors will be asked to leave the Unit.

PROCEDURE

If a staff member notices a visitor is disruptive, the staff member will approach the visitor to discuss his/her behavior. A patient may complain to a staff member of a visitor's disruptive behavior. The procedure below is followed:

- If the visitor is unable to calm down or control himself/herself, the staff member asks him/her to leave the Unit.
- If the visitor refuses to leave, the staff member informs the charge nurse to call Security to escort the visitor off the Unit.
- Complete a Variance Report and forward to Risk Management.

The following are examples of behaviors considered disruptive:

- Loud yelling or obscene language.
- Physical abuse of a patient.
- Visitor appears intoxicated or displays bizarre behavior.
- Visitor threatens staff members and/or patients.
- Visitors who are taking food or other items from the patient kitchen.
- Visitors who are not truthful about who they have come to visit.
- Visitors who refuse to have their packages checked by the staff.
- Visitors refusing to leave or insisting on visiting at times other than visiting hours.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Agitated Patient		4.00-26
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

POLICY

It is the policy of the geropsych program to provide intensive care for patients whose increasing agitation may result in harm to themselves or others. The goal of this early intervention is to reduce the patient's agitation and potentially harmful behavior. Decisions to initiate intensive observation/intervention are based on behavioral assessment of the patient.

PROCEDURE

If a patient is assessed as becoming increasingly agitated the R.N. will contact the Attending Physician and the patient will be evaluated for appropriate medication.

If a patient is assessed as becoming increasingly agitated the R.N. will direct the following increasingly intensive staff intervention as required. (See Special Precautions).

- Every 15 minutes observation:
  Structured observations every fifteen (15) minutes for the purpose of assessment, treatment and intensive behavioral interventions. Special Precautions II is intended to reduce the potential for destructive behavior, elopement or suicidal behavior.

- Continuous Monitoring:
  If Special Precautions II does not result in a decrease in the agitated behavior, continuous staff contact will be ordered by the R.N. Special Precautions III will involve assessment and interventions directed at the patient's agitated behavior.

- Seclusion Quiet Room:
  If Special Precautions III fails to decrease the agitated behavior of the patient, the procedure for code purple and/or seclusion/quiet room may be initiated (see Policy and Procedure Seclusion Room).

- Leather Restraints:
  If Seclusion fails to control the patient's destructive behavior or if after Special Precautions III, the patient is assessed as inappropriate for seclusion, leather restraints may be initiated (see Policy and Procedure Leather Restraints).

The R.N. will document in the patient's chart the initiation of each successive level of intervention, the effect on the patient's behavior and the need for further intervention.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION		FILING NUMBER
Code Purple		4.00-27
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

POLICY

It is the policy of the Geriatric Mental Health Program to obtain immediate assistance within the hospital in an emergency situation that requires additional personnel to control and/or restrain agitated patients and/or visitors. The goal is to reduce the patient's/visitor's agitation through a coordinated response.

PROCEDURE

The Charge Nurse will call a Code Purple when assistance is required from unit staff. Such circumstances include:

- A patient/visitor is an immediate danger to himself/herself or others.
- A patient/visitor appears to be escalating in agitation at a rapid rate with little response to staff interventions.
- A patient or visitor is causing disruption to the unit or the hospital with no response to limit setting.

When this page is announced, all designated staff respond to the location immediately.

How to call a Code Purple:

- Press the Feature button on the phone. Press 63. Announce overhead, "Code Purple Generations." When Security and additional staff have assembled outside the Generations unit, the Charge Nurse will give instructions.

Responsibilities of R.N. who initiates a Code Purple:

- Assessment of the situation.
- Assume the role of code coordinator.
- Assume a directive role rather than a patient contact role in the implementation of the Code Purple.

TITLE/DESCRIPTION		**FILING NUMBER**
Code Purple		4.00-28
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
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PROCEDURE (continued)

Role of coordinator at site:

- Assigns a second staff member to assist the staff member interacting with the patient.
- Meets with responding staff members away from the site to provide instructions.
- Assigns a staff member to check the seclusion room and obtain patient gown.
- Directs staff transporting patient as to which seclusion room is to be used.
- Informs staff when action is to be taken.
- Gives commands clearly to be heard by all responding staff.
- When decision is made to touch the patient, the coordinator instructs the staff to do so.
- Direct staff transporting patient to the seclusion room.
- Assigns staff members to body parts to transport patient to seclusion room in the event patient refuses or is unable to walk to seclusion:
  - ❖ Arms - 2 staff each
  - ❖ Legs - 2 staff each
  - ❖ Head - 1 staff
  - ❖ Trunk - 2 staff
- Assigns one/two staff persons to remain at the nurses' stations and/or hallway.
- Assigns person to obtain and check restraints if needed.

Responsibilities of staff responding to Code Purple:

- Respond quickly and quietly - run only if code is paged stat.
- Remove name tags, ties, jewelry, glasses before reaching patient.

PROCEDURE (continued)

Save questions/concerns for debriefing unless critical to the situation.

- Follow directions of code coordinator and assistant.
- Nursing supervisor oversees entire Code process.

Transport patient to seclusion room:

a. Walking

- Accompanied by staff on each side - one person holding each arm with appropriate hold.
- One or two staff members stay in front of patient.
- Patient walks with continuous staff contact.

1) Seizing and Carrying

- Carry patient face up - often face down position provides additional leverage and control.
- Support with appropriate holds to head, trunk, and extremities.
- Gurney may be used if medically required.

Debriefing of Code Purple:

- Led by code coordinator
- Includes all staff involved in Code Purple
- Goals and objectives are:

Goals: Release staff tension; improve quality and safety of procedures and problem solve unpredictable elements.

Objectives:

- To discharge emotions, anxiety, and fears before staff return to own units.
- Increase quality of the procedure to maintain/increase patient safety and dignity.

PROCEDURE (continued)

- Improve the quality of the procedure to maintain/increase staff safety and efficiency.
- Provide planning for future episodes through analysis of unpredictable events.

Code Purple sheet is filled out by Code Coordinator, Code Assistant and Charge Nurse. It is reviewed and signed by the supervising Nurse and Physician.

Relevant/succinct documentation of the event is recorded in the patient's progress record.

Time physician was notified is recorded.

Complete seclusion/restraint log.

Team Coordination: All team members are notified of Code Purple and outcome.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION		FILING NUMBER
Wandering Behavior		4.00-31
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

Geropsychiatric patients tend to exhibit some apparent nonpurposeful pacing and wandering behaviors. As a result, the staff of the geropsych program must be aware of this behavior and how to manage it. The following policy is designed to set up a therapeutic environment for patients who wander in order to afford them maximum possible protection and help them modify their behavior. The successful treatment and/or management of this behavior will hopefully enable the patient to be placed in a less restrictive environment upon discharge.

GUIDELINES

Upon admission geropsych patients will receive a thorough behavioral assessment. If disorientation and wandering behaviors are present, then a wandering behavior assessment should be implemented . The results of this assessment can determine the ability of the treatment team to modify this behavior or learn to manage it. This assessment may also provide the information necessary to place the patient on an appropriate level (see Geropsychiatric Level System).

There are types of patients that exhibit wandering or problem behavior that may not be amenable to change. The following are some situations when the goal of modifying the behavior would not be recommended:

- Extreme disorientation so that retraining would probably be unlikely or exacerbate the problem.
- When inappropriate behavior is not offensive to others and no other alternatives are available to the patient.
- When the behavior, even though it is strange, does not disrupt the unit in a major way, i.e., symptom of late stage Alzheimer's disease.
- When the wandering behaviors do not significantly cause problems to the patient or others in the environment.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION		FILING NUMBER
Wandering Behavior		4.00-32
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

PHYSICAL ENVIRONMENT

The geropsych program has developed guidelines that can increase the manageability of the wandering patient by modifying the physical environment. The following are suggestions that can be implemented when appropriate:

- Reduce tension producing stimuli, i.e., excess background noise, night time shadows and staff attitudes, energy and stress levels.
- Provide safe areas in which patients can wander and seek stimulation. It is better if these areas are outside; however this may require extra staff.
- Provide barriers around areas that may be unsafe. Barriers such as chairs by the nurses' station, camouflaging doorways and room dividers can be helpful. Also, areas of high activity may deter wandering behavior.
- Improve the patient's spatial orientation by providing adequate lighting, lights in the bathroom, reflector tape, as well as color coding and picture symbols throughout the unit.
- Encourage patients having personal possessions on the unit. Highly significant personal items can help the elderly patient feel more comfortable and at ease on the unit.

PSYCHO SOCIAL ENVIRONMENT

The psycho social environment is also quite important in the management of geropsychiatric patient's wandering behavior.

- Physical exercise and a daily period of free ambulation can help reduce the desire to wander in elderly patients.
- Provide structured physical activities such as range of motion exercises, Afun@ activities, deep breathing, and massage.
- Initiate informal singing, rhythmic movements with walking or wheeling others to provide a therapeutic experience.

PSYCHO SOCIAL ENVIRONMENT (continued)

- Structured activities such as craft groups, reality orientation, group or reminiscence groups can be helpful if patients can maintain attention and participate.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION		FILING NUMBER
Code Yellow		4.00-34
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generation	Safety Committee

SUMMARY

If disoriented, wandering patients do leave the Unit unescorted, be aware of the profound fear and anxiety they will experience. The following procedure will help this distress when searching for them.

PROCEDURE

The available staff shall look through the hospital as soon as the elopement is discovered.

The Charge Nurse shall immediately notify Security.

The Charge Nurse shall call the Attending Physician. The Physician may request that the police be notified. For involuntary patients the police are notified automatically.

The Charge Nurse shall notify the family of the missing patient unless the physician chooses to notify the family.

The Charge Nurse shall notify the Program Director of the missing patient.

The Charge Nurse shall record the above accurately in the medical record.

The Charge Nurse shall fill out an occurrence report.

When the patient is found and returned to the Unit, a search of the patient may be conducted for contraband that may be brought onto the Unit.

Upon return of the patient, the Attending Physician, Program Director, patient=s family and police (if notified) will be informed of patient=s return.

If patient has not returned within a 24 hour period, the Attending Physician must discharge the patient.

Elopement from a group walk or activity therapy outing.

- If any patient elopes from a walk, the staff member shall return immediately with the remaining patients to the hospital.

PROCEDURE (continued)

- If there are two staff members, the second staff member shall try to locate the patient.
- Physical force will not be used in persuading a voluntary patient to return to the group.
- Staff members will use their own judgment in deciding how long to pursue the patient.
- The staff should notify the Unit of the missing patient by phone, if possible.
- The staff member in charge of the activity will make out an incident report.

Force may be used by staff to return an involuntary patient to the Unit if the patient is in the hospital or on hospital grounds.

Force may be used to detain an involuntary patient who has eloped off the hospital grounds. The police should be summoned to assist in returning the patient to the hospital.

Force may not be used to detain a voluntary patient who has eloped off the Unit.

In the event that an informal or voluntary patient is judged by the Attending Physician to be in need of involuntary admission, steps shall be taken to seek involuntary admission for the patient.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION		FILING NUMBER
Geropsychiatric Level System		4.00-36
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

Geropsychiatric patients tend to be a varied and diverse group. They have differing levels of disorientation, physical mobility and potential to fall. Due to this variety it is important to identify the various levels of functioning for patients in the program. The most efficient way to protect patients and provide appropriate care is to establish a level system.

A level system differentiates between similar groups of patients depending on their need for supervision and ability to participate in the program. This system provides an easy identification process for patients that may either wander off the Unit or fall.

Each patient will have a Geropsychiatric Functioning Level form completed within 24 hours of admission. The four levels are:

- Patient requires minimal supervision.
- Patient will need supervision when not in a secure protected environment.
- Patient needs periodic supervision and monitoring, every 15 to 30 minutes.
- Patient needs constant supervision, possibly restraints of some type.

Level changes will only occur after completing an updated Geropsychiatric Level System form and the treatment team confers about the change.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION		FILING NUMBER
Mechanical Restraints		4.00-37
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

Geropsychiatric patients, as with psychiatric patients, do at times require external influence to help them get back in control of their behavior. Geropsychiatric patients can become as violent and suicidal as do other psychiatric patients.

Geropsychiatric patients also have other life threatening behaviors and conditions that may require the use of external control. Geriatric patients have difficulties with cognitive disorientation, physical health problems and difficulties with balance as well as more traditional psychiatric problems. The need to aid geropsychiatric problems with control is therefore increased with a resulting increase in the possibility of harm to the patient when using mechanical restraining procedures. As a result of the potential harm with restraining the geriatric patient, the following policies are designed to promote the least restrictive intervention possible. If the least restrictive intervention does not work then the next possible intervention will be considered.

The following mechanical restraint procedures will be discussed:

- Bed rails
- Nocturnal/soft restraints
- Seclusion
- Full leather restraints

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION		**FILING NUMBER**
Bed Rails		4.00-38
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

It is the policy of the geropsych program to provide protection to the geropsychiatric patient from physical injury through the use of bed rails.

PROCEDURE

Bed rails may be used to protect appropriate patients on the Unit.

Bed rails may not be used as a restraint unless ordered by a physician and restraint guidelines followed.

The bed rails may be raised nightly by the evening nurse for patients if indicated and patient provides permission.

The bed rails will be lowered in the morning by the nurse responsible for awakening the patient.

Patient may not refuse use of the bed rails without first signing a written release.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION		FILING NUMBER
Use of Nocturnal/Soft Restraints		4.00-39
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

The geropsych program will provide protection of the patient from physical injury when the patient is disoriented or demonstrates progressive nocturnal disorientation. Nocturnal/soft restraints are comprised of posey belts, chest restraints and soft ties applied to the extremities.

PROCEDURE

Nocturnal/soft restraints may be used with patients on levels 2-4.

Nocturnal/soft restraints are used to protect the disoriented patient who is at risk of:

- Ambulating without assistance when ambulation is unsafe.
- Climbing over bed rails.
- Progressive nocturnal disorientation that results in attempts at unsupervised ambulation.

Nocturnal/soft restraints may be initiated by:

- The clinically privileged R.N. to provide immediate patient protection. This order must be Physician confirmed in one hour.
- Physician order.

Chest restraints and posey belts are applied tightly enough to confine the patient to the bed and loose enough that two fingers may be slid under the edges of the restraint. The restraint ties are secured under the bed to the inner frame - not to the side rail.

Extremity restraints are applied over soft padding to both wrists or all four extremities (wrists and ankles) - never to just ankle.

Nursing care of the patient in nocturnal/soft restraints consists of:

- Fifteen minute circulation checks of extremities when soft restraints are applied to wrists and ankles for the first hour.

PROCEDURE (continued)

- Release of restraints indicated for:
  - Use of bathroom or bed pan.
  - Ambulation if safe and appropriate
  - Range of motion for extremities.
  - Regular meals

Documentation

- The date and time that nocturnal/soft restraints were applied should be entered in the progress record.
- Patient response and status should be summarized every two hours.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION		FILING NUMBER
Use of Seclusion		4.00-41
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

Seclusion is to be utilized as a therapeutic measure to prevent a patient from causing physical harm to himself/herself or others or to prevent significant, continued disruption of the therapeutic environment. In no event shall Seclusion be utilized:

- To punish or discipline a patient
- For the convenience of the staff
- As a mechanism to produce regression

Use of seclusion means placing a patient alone in a room from which he/she has no means of leaving. When a patient is placed in a behavior modification program substantiated by his/her treatment plan, he/she may be restricted to a given area or room for a reasonable period of time and such restriction shall not constitute use of Seclusion as defined in this policy, so long as the room is not locked.

In the event that a patient initiates the request for use of the Seclusion Room, these same policies will apply.

Safety precautions will be followed to prevent injuries to the patient. All Seclusion Rooms will be appropriately lighted, heated and furnished. Potentially harmful objects and equipment should be removed.

Seclusion shall be utilized only upon the written order of a Physician, or in an emergency the order of a clinically privileged R.N. with supervisory responsibilities. The Physician or the R.N. must personally examine the patient prior to ordering the use of the Seclusion Room.

If the clinically privileged R.N. with supervisory responsibilities orders the use of the Seclusion Room, she must confirm the order with the Physician within one hour in person.

The order of the R.N. must be countersigned by the Physician after he/she has personally examined the patient within twelve hours.

No order for the use of the Seclusion Room will be valid for more than 4 hours. No PRN order for the use of the Seclusion Room is valid.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Use of Seclusion		4.00-42
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY (continued)

The clinically privileged R.N. with supervisory responsibilities who orders the use of seclusion shall notify the Medical Director as soon as possible.

Documentation for justification for use of the seclusion must include:

- Events leading up to the need for the use of seclusion.
- Less restrictive alternative interventions used.
- Purpose for which the Seclusion Room is being used.
- Length of time the Seclusion is to be employed.
- Clinical justification for length of time.

The Physician or R.N. who orders the use of the seclusion shall assign a qualified person to observe the patient in the Seclusion Room at least every 15 minutes or more often if necessary and to document such observations. This person may be a Registered Nurse, L.P.N., or Nursing Assistant.

All uses of seclusion are reviewed daily by the Medical Director for clinical appropriateness.

Repeated use of seclusion for the same patient should serve as an indicator that the treatment plan interventions need to be reviewed.

PROCEDURE

Prior to a patient being placed in the Seclusion Room, the person ordering use of seclusion or a designated staff member should sit down with the patient and explain the purpose of seclusion, including a review of the incidents leading up to the Seclusion Room.

When a patient is placed in the Seclusion Room, it should be in a manner not causing undue physical discomfort, harm or pain, and will be carried out by staff trained in the proper use of seclusion procedures.

PROCEDURE (continued)

A Registered Nurse must always be present when a patient is placed in the Seclusion Room.

The staff member designated to check the patient every 15 minutes will also be responsible for supervising breaks, mealtimes and the use of the bathroom for the patient in the Seclusion Room.

Patient's need for seclusion shall be assessed at least every 15 minutes. Once a patient no longer needs seclusion for impulse control, he/she should be removed from seclusion.

Seclusion Room Guidelines:

- Patients must not smoke in seclusion room.
- Patients are not to leave the Seclusion room except for supervised shower or use of bathroom.
- Bathroom offered at least every four hours.
- Bathing offered daily.
- All food in the Seclusion Room will be served on plastic dishes.
- Staff are to assure nutritional intake and availability of regular meals.
- Patients in the Seclusion Room must be searched when placed in the Seclusion Room for any potentially harmful object, shoes and belt removed and patient placed in a hospital gown if clinically indicated.
- Any materials which are not part of the Seclusion Room equipment are to be removed.

Only treatment team members may enter the Seclusion Room.

PROCEDURE (continued)

Nursing Documentation includes:

- Precipitating factor(s) and behaviors of the patient prior to the time that the patient went into the Seclusion Room.
- Time the Physician and/or clinically privileged R.N. with supervisory responsibility was notified and the time that the patient was examined prior to order for use of the Seclusion Room.
- The name(s) of the staff member(s) who accompanied patient into the Seclusion Room.
- Name of the staff member assigned to observe the patient every 15 minutes and to document the observations.
- Time removed from Seclusion Room.
- Patient's response to seclusion.
- Signature of Nurse.
- The restraint/seclusion log shall be completed and forwarded to the Program Director and Medical Director.

Fire Emergency

- The outer door to the Seclusion Room area is opened with a Unit key which is carried by all staff.
- In the event of a fire emergency, a patient in the Seclusion Room is immediately removed from the Seclusion Room and evacuated with the rest of the patient group.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Restraint Policy		4.00-45
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

Restraints are applied only as a therapeutic means to prevent harm to the patient or others or to prevent significant, continued disruption of the therapeutic environment. Restraints are not used as a form of punishment or discipline, staff convenience or as a mechanism to produce regression. Restraints are a mechanism to aid the patient to regain control of themselves and prevent them from harming themselves due to physical problems or confusion.

Restraints should be applied only after less restrictive measures have failed. These measures may include:

- Verbal limits/verbal intervention attempted.
- Medication requested from Physician.
- Seclusion.
- Range of motion to all extremities to maintain muscle strength and prevent contractures.
- Provide and instruct client in use of walker or wheelchair to increase mobility.
- Refer client to physical therapy for gait training and/or consultation with orthopedist.
- Provide needed braces or orthopedic appliances.
- Monitor for need and provide proper fitting or corrective footwear.
- Maintain close observation of client's movements and assist with ambulation as necessary.
- Assess visual acuity and provide corrective lenses if necessary.
- Make use of natural barriers, (i.e. seat client in chair and place at a table for support).
- Redirect client=s activities that are potentially harmful toward safer alternatives.

TITLE/DESCRIPTION:		**FILING NUMBER:**
Restraint Policy		4.00-46
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY (continued)

- Monitor for possible adverse drug actions (i.e., postural hypotension and dizziness). Provide patient teaching concerning effect of drug regimen.

- Consider relocation client to minimize distances required or lessen environmental barriers.

Restraints are used only upon the written order of a Physician. In an emergency, a Registered Nurse with supervisory responsibilities and clinical privileges in ordering restraints, may order restraints after he/she has conducted a clinical assessment of the patient.

When a restraint order is given by a clinically privileged Registered Nurse with supervisory responsibilities, the physician must be notified as soon as possible, and the order must be signed by the Physician within 24 hours, after he/she has personally examined the patient. No PRN restraint orders are valid.

The R.N. should document in the progress note the time the Physician is called.

If a patient requires restraints for longer than 4 hours, a new order must be issued by the Physician, and may be renewed for up to a total of 24 hours.

All orders for restraints shall include:

- Events leading up to the need for restraints.
- Purpose for which such restraints are employed.
- Length of time restraints are to be employed.
- Clinical justification for such length of time.

All orders for restraints are time limited. No order for restraints is valid for more than 24 hours. After the original order expires, a physician must see and assess the patient before issuing a new order.

Only a Registered Nurse may request a restraint order from a Physician. A staff R.N. must be present when a patient is placed in restraints.

The Registered Nurse must write all nursing documentation related to a patient placed into restraints.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Restraint Policy		4.00-47
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY (continued)

Restraints are removed as soon as there is no further clinical justification for their use.

All uses of restraints are reviewed daily by the Medical Director for clinical appropriateness.

Necessity for Protective Restraints

- Restraints shall be applied only after it has been determined via data collection and observation that the client is in danger of harming self or others due to physical factors or extreme confusion.

- Restraints shall be applied only after other reasonable alternatives have been used and determined ineffective in protecting the client.

- Periodic assessment (i.e., q 2 hours) of client's level of debility shall be done to determine if restraints need to be continued.

- Document thoroughly. List alternatives used and why they were ineffective. Use descriptive terms to describe client's inability to remain safe without protective restraints, i.e., unable to maintain balance or bear weight; stumbles against furniture; falls into walls; etc. Avoid using due to feeble gait whenever possible.

$ Each written order for a physical or chemical restraint or seclusion is limited to 4 hours. The original order may only be renewed in accordance with these limits for up to a total of 24 hours. Therefore, during each treatment team meeting, client's records currently having an order for protective restraints should be reviewed for necessity of continuance of less restrictive alternatives attempted and a progress note made indicating that review was accomplished.

*Restraints for behavior management are only good up to 24 hours and must be written as such.

PROCEDURE

An adequate number of personnel who are trained in the implementation of restraints should assist in applying restraints to avoid patient or staff injury.

PROCEDURE (continued)

- An R.N. must always be present when restraints are applied.
- The minimum amount of physical force needed to control a patient should be employed.
- The patient is always to have explanation of the reason for restraints.
- Restraints not in use should be removed. (NEVER LEAVE RESTRAINTS AT THE BEDSIDE).
- Restraints are to be applied in a manner not to cause undue physical discomfort, harm or pain.

The Registered Nurse shall document:

- Events leading to necessity for restraints.
- Verbal interventions attempted prior to the utilization of restraints.
- If medication was requested and administered prior to the utilization of restraints. If not, why not?
- That an R.N. was present when the patient was placed in restraints.
- Individual who ordered or authorized the use of restraints and if said individual personally examined the patient prior to authorizing restraints.
- The time restraints were applied and type (amount) utilized.
- Summation of patient behavior while in restraints and during relief periods.
- Time patient was removed from restraints and patient=s behavior.
- The restraint/seclusion log shall be completed and forwarded to the Program Director.

Institute 15 minute checks and related documentation. Fill out restraint checklist.

PROCEDURE (continued)

Confirm and document that patient received relief from restraints at least every 2 hours. Relief includes:

- For full or opposite restraints either:
  - ❖ Active range of motion by allowing patient to be up and about for limited period or
  - ❖ If deemed unsafe to be up and about, then each individual limb will be released from restraint and passive range of motion given every four hours.
- Opposite restraints will also be rotated.
- Offering bathroom privileges.
- Checking circulation and skin condition.
- Offering intake and availability of regular meals.
- Checking emotional status.
- For waist restraints, noting change of position/ensuring change of position/active range of motion.

Provide for daily bathing.

Evaluate patient's level of anxiety, cognitive orientation and degree of impulse control every 15 minutes. When the R.N. determines that the patient is ready to come out of restraints, inform the patient that he/she seems to be ready to assume responsibility for his/her actions and ask if he/she feels ready to do so . A contract with the patient around expected behaviors when released should be established.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Restraint/Seclusion Documentation		4.00-50
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

SUMMARY

The Registered Nurse shall complete the restraint/seclusion log whenever restraint/seclusion is utilized. The Program Director and Medical Director shall review all utilization of restraint and seclusion.

PROCEDURE

A Registered Nurse notifies the Program Director and Medical Director per telephone within 2 hour of restraint/seclusion use.

The Restraint/seclusion monitoring form is initiated by the Attending Nurse and used to document continued status of the patient.

The Registered Nurse completes the Restraint/Seclusion log:

- Date
- Patient's name
- Time in and out
- Length of order
- Ordered by
- Time patient examined by Physician or clinically privileged R.N.
- Type of restraint used (Full Leather Restraints/FLR, Posey, Security Chair or Seclusion)
- Whether documentation adequate or not
- Date prior restraint or seclusion was used, if any
- Supervisor's signature

The Medical Director is to review the documentation on the chart to verify adequate justification for action taken.

The Program Director shall review utilization of restraint/seclusion within 24 hours to verify proper documentation of usage and care rendered. The Program Director shall report any improper utilization to the Medical Director.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Repair & Maintenance; Security		4.00-51
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2012	Generations	Safety Committee

POLICY

Engineering department responds to the needs of any maintenance and/or repairs to unit equipment, building, plumbing, fire alarm, HVAC and structure, as well as security needs.

PROCEDURE

Contact the engineering department during the hours of 7:00 A.M. to 3:30. If no answer, page house Engineer.

From 4:00 P.M. to 7:00 A.M., notify switchboard, who will notify engineering personnel on call.

To alert engineering department of any equipment in need of repair:

- Label item that is in need of repair - item should not be used until repair is complete.
- Remove defective equipment from patient area.
- Complete Work Order form, including detailed description of problem.
- Remove bottom copy for file, and place Work Order in engineering work order box.
- In the event the defective equipment causes an accident, an Occurrence Report should be completed, and notify nursing supervisor immediately. Complete report within 24 hours.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Health Information Safety Policies		4.05
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Health Information Personnel	Safety Committee

Each individual is responsible for his/her own on-the-job safety and health and each has a moral obligation to prevent illness or injury to fellow employees.

Each person who directs the work of others is responsible for the safety of those he supervises as well as himself. This responsibility includes training, working conditions, awareness and all other aspects of a safe and healthy work environment.

GENERAL SAFETY RULES

Knowing and complying with safety rules is your personal responsibility; if you do not know the safe way, ask your supervisor, do not risk injury.

1. Keep your work area, wherever it is located, clean and orderly.
2. Put rubbish in designated trash containers. Do not let scrap accumulate.
3. Do not block access to fire extinguisher or flammable metal powder containers.
4. Walk, do not run.
5. Use only authorized entrances and exits.
6. Horseplay, practical jokes or similar activities are strictly forbidden.
7. Do not climb to or jump from elevations. Use stairs, ladders, etc.
8. Report all illnesses/injuries to your supervisor immediately.
9. Stay in your own work area unless on other hospital business. When visiting another area, find out and follow the rules for that area.
10. Never operate equipment of any kind unless you are qualified and authorized to do so.
11. Know and follow the safety rules for your job.
12. Follow posted instructions and directions.

GENERAL SAFETY RULES (continued)

13. Know where the exits and fire extinguisher are located.

14. Report unsafe conditions to your supervisor immediately.

15. Do not remove, damage or tamper with safety devices.

16. Never induce or direct another employee to violate a safety rule.

17. Never remove warning signs or tags or fail to obey their instructions.

18. Always report all near miss accidents or property damage to your supervisor.

19. Clean up spilled liquids immediately.

20. Know what you should do in an emergency.

21. Keep cabinet doors and all types of drawers closed when not in use.

22. If an emergency occurs outside of the area, stay where you are and continue to work unless you are an emergency team member of are otherwise instructed by your supervisor or established emergency signals.

OFFICE RULES

Office injuries comprise a significant portion of our industrial injuries. These ground rules will help prevent injury to you or to fellow workers.

1. Keep paper clips, pencils and other small objects off the floor.

2. Report broken or damaged furniture to maintenance.

3. Keep office furniture arranged in an orderly manner.

4. Do not move office furniture yourself; call maintenance.

OFFICE RULES (continued)

5. Do not allow electric or telephone cords to extend into walkways. Report any defective cords to maintenance.

6. Keep knives, scissors and other sharps or pointed objects properly stored and covered when not in use.

7. Watch out for people carrying liquids. Hot coffee can cause severe burns.

8. Distribute file cabinet loads evenly in all drawers and do not overload them.

9. When closing file drawers or safe doors, use the handles and keep your other hand clear.

10. Do not lick envelopes; they will cut.

11. Avoid walking on waxed floors with wet shoes.

12. Remember: You are responsible for the equipment, tools and materials you work with.

13. Strictly observe **NO SMOKING** hospital policy.

SPECIFIC SAFETY RULES

Personal Clothing

In the office what you wear will be determined by good taste as well as by supervisor guidelines and the requirements of your job.

Ladders

The improper use of ladders is a major source of injuries. Injuries from slipping ladders or falls from ladders are, in the majority, very serious and frequently result in permanent disability. Follow these rules:

SPECIFIC SAFETY RULES (continued)

1. Never use metal ladders while working on or near electrical systems.
2. Place straight or extension ladder bases away from the top support a distance equal to one fourth the ladder length.
3. Straight or extension ladders must be equipped with safety (non-skid) feet.
4. Never use a folded step ladder as a straight ladder.
5. Face the ladder when climbing and use both hands. Have a helper hand up parts or equipment.
6. Stay off the top three rungs of straight ladders and the top and last two steps of step ladders.

Material Handling

Material handling is not confined to the shop or storage areas, but extends throughout each facility. Improper lifting of heavy ledgers, paper supplies, stack of records or data processing punch cards have caused serious injury on many occasions. Follow these rules:

1. Use gloves when handling rough or sharp edged materials. If nails or staples protrude, remove or bend them over.
2. Always use material handling equipment when available. Do not attempt to "manhandle" heavy objects. But use material handling equipment only when qualified or authorized.

Electrical Machinery and Equipment

All electrical equipment must be equipped with ground wire (three pronged plug). All electrical cords, plugs, and switches must be in good repair. The use of extension cords is prohibited, except in cases of extreme circumstances or emergencies. All electric machines or heat-producing elements are to be turned off when not in use.

SPECIFIC SAFETY RULES (continued)

Lighting

All offices are to be well-lighted. If a light fixture fails to work properly, contact your supervisor at once, or call the Maintenance Department, and ask that the problem be corrected.

RULE VIOLATIONS

A good safety program depends on the consistent application of sound management principles and observances of safety rules. The violation of any safety rule is a serious matter and is subject to disciplinary action. These actions will depend upon the nature and seriousness of the violation. Safety rule violations range from those committed through inadvertence or oversight to those which are intentional or deliberately committed, or which result from conduct so negligent, reckless or disregardful of safety as to amount to an intentional violation.

Penalties will range from verbal admonishment through written reprimands to dismissal, if warranted.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Home Health Agency Safety Policies		4.10
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Home Health Personnel	Safety Committee

SAFETY EVALUATION OF HOME HEALTH PATIENT RESIDENCE

As a part of the process of patient assessment for home health care services, a referred patient's residence will be assessed as to the patient being adequately protected from injury. Such an assessment may include but not be limited to the following:

1. Height and position of steps and handrails.
2. Size and degree of incline of ramp if a wheelchair patient.
3. Walking surfaces uncluttered.
4. Enough space and clear passages to maneuver wheelchair.
5. Removal of scatter rugs.
6. Loose carpeting tacked down.
7. Faulty floor coverings removed or repaired.
8. No waxing of floors.
9. Electrical cords in good repair and kept out of patient's way.
10. Frequently used items stored in easy-to-reach places.
11. Bed easily accessible and stationary.
12. Check height of bed and firmness of mattress; recommend headboard if necessary.
13. Provision of bedside table.
14. Portable commode, if necessary.
15. Elevated toilet seat, if necessary.
16. Grab bars in bathtub.

SAFETY EVALUATION OF HOME HEALTH PATIENT RESIDENCE (continued)

17. Grab bars near commode.

18. Bath mats with suction cups in and alongside bathtub.

19. Hand spray attached to blending faucet of tub for greater ease in bathing.

The patient or caregiver should be reminded of possible hazards and encouraged to correct them if possible.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Home Health Agency Safety Policies		4.10
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Home Health Personnel	Safety Committee

Administration of Chemotherapy:

Only nurses with current chemotherapy certification may administer chemotherapy. If there are no nurses on staff who are chemotherapy certified, the referral will not be accepted.

If referral for a chemotherapy patient is accepted, manufacturer guidelines for the prescribed drug will be followed.

No chemotherapy will be administered in the home environment through a peripheral line. Only central line administration is approved for home health administration.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Home Health Agency Safety Policies		4.10
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Home Health Personnel	Safety Committee

CONTAMINATED SHARPS

Contaminated sharps, including but not limited to needles, lancets and instruments, must be placed in puncture-resistant containers, labeled ABIOHAZARD@ with biohazard symbol or color-coded red. This container should be labeled with origination point ACMC Family Home health, 211 Pine Street, Crossett, AR. The container must be leakproof on the sides and bottom. The sharps container must be placed inside another sealable container and transported in the trunk of the nurse's vehicle or the back of the vehicle if there is no trunk. When the sharps container is full (e.g. the container is full to the point that other sharps cannot safely be dropped into container without pushing into the container), the lid should be taped securely and the container placed in a red bag, secured, and labeled "NEEDLES". This bag should also be labeled with origination point (ACMC Family Home Health) and point of destination (Ashley County Medical Center). Then it should be taken to Ashley County Medical Center for disposal by the designated person(s) or nurse. A new sharps container should be immediately obtained.

THREATENING DOGS

If a threatening dog is in the area, the Home Health nurse or aide is not to get out of their vehicle. The Home Health employee is to return to the office and notify the patient. The patient is to be instructed to have the dog chained or penned before the home health employee can make a visit.

INCLEMENT WEATHER

The Home Health employee will not be required to drive their vehicles on private or public roads in weather conditions that present a threat to safety of employees. Employee should utilize local law agencies for weather reports and road conditions.

The Home Health Director and/or supervisor will notify employees by phone if work will be canceled due to inclement weather. In turn, employees of the home health agency will telephone all patients if possible or local emergency information systems to advise patients that home health services will not be provided.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Home Health Agency Safety Policies		4.10
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
September 2002	Home Health Personnel	Safety Committee

HOME FIRE PLAN

Patient's Home - Remove the patient to a safe area, close windows and doors, turn off potential explosives such as 02 or gases, unplug equipment or remove any life sustaining equipment with the patient. Notify fire department and ambulance service, if necessary. Report incident to office and Administration. If the fire is small and self-contained, the employee should try to extinguish the fire after ensuring the safety of the patient.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Housekeeping Safety Policies		4.20
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Housekeeping Personnel	Safety Committee

REGULATIONS CONCERNING SAFETY OF EMPLOYEES

1. All steam lines shall be covered.
2. All employees shall be immunized against common diseases.
3. Scoops and hand protectors shall be used when handling soaps, detergents, bleaches, etc.
4. All employees shall be trained in proper lifting techniques.
5. All employees shall be taught fire safety and evacuation techniques.
6. All machine operators shall be properly trained in the operating of said machine.
7. All unauthorized personnel shall be prohibited from operating machinery.
8. Fire emergency instructions shall be posted in the Laundry.
9. Fire extinguisher shall be properly placed, tagged, inspected and recharged regularly.
10. Each employee shall be instructed to note and report any and all unsafe conditions and unsafe acts in his area.
11. All electrical wiring shall be in conduit and safely fused. These shall be inspected every 6 months.
12. Any sign of corrosion or of shorting out shall be investigated immediately.
13. Carts and/or any other movable equipment shall be arranged to allow adequate aisles for movement.

REGULATIONS CONCERNING PLANT LIVABILITY

1. The laundry area shall be properly ventilated, so that condensation will not cause excessive humidity.

REGULATIONS CONCERNING PLANT LIVABILITY (continued)

2. The area shall be properly lighted.

3. Clean up area for employees who handle soiled and contaminated linens shall be provided.

REGULATIONS CONCERNING HANDLING OF SOILED AND CONTAMINATED LINEN

1. All soiled linen shall be transported in carts marked "soiled" and never placed in "clean" carts.

2. All clean linen shall be transported in carts marked "clean" and never placed in "soiled" carts.

3. All contaminated linen shall be placed in blue bags which have in turn been put in soiled linen carts. These bags should be tied alerting all who handle it as "contaminated".

4. All personnel who handle contaminated linen shall be provided with proper equipment. Ex: gloves, masks & gowns.

5. All personnel who handle contaminated linen shall be instructed as to the proper handling of such linen.

6. A place shall be provided for proper clean up for the soiled linen handler.

7. Soiled and clean linen shall not be stored in the same area. All employees must be made aware of this rule.

8. All soap, detergent and other supplies shall be kept covered and properly labeled.

PURPOSE OF DRESSING FLOORS

It is usually desirable, in the case of the resilient floor surfaces, to apply a "dressing" (also known as "treating" or finishing) material to protect the surface from wear, to bring out the natural beauty of the color or pattern, and to make it easier to clean and renew.

PURPOSE OF DRESSING FLOORS (continued)

To meet this demand, many commercial preparations have been developed and placed on the market. This introduces a problem. Most of these products meet the above requirements to a reasonable degree but unfortunately, in many cases, their use usually results in surfaces that are dangerously slippery. The selection of a product which possesses, in addition to its other requisite properties, a satisfactory coefficient of friction when placed is necessary if accidents are to be prevented.

It is not possible to select a dressing product solely from the standpoint of its slip-resistant qualities. Elimination of the reduction of wax content makes a dressing less slippery but also detracts from appearance and may involve other disadvantages. Polishes with high friction rating may "dust" or "powder" in use. Only experience with a given product, under actual conditions of use can demonstrate whether it is a satisfactory product, from all angles.

CLASSIFICATION OF DRESSING MATERIALS

For most purposes in floor safety, floor preparations are classified as follows:

WAX OR WAX-BASED PRODUCTS

For most general maintenance purposes, wax has several advantages. This is especially true of Carnauba Wax, an ingredient generally used in so-called wax products. This wax, a palm tree product, drys in place with a very glossy finish, but with a characteristically slippery surface. Because of its many good qualities, it is widely used as a base for floor surfaces preparations, both in paste and emulsion forms. Other waxes, notably petroleum wax and beeswax, have their place in floor dressing formulas; they are softer and less slippery than Carnauba, but are still slippery to a degree, depending on the formulation.

SYNTHETIC RESINS

These preparations, known as "synthetic resins" or polishes, are intended to supply the desirable characteristics of wax without producing the same degree of slipperiness. They include soaps, oils, resins, gums and other ingredients, compounded in the various ways to produce the desired result.

ASHLEY COUNTY MEDICAL CENTER
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TITLE/DESCRIPTION:		**FILING NUMBER:**
Housekeeping Safety Policies		4.20
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Housekeeping Personnel	Safety Committee

FLOOR TREATING AND WASHING OPERATIONS

This operation should be done, as far as possible, when there is a minimum of exposure in the particular area. The working area should be excluded from use until dry and safe.

1. Rope off working area, preferably by means of rope and stanchion barriers. Rope should be 36" high, stanchions not more than 25" apart. Where more practical as in employee dining rooms, rope may be anchored to permanent fixtures.

2. Provide appropriate danger signs at principal approaches to working areas. Signs may read "MEN WORKING", "NO PASSING", "WET FLOOR", etc.

3. When working in front of exit paths, stairs, doors, elevators, post signs indicating alternate routes. When working in front of stairways, block them off at both top and bottom. In the case of doorways, block both sides of doors.

4. The actual procedures of washing and/or treating floors is the direct cause of many accidents. Persons performing the operation are often unskilled and fail to adhere to the manufacture's directions when applying the finish. The best finishing material can be quite hazardous when improperly applied.

MANY OF THE IMPROPER APPLICATION HAZARDS ARE CAUSED BY THE FOLLOWING:

1. Floors not completely and properly stripped of previously applied finish.

2. Floors improperly cleaned or scrubbed.

3. Floor treating product applied too often.

4. Surface not properly buffed when buffing is necessary.

5. Finish applied with improper equipment.

6. Too much finishing material applied.

MANY OF THE IMPROPER APPLICATION HAZARDS ARE CAUSED BY THE FOLLOWING:
(continued)

7. Application of finish that is improper for type of floor.

8. Inadequate drying time.

CAUSES OTHER THAN SLIPPERY FLOORS

1. Unobserved movable equipment, fixtures, etc., in passageways.

2. Poor Housekeeping.

3. Personal causes.

Studies indicate that many of the objective causes of floor falls results from improper work procedures that can be corrected. In the following, the major items found to be involved are covered and suitable preventive measures and outlined.

FIXTURES AND DISPLAYS - AND OTHER PORTABLE EQUIPMENT - Are a major factor in falls.

DRAWERS - Should be closed promptly after use.

DISPLAY SIGNS, ETC. - Should be designed to prevent unseen tripping hazards and should be located in safe areas off direct route of travel.

TRUCKS - Should be removed and stored in safe areas soon as use is finished, and the use of various type trucks should be kept to a care minimum during visitor hours.

BASES AND OTHER SIMILAR ARTICLES - Should have round corners, if extending outward the legs, etc., should have a noticeable color or marking.

ALL ELECTRICAL WIRING, EXTENSION CORDS, ETC. - For machines, equipment, lights, etc., should be designed so as not to lie on the floor. Where necessary, wires or cords may be installed in approved type receptacles or raceways.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Housekeeping Safety Policies		4.20
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Housekeeping Personnel	Safety Committee

FOREIGN SUBSTANCES - Should be removed promptly, and all employees should be trained to remove immediately any foreign substance noted. The delay of even a few seconds can and often has resulted in serious injury due to fall.

SPILLAGE - Of liquids or other free-flowing substances should be cleaned up promptly. All employees should be taught to guard the danger area and/or warn off persons until the area is cleaned.

FOOD - Dropped in kitchen area or from areas where food service trucks are in use, should be detected by an awareness of the hazard.

WEATHER - Will be a factor for alertness and extra porter service should be provided during inclement days when water or snow is tracked into the premises. The use of mats, particularly at entrances, help to reduce the tracking of moisture on the floor, but care must be taken to assure that the mat design will not in itself present a tripping or caught in hazard. In many instances, vinyl plastic entrance mats are replacing rubber link mats as this is asserted to better color possibilities, and less deterioration, better resistance to temperature extremes, and better resistance to chemical action. Also these mats are being made with tiny holes for drainage. Runner matting is available in both rubber and in combination cord and its use may be satisfactory where there is a modest amount of water.

REPAIRS - Should be carried out whenever possible during hours when there is the least exposure to persons. Arrangements should be made to close-off the areas affected entirely or by use of stanchions and ropes, etc. **ALL TOOLS** and materials should be kept within the guarded area. **SUPPLIES** should be properly stored and never left in passageways or other public areas.

UNSAFE PHYSICAL CONDITIONS INCLUDE - Such things as Open Carpet seams or gaps, tears and folds in rugs and carpeting.

RAIN MATS - Should be inspected before installation and repaired or replaced and curled edges smoothed down.

WALK OFF MATS - Should be placed inside and outside of each door.

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GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Housekeeping Safety Policies		4.20
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Housekeeping Personnel	Safety Committee

BROKEN TILES - Or uneven tiles should be replaced.

HOLES IN FLOORING - Should be filled in promptly and properly.

RAMPS - Should be so constructed to give a maximum slope of 1" vertical to 10" horizontal, preferable less. Color can be applied (stripping, outline, etc.) to provide a contrast between the ramp and neighboring floor level. Non-slip surface material can be installed. Hand-rails should be installed if slope is greater than one to 12, if sides are unprotected, or if area is used by aged or infirm.

ILLUMINATION - Should be such that light values at floor level will be uniform and free from glare, shadows, and violent contrasts in light between floor areas.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Labor & Delivery Room Safety Policies		4.30
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2008	Nursing Personnel	Safety Committee

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1. Hospital approved uniforms will be worn at all times.

2. Suction machines and other mobile equipment is checked and maintained by hospital Biomedical Department.

3. Fire extinguisher are to stay in their proper place and be checked by the hospital maintenance department.

4. All specimens (tissue, urine, etc.) shall be properly labeled and sent to the hospital Laboratory for examination.

5. All medications are labeled and kept in proper cabinets.

6. All electrical outlets in labor area will be covered by an electrical plate and of 3 prong type; one being ground.

7. A nurse is in constant attendance of a medicated patient.

8. All lighting fixtures shall have protective coverings.

9. In-service safety training for personnel is held in conjunction with the hospital safety program.

10. Sharp instruments are washed separately and handled with care when wrapped for autoclaving. Needles and syringes are disposed of using labeled Sharps containers.

OTHER Safety Policies LISTED UNDER ANESTHESIA Safety Policies ARE APPLICABLE IF ANESTHESIA IS USED.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Labor & Delivery Room Safety Policies		4.30
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2008	Nursing Personnel	Safety Committee

QI/Labor and Delivery Nurse Manager is responsible for maintaining safety standards, developing safety rules, supervising and training personnel in departmental standards.

QI/Labor and Delivery Nurse Manager is responsible for notifying the Safety Officer in case of any safety hazard.

All department employees shall report defective equipment, unsafe conditions, acts or safety hazards to supervisor.

Keep electrical cords clear of passageways. Do not use electrical extension cords without written approval of the Engineering Department.

All equipment and supplies must be properly stored. All personal electric appliances shall be inspected by the Engineering Department for safe use.

Scissors, knives, pins, razor blades and other sharp instruments must be safely stored and used.

All electric machines with heat producing elements must be turned off when not in use.

Smoking is prohibited as per hospital wide smoking policy.

Do not permit rubbish to accumulate.

Notify the Engineering Department immediately of improper illumination and ventilation.

Furniture and equipment must be arranged to allow passage and access to exits at all times.

Minor spills, i.e., water, shall be cleaned by the employee who discovers the spill. This shall be done immediately. Major spills will be cleaned by Environmental Services.

Report faulty equipment to the Engineering Department.

Obey warning signs.

(continued)

File drawers and cabinet doors shall be closed when not in use.
Wear suitable clothing (avoid high heels or jewelry that may catch in machinery).

When breaking ampules, protect your fingers by using a file and covering the tips with gauze.

All instruments, pins, needles and other articles shall be removed from soiled linen and clothing. (Use proper disposal for used needles and disposable instruments).

Be careful that gurneys, examining tables, etc. are properly secure, when assisting patients onto them, by setting brakes on wheels.

When transporting patients on wheelchairs, gurneys or wheeled tables, every precaution shall be taken to ensure the patient's safety:

Safety belts will be used and side rails placed in the UP position.

Stand at the patient's head and push slowly.

Guide the vehicle from in front when going down incline.

Always use added care when approaching corridor intersections.

Use restraining straps on all wheeled stretchers. Check straps before using. Look for fraying and loose fasteners.

If it is necessary that instructions be taken over the telephone for patient treatment, the instructions shall be read back before proceeding. Make certain that physician signs order as per hospital policy.

Never use contents of an unlabeled bottle. Unlabeled containers shall be discarded.

Medicine carts are to be locked at all times when not being used. Key shall be kept by designated medication nurse. Cart is locked at any time that nurse must leave the

(continued)

medication cart. Key to medication cart will not be released by the medication nurse within his/her shift.

Understand and practice good body mechanics.

Keep to right when going down corridors. Approach intersections carefully. Be sure traffic on other side is clear when opening swinging doors. Do not push doors open with equipment. Use push panel or door knob.

Do not leave equipment standing in traffic lanes. Return equipment to its proper location when not in use.

Do not obstruct fire equipment. Know location of fire fighting equipment and how to use it. Know evacuation routes and what to do in case of fire.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Electrical Safety		4.30-1.
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2008	Labor and Delivery	Safety Committee

POLICY:

All electrical equipment to be used for patient care must be grounded to protect the patient and personnel from shock. No personal equipment may be used.

All new electrical equipment must be checked for safety and calibrated prior to use. Instructions for all equipment must be maintained in the Labor and Delivery Department service area.

At least semiannual testing of all electrical equipment will be performed by the biomedical engineer and the results documented. Copies will be distributed to the department.

The line isolation monitor will be maintained according to the appropriate policy.

All defective equipment will be immediately removed from service and repaired prior to being placed back into service. Copy.of repair report will be distributed to department and kept on file for each equipment item.

Electrical extension cords may be used if they meet the following criteria:

3-prong connector
16-gauge or heavier wire
Type SO, ST or STO (extra hard use)
UL listed or equivalent and equipped with connections at each end which are UL listed as hospital grade or hospital use only.

Conductivity testing will be done on an annual basis and the results reported to the QI/Labor and Delivery Nurse Manager.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION		**FILING NUMBER:**
Fire Safety		4.30-2
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2008	Labor and Delivery	Safety Committee

POLICY:

The proper response to fire or smoke is R.A.C.E.

R = Rescue patients immediately from fire or smoke area.
A = Pull fire alarm station and call emergency number give exact location.
C = Contain the smoke or fire by closing all doors to rooms and corridors.
E = Extinguish the fire (when safe to do so).

- Rescue individuals from the immediate fire or smoke area. Always rescue people before pulling the fire alarm.
- Pull the fire alarm and call emergency number to report the fire. Be sure to take this step immediately after rescuing, so that the appropriate emergency response personnel are notified and can start to the scene of the fire.
- Contain the fire and smoke by closing all doors in the area.
- After all doors are closed in the fire area, attempt to extinguish the fire if it is safe to do so. All employees shall be familiar with the location and operation of fire extinguishers through the fire safety education program.
- Prior to a fire, ensure that staff members have been delegated for each of the following duties:
- Turn on all corridor lights;
- Monitor the telephone, emergency calls and relay messages;
- Close all room doors;
- Make a current list of all patients so that all are accounted for in the event of fire.

(continued)

If fire or water threatens your area, initiate the following procedures:

- Remove all patients from the fire area
- Remove all portable gases and place in a safe area.
- Turn off all medical gas and electrically operated equipment and valves; however, leave the lights on.
- Turn off all x-ray machines and main line switches for all equipment.
- Keep telephone lines clear.
- Close all doors and windows.
- Use the fire extinguisher to suppress the fire only if you are trained and it is safe to do so.
- Notify the Control Center when you are in readiness for evacuation.
- Stand by for orders.
- All infants will be carried in multiple carries head to head in bassinets.
- If a delivery is in progress, physician in charge will assume the responsibility for patient and baby.
- If the fire is not in your area, be alert, be guided by the instructions of your area fire marshal, or department director.
- Area fire marshals will direct activities of staff members within their units.
- Calm and reassure any patients who may be in your department.
- Place all explosive and flammable gases in a safe area.

(continued)

- Assign personnel to take fire extinguishers and report to scene of the fire.
- Turn off all gas and electrically operated equipment and valves.
- Close all doors and windows.
- Stand by for further orders.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Infant Security		4.30-3
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2008	Labor and Delivery	Safety Committee

POLICY:

It is the policy of Ashley County Medical Center to provide a safe and secure environment for all our clients. The security of patients is the responsibility of ALL hospital personnel. The procedures detailed in this document shall be strictly adhered to.

PURPOSE:

To protect infants from removal by unauthorized persons.

To ensure that in the event an infant is missing, all hospital personnel and outside agencies are notified appropriately, with the goal being to locate and reunite the infant with family in the most expedient manner possible.

The components of an infant security system consist of:

Identification: Of the infant, personnel and visitors.

Access Control: Of areas where infants are admitted.

Education: Of the personnel and parents/significant others.

IDENTIFICATION:

Infants:

Strict adherence to a newborn identification system minimizes threats associated with newborn abductions and inadvertent infant mix-ups/switching.

Identification Bands:

ID bands identifying mother and infant are to be attached to mother and infant at birth. At the mother's request, an ID band identifying the mother may also be issued to a significant other at this time. This band would display the same number as mother/baby. On discharge from the hospital/nursery, ID bands are verified with appropriate documentation and the infant is discharged to the mother, with the bands being included as part of the chart.

NOTE: Discharge of an infant to a person other than the parent requires special procedures and documentation such as 'RELEASE OF MINOR" form, prior to release from hospital.

(continued)

Identification Photos:

Infant identification photos will be obtained during the admission process and will become a part of the permanent record.

Foot Printing:

Infant identification footprints will be obtained immediately after delivery and will become a part of the permanent records.

Name Alert:

When two or more patients have the same or similar last names, charts and the infant's crib cards will be labeled "NAME ALERT" and the mother's first name will be included on the chart and crib card.

When there are multiple births and charts, the infant's cribs shall be labeled with the infant's name (Last Name and Baby Boy or Baby Girl) followed by a letter of the alphabet (i.e., A, B, C, D, etc.).

Personnel Identification:

All personnel are to wear their photo ID when they are in the Obstetrical areas of the hospital.

Any employee assigned to maternity services (e.g., Environmental Services, Engineering, Pharmacy, etc.) will display photo ID. It is the responsibility of each regular employee to verify the identification and assignment of any personnel working in the unit on a temporary basis.

Visitor Identification:

All visitors will be identified and designated by the patient as support persons at the time of admission to unit.

Only two people will be allowed to be with laboring patient.

Department Manager and Security will be called to handle any disturbances.

Infant/Mother Contact:

Assure the infant taken from Nursery is released only to mother or banded significant other.

(continued)

An authorized staff member will always be present in the Nursery.

Assure infant is only removed from mother's care (hospital room) by authorized mother/baby personnel.

Mothers will be instructed on admission regarding method of identification of mother/baby personnel utilizing photo ID badge.

Mothers will be instructed to only release their baby to personnel wearing appropriate identification.

Babies will only be transferred in hall per bassinet. Anyone CARRYING a baby in hallway will be questioned by the mother-baby personnel.

Exception: The Nursing personnel may carry babies from the Birthing Room to the Nursery.

ACCESS CONTROL:

Entry and exit into the unit will be limited to one constantly monitored entry point.

All personnel and visitors will enter and exit the unit via the designated main entrance.

Emergency exits will not be used by visitors.

Doors will not be "propped" open for ventilation or to facilitate access or egress.

Outside "Delivery" personnel will not be allowed in the unit. Deliveries such as flowers will be left at information desk and in front lobby and will be brought to unit via an authorized hospital volunteer.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Infant Security		4.30-3
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2008	Labor and Delivery	Safety Committee

EDUCATION:

Personnel:

Security of patients is a responsibility of all hospital personnel. Special attention is required for infants who are unable to protect themselves. Any unusual activities relating to infants being removed from this facility shall be reported to the Security Department immediately.

Personnel assigned to Obstetrical Services will receive the following training during their orientation period and annually thereafter.

- Infant vulnerability
- Abductor profile information
- Incident location profile
- Disturbance ruses
- Suspicious activity response
- Hospital safeguards
- Access control
- Employee photo identification badges
- Visitor identification
- Instructions to mothers
- Newborn identification bands
- Footprint/photo requirements for newborn
- Responding to kidnap attempts

(continued)

- Maternity personnel will be on the look out for the following:
- Repeat visitors to the Maternity Unit with extreme interest in babies.
- Theft of personnel identification or uniforms.
- Extensive questioning regarding Maternity Unit protocols or the babies.
- Anyone carrying an infant instead of using a bassinet.
- Anyone carrying bags, large packages or loosely wrapped bundles from the Maternity Unit.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Infant/Child Abduction Response Plan		4.30-4
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2008	Labor and Delivery, Nursery	Safety Committee

PURPOSE:

To provide a rapid, organized and thorough response to a suspected or actual infant/child abduction. The infant abduction response plan is outlined in detail in the Emergency Preparedness Manual.

POLICY:

All Ashley County Medical Center personnel/volunteers will be prepared to assist in a search and possible recovery of an abducted infant or child. An infant/child abduction will be identified by the phrase "Code Pink".

Inservices of all personnel will be required. Newly hired personnel/volunteers will be given an overview during orientation. Department managers will be required to update personnel on an annual basis. Annual drills may be conducted within the hospital.

Specific Code Pink assignments are outlined in the Emergency Preparedness Manual.

All personnel/volunteers are responsible to be familiar with the Ashley County Medical Center Infant Abduction Response Plan as it applies to their area.

PROCEDURE:

- An employee who suspects that an infant or child has been abducted or missing, shall immediately pick up the phone, push "Feature 63", then "All", and say, "Attention please. We are under Code Pink status. Please no one leave the building at this time."

- Upon notification that a "Code Pink" has been called, the Communications Operator will repeat the "Code Pink" announcement on the public address system.

- Staff having specific ACode Pink assignments are to immediately go to their assigned areas, as outlined in the Infant Abduction Response Plan.

- The OB staff shall notify the mother's and baby's attending physician and/or physician on call, and the Director of Nursing.

TITLE/DESCRIPTION:		**FILING NUMBER:**
Infant/Child Abduction Response Plan Code		4.30-4
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2008	Labor and Delivery, Nursery	Safety Committee

PROCEDURE: (cont.)

- The Director of Nursing will consult with the Security Department and responding law enforcement agencies, and will be responsible for the direction of activity during a "Code Pink". In the absence of the Director of Nursing, the assistant Director of Nursing or Charge Nurse will be responsible for direction of activity during a Code Pink.

- Staff will inform visitors of Code Pink status, explain procedures, and prevent anyone from leaving the building at the assigned exits. Departments will be assigned exits to observe and secure, according to the Abduction Response Plan as outlined in the Emergency Preparedness Manual.

- All personnel/volunteers are to watch for persons carrying large bags in which an infant might be hidden, and keep watch for any possible hiding places in the hospital where the abductor may return to pick up the infant later.

- All available personnel are required to assist in the search.

- Personnel should be alert to be able to give to law enforcement officers a description of a possible abductor, the vehicle being driven, and a license plate number if at all possible.

- In-house Security and Engineering Department personnel when available will respond to exits to secure the entire hospital.

- Security and Engineering personnel will assist the Risk Manager in documentation of the event.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Laboratory Safety Policies		4.40
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Lab Personnel	Safety Committee

All personnel are to be familiar with and aware of safety procedures and techniques as presented in the Safety Manual. Apply all applicable safety measures in the handling of any accident or emergency.

- Dispose of glass and other wastes in separate receptacles.
- Protect the hands with towel or gloves whenever possible in handling sharp instruments.
- Wear gloves at all times when doing venipunctures, handling contaminated patients, or patients' specimens.
- Check all glass containers and apparatus carefully for cracks or chips before using.
- Empty and rinse glassware before setting aside for cleaning.
- Learn the proper means of disposal of the various substances used. Some may be diluted and poured into the sink, others may require disposal in special containers.
- Always pour acid into water for dilution, never water into acid. Pour strong acid or alkalis slowly down the side of the receiving container to prevent splashing.
- All laboratory materials, bottles, specimens, etc., should be plainly labeled. Report any unlabeled items so they can be disposed of properly.
- Always use a sponge when moistening labels for samples and specimens.
- Label a container before filling. Never use a container for material other than that called for by the label.
- Never taste any chemical. Smell chemicals only when necessary and by wafting a small amount of vapor by a hand motion toward the nose.
- Never drink from a beaker in the laboratory.

(Continued)

- Use racks or trays to transport small bottles or several patient specimen tubes.
- Methyl alcohol, xylene, and other flammable liquids should be kept only in quantities necessary for current work.
- Know where the fire extinguishers and fire alarm pull stations are located and how to use them.
- Do not handle electrical connections with wet hands or when standing on a damp floor. Report defective cords, and other electrical equipment so that proper repairs or replacements can be made and short circuits and fires prevented. All electrical outlets and cords without three prongs should be reported.
- All power lines should be checked for voltage periodically.
- Centrifuges should be covered when in use.
- The laboratory should be kept locked at all times when not in use.
- Never pipette materials by mouth. Use a squeeze bulb or one of the many devices offered by laboratory supply houses for safe pipetting.
- Any cuts and abrasions on hands, particularly around the fingernails, should be covered.
- Any working area that becomes contaminated should be cleaned immediately with a 10% bleach solution.
- When breaking ampules, protect fingers by covering tips of ampule with gauze.
- Use eye wash and/or shower on appropriate cases.

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GENERAL SAFETY MANUAL

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Laboratory Safety Policies		4.40
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December 2003	Laboratory Personnel	Safety Committee

GENERAL REQUIREMENTS FOR PERSONAL AND LABORATORY SAFETY:

- Eating and drinking are also prohibited in the technical work areas. It is poor laboratory practice and a possible source of contamination, due to specimens containing a variety of pathogens being handled daily and stored in the lab refrigerators.

- Food is not permitted in the technical refrigerators.

- Application of cosmetics in the technical work area is prohibited.

- Contact lenses, especially the soft ones, will absorb certain solvents. They offer no protection from a splash and may concentrate caustic material against the cornea or prevent tears from washing a caustic material away.
  Safety glasses should be worn when there is possibility of a splash.

- Clothing: Uniforms may be worn and/or a laboratory coat may be worn over street clothes. Any clothing that is visibly contaminated with body fluid is to be removed immediately (ASAP) and decontaminated in the hospital.

- Shoes: Should be comfortable, rubber soled, and cover the entire foot (lace or loafer type). Shoes with open toes are prohibited.

- Hair shall be secured back and off the shoulders in such a manner as to prevent it from coming into contact with contaminated materials or surfaces and also to prevent shedding of organisms into the work area. This is especially true in bacteriology. It is also important to keep hair out of moving machinery such as a centrifuge.

- Mouth pipetting of specimens is prohibited. There are pipetting aids available for every task.

- Hands should be washed frequently during the day, before leaving the laboratory, before and after contact with patients, and before eating or smoking. Gloves should be worn during any procedure where there is a chance of coming into direct contact with body fluids

(Continued)

- Exits and aisles must not be obstructed in any way. No equipment, chairs, supplies or trash are permitted in exit routes or areas. Wheel chair or stretcher patients should be placed so as not to obstruct aisles or routes of egress. Doors to the laboratory should be kept closed, but exit doors must not be blocked, bolted, or obstructed in any way.

- The standard isolation and precaution policies of the hospital should be observed when indicated.

- Good housekeeping:
  Rags or flammable solvents will be disposed of in self-closing metal containers.

  Do not hang clothing on or near radiators, steam pipes, heating instruments, or open flames.

  Do not allow trash to accumulate in any area. Trash should be disposed of daily.

  Festive decorations will be limited to areas outside of laboratory work areas. Wax candles are prohibited. Decorations on lights and instruments are prohibited.

- Glassware:
  Do not use broken or chipped glassware. Discard it and order new.
  Decontaminate glass exposed to patient specimens with 10% bleach.
  Dispose of broken glass or discarded pieces in a specially marked separate container. (Disposal of broken glass along with paper and trash is a hazard to the custodial staff.)

- Centrifuges:
  Do not operate centrifuges unless the covers are closed (including serofuges). Keep hair, beard, neck ties, hair ribbons or other dangling items OUT OF THE WAY.

Centrifuge (continued)

Do not centrifuge uncovered tubes of specimens (blood, urine, sputum) or flammable liquids. Contaminated items become aerosols, flammable liquids become bombs, etc. USE CAPS OR PARAFILM.

WARNING SIGNS AND LABELS

PURPOSE: To provide a uniform policy and procedure for indicating the presence of certain hazards that may not be apparent to the casual observer.

Labels

All reagent kits and materials must be labeled in regard to:

- Content
- Concentration (if applicable)
- Date received (or prepared)
- Date placed in service
- Storage requirements

All hazardous reagents must also be labeled in regard to:

- Caution required
- Type of hazard (poison, irritant, inhalant, carcinogen)
- Precautions (do not pipette, avoid skin contact, do no inhale)
- Instructions in case of accident (wash immediately)

SIGNS

Signs should be posted as needed (e.g., not suitable for storage of flammable liquids).

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FIRE PREVENTION AND CONTROL

PREVENTION:

- Be aware of ignition sources - open flames, heating elements and spark gaps (motors, light switches, friction and static).
- Do not use flammable liquids in the presence of ignition sources - and conversely - keep ignition sources away from areas where flammable liquids are used and/or stored.
- Flammable liquids give off vapors which may also burn or explode. Be sure flammable liquids are properly stored:
    - ❖ Quantities over one gallon in Safety Cans.
    - ❖ Bulk Storage should be in a safety cabinet.
    - ❖ Small quantities Ain use@ should be stored in well ventilated areas.
- Do not store any flammable liquids in areas exposed to direct sunlight.
- In the event of a fire, follow the hospital's fire plan in the Emergency Preparedness Manual.

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ELECTRICAL SAFETY

- All instruments must be grounded. The only exceptions to the rule are the items entirely encased in plastic, such as microscopes.
- Report shocks: All shocks must be reported immediately, including small tingles. Small shocks often precede major shocks, and a light tingle may indicate potential trouble.
- Corrective actions: Shut off the current and/or unplug the instrument. Do not attempt to use an instrument that is causing shocks. Not only is it potentially dangerous, but any results from the instrument would be suspect.
- Repairs: Do not work on or attempt to repair any instrument while it is plugged in.
- Repairs on the electrical system of the building are done entirely by maintenance personnel.

CHEMICAL HAZARDS

Some procedures in our clinical laboratory involve the use of highly caustic poisonous, or flammable reagents. These are appropriately labeled to indicate hazards.

CLASSIFICATION

- Caustic or corrosive: Acids and alkalies may cause burns of skin, mouth, or eyes and may cause damage to equipment and storage areas.
- Poisons: Almost any substance in quantity can be poisonous. For these purposes a poison will be classified as a substance which may cause death or serious effects if relatively small amounts are inhaled, ingested, or contact the skin. Poisons may be gas, liquid or solid.
- Carcinogens: Substances designated by OSHA as carcinogenic require special handling. 10% Formalin, which is used in the fixing and transportation of tissue specimens from surgery, contains formaldehyde, a carcinogen.

- Flammable: Such materials that easily ignite, burn or serve as fuel for fire.

- Explosive: Materials which may explode under special circumstances.

LABELING

All chemicals are labeled to indicate:

- Need for caution.....CAUTION
- Type of hazard.....IRRITANT
- Precautions to be observed.....AVOID SKIN CONTACT
- Instructions in case of accident.....WASH EXPOSED AREA IMMEDIATELY

STORAGE OF CORROSIVES

Store caustic and corrosive materials near the floor to minimize danger of bottles falling from shelves.

Separate containers to facilitate handling. Organic acids (acetic acid) should be stored separately from strong oxidizing agents (sulfuric, or nitric) to prevent interaction of fumes and corrosion of storage cabinets.

STORAGE OF FLAMMABLES

Quantities of one gallon or over must be stored in a safety can.

Small quantities are stored on open shelves, but bulk storage (more than 5 gallons must be in a safety storage area.

Flammables are not stored in areas exposed to direct sunlight.

HANDLING CAUSTIC MATERIALS

Do not pipette by mouth.

Do not sniff reagents.

Dilutions: Use great care and add reagents slowly. Always add acid to water, NEVER water to acid. Allow acid to run down the side of the container and mix slowly by gentle rotation. Avoid over heating.

BREAKS AND SPILLS

Skin/eye/mouth contact: wash area immediately.

Clothing spills: take item of clothing off immediately to avoid soaking through to skin.

Contain spills with sand or absorbent materials. Wash area thoroughly after clean up.

Disposal: Liquids should be flushed down the sink with copious amount of water. Sand or absorbent material is placed in a sealed can and marked AChemical Waste- Hazardous@.

DISPOSAL OF CHEMICAL WASTES

The volume and/or nature of wastes disposed of by our lab is not sufficient to constitute a significant hazard.

Liquids are flushed into the sewer system with copious amounts of water.

Solid wastes are placed in a sealed container labeled AChemical Wastes - Hazardous@ before disposal.

BACTERIOLOGIC HAZARDS

Infections may be spread by several routes. The actual occurrence of an infection depends on both the virulence of the infecting agent and the susceptibility of the host.
Methods of transmission include:

- Airborne: droplets and aerosols may be formed by simply removing caps or cotton plugs or swabs from tubes. Heating liquids on needles too rapidly may also create an aerosol. Breakages in centrifuges are serious accidents.

- Ingestion: may occur through mouth pipetting, failure to wash hands after handling specimens or cultures, and by handling of cigarettes, rubbing eyes, wiping nose, etc.

- Direct inoculation: scratches, needles, broken glass or animal bites may permit direct inoculation.

- Skin contact: Some very virulent organisms, and others not so virulent, can enter through small cuts or scratches, or through conjunctiva of eye.

- Vectors: Mosquitos, ticks, fleas, and other ectoparasites may be potential sources of infection in the lab, especially if animal work is performed.

HANDLING SPECIMENS

Specimens with gross external contamination should not be accepted; minor external contamination should be cleaned with a 10% bleach solution.

Wear gloves when processing specimens and putting up cultures.

HANDLING SPECIMENS (continued)

Wash hands after processing specimens and putting up cultures.

If specimens must be centrifuged, they must be covered by a sealed cap to prevent aerosol formation.

PROCESSING SPECIMENS

All cultures are potential pathogens - use careful techniques at all times.

Large numbers of plates should be handled in baskets. Test tube racks or trays are required for tubed cultures.

Needles and loops should be sterilized so as not to cause spattering of material on heating.

Counters should be disinfected in the morning before work is begun and in the afternoon after work is finished.

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DISPOSAL OF CONTAMINATED MATERIALS

Specimens, culture plates and tubes should be flooded with disinfectant prior to disposal.

Discard specimens and cultures into rigid containers. Red bag trash is changed when about half full.

Both inner and outer bags should be sealed securely to prevent leakage.

Label the outer bag to clearly indicate the nature of the biologic hazard, how to handle it, and who to notify in case of accident or spillage.

Containers which are to be reused should be autoclaved prior to cleaning. Place them in a sealed and clearly labeled container to minimize hazard to others prior to sterilization.

Any breakage of bags or leakage of contaminated materials is reported to the lab supervisor at once for instructions on procedures for safe clean up.

ACCIDENTS AND SPILLS

Immediate Action:

- Clear the area at once.
- Shut down air conditioning and/or ventilation to area if possible.
- Notify lab supervisor.
- Assess the type of spill and degree of hazard involved.
- Determine the most effective and least hazardous approach to clean up and decontamination.

Dry Spills (overturned or broken culture plate, with no significant aerosol formation):

- Flood area with disinfectant solution.
- Soak up the disinfectant and contaminated material with absorbent materials and dispose of in a plastic bag or sealed container. Gloves are worn for clean up.
- Spill area is thoroughly washed after clean up.

- Autoclave the contaminated material.

Liquid spills on counter or floor:

- Cover the spill with an absorbent material. Gloves are worn during clean up.
- Dispose of the absorbent and contaminated material in plastic bags or sealed container and autoclave.
- The spill area should be thoroughly washed after clean up.

Centrifuge spills:

- Shut off instrument and ventilation to area.
- Evacuate area at once and do not reenter until aerosols have settled.
- Soak up liquids in an absorbent material and handle as above. If no liquids are present, clean the instrument and clean the room thoroughly before resuming work.

Spills in incubators, autoclaves or other closed areas:

- Soak up liquids with an absorbent and dispose of as outlined above if possible.

- The unit should be thoroughly washed (if possible) after decontamination.

REPORTS

Major accidents must be documented and reported in detail. The report should indicate:

- Cause of accident
- Type of contamination or hazard
- Lost of personnel possible exposed
- Actions taken to prevent recurrence

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PRECAUTIONS FOR RADIOACTIVE CASES

Radioactive materials are being used for diagnostic and therapeutic processes at an increasing rate. Members of the pathology department must be aware of the potential hazards posed by patients and/or body parts that have come from such patients.

Identification of patients who have received radioactive material is of utmost importance.

A sheet on the patient's chart indicates the agents, the date, and amount administered.

If present and the administration of the material is recent, radiation levels should be measured.

If the reading is less than 2 MR (millirad), processing can proceed.

If the reading is greater than 2 MR per hour, then nothing further should be done.

If there are any levels of radioactivity, but the radiation officials decide it is safe to perform the autopsy and/or processing, several precautions should still be followed. The danger here is not to personnel, but the possibility of contamination of the autopsy room and radiation build-up when successive radioactive cases are done.

STORAGE OF HAZARDOUS MATERIALS

The following are not kept in the Laboratory work areas in large amounts:

- Strong Acids
- Strong Alkali
- Flammable materials (propane, acetone, alcohol, etc.)

A small amount of alcohol based stains, fixatives, and decolorizers may be kept in Laboratory work areas.

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LABORATORY PLAN OF EMERGENCY ACTION

In the event of an accident or major emergency in the laboratory or involving laboratory personnel, the following plan is in effect:

1. Have accident reported to switchboard operator by any available personnel asking such personnel to briefly describe type of accident so that proper persons can be notified.

2. Give immediate aid to injured personnel by use of emergency aids, such as eye wash, acid tamer, fire extinguisher, etc.

3. Call back to operator to request any help needed. Fire Department, Emergency Brigade, etc. Give extent of damage and recommend further precautions.

4. After determination that danger is passed by proper authorities, notify the operator of the status: All Clear, Approach with Caution, Area Contaminated, etc.

5. Re-enter laboratory as advisable to assess damage and begin clean up operations and at the same time institute emergency procedures to re-establish lab services.

6. Determine nature of accident or emergency and report to Laboratory Director and Administrator.

7. File Occurrence Report and insurance reports.

8. Assume normal operations as applicable.

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IN CASE OF SERIOUS ACCIDENT IN LABORATORY

Circumstances will dictate the ultimate decision of the course of action in the event of a serious accident, but the following is intended to serve as a guide.

1. Remove the victim from danger of further harm if such is likely.

2. Call or send someone to the Emergency Room for help.

3. While waiting for help to arrive, CPR, pressure on bleeding, or other first aid as indicated by the condition of the victim is to begin.

4. If the victim can walk easily, he/she will be escorted to ER, in lieu of calling ER.

5. A physician is always available for the ER, and will be called at the discretion of the Nursing Personnel.

6. After the victim is in the care of a physician, the cause of the accident will be investigated, and an occurrence form completed.

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Materials Management		4.50
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Purchasing Personnel	Safety Committee

1. Storeroom should be provided with, and protected by, an approved fire sprinkler system.
2. No supplies should be stored within 18 inches of the ceiling at any time.
3. Flammable chemicals and gases are not stored in the purchasing storeroom.
4. All aisles will be kept free to allow ease of passage from one area to another.
5. Always clean up any spills on floor, to prevent a fire hazard or slipping.
6. Excessive trash will be removed from the storeroom, and placed in the proper containers.
7. All large or heavy items should be stored at a low level, and smaller items placed on the higher shelves.
8. When lifting objects, bend knees and pick up with the legs, not with the back.
9. The unloading zone should be kept free from spills, oil and ice.
10. Always use proper tools to perform a given tasks. (Example: Use a box opener instead of a razor blade or knife to open cases with.)
11. All electrical outlets should be of the 3-wire grounded type.
12. Use of adequate and safe ladders for obtaining material from storage should be observed. Do not over-reach.
13. All broken glass should be swept up and picked up in a dust pan, not with hands.
14. Only authorized personnel should be in the storeroom.
15. Avoid the use of extension cords, as they can cause overheating, which is a fire hazard.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Materials Management		4.50-1
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Purchasing Personnel	Safety Committee

GENERAL SAFETY

1. Storeroom should be provided with, and protected by, an approved fire sprinkler system.
2. No supplies should be stored within 18 inches of the ceiling at any time.
3. Flammable chemicals and gases are not stored in the purchasing storeroom.
4. All aisles will be kept free to allow ease of passage from one area to another.
5. Always clean up any spills on floor, to prevent a fire hazard or slipping.
6. Excessive trash will be removed from the storeroom, and placed in the proper containers.
7. All large or heavy items should be stored at a low level, and smaller items placed on the higher shelves.
8. When lifting objects, bend knees and pick up with the legs, not with the back.
9. The unloading zone should be kept free from spills, oil and ice.
10. Always use proper tools to perform a given tasks. (Example: Use a box opener instead of a razor blade or knife to open cases with.)
11. All electrical outlets should be of the 3-wire grounded type.
12. Use of adequate and safe ladders for obtaining material from storage should be observed. Do not over-reach.
13. All broken glass should be swept up and picked up in a dust pan, not with hands.
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ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Materials Management		4.50-2
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Purchasing Personnel	Safety Committee

GENERAL SAFETY

16. All employees of Purchasing shall have a TB skin test. In event of a positive skin test, a chest X-ray will be done.

17. In event of any injury, spill, etc involving purchasing staff, an Occurrence Report should be completed and sent to the Risk Manager. These reports will be reviewed and investigated by the Safety Committee.

18. All personnel are requested to report to his/her supervisor any unsafe condition or act that he/she observes.

19. All personnel must understand his/her responsibility as outlined in the fire plan and disaster plan.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Nursing Services Safety Policies		4.70
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Nursing Personnel	Safety Committee

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1. Electrical equipment and outlets will be inspected by maintenance.

2. The following patient safety devices shall be present for each patient:
   a. functioning nurse call system
   b. grab bars, emergency call system in bathing and toilet areas
   c. side rails available for both sides of bed

3. The procedure for medical and surgical asepsis shall be strictly observed in all nursing units. (Refer to Nursing Service procedure manual for above procedures.

4. Procedures for isolation and reverse isolation of patients shall be followed as outlined in Infection Control Policy.

5. Nursing personnel will be provided with current material related to the hazardous material program to assist them in provision of patient and visitor safety. Request MSDS sheets from Safety Director if item is placed on unit and no MSDS information is available in immediate area.

6. Medication and/or treatment errors shall be recorded on incident form; investigated, and documentation of efforts to correct causative factors in such errors will be maintained by the P&T Committee. (see Nursing Policy and Procedure)

7. An occurrence report must be submitted to the Risk Manager in the event of any adverse event or injury involving patients, visitors, or staff.

8. Self-administration of medications shall be strictly prohibited unless ordered by the Physician. (See medication Procedure in Procedure Manual)

9. Nurses administering medications must be under direct supervision until they have demonstrated the ability to effectively and efficiently administer medications and/or treatments during their orientation period.

10. Periodic inspections by the pharmacist will be made on all drug storage areas and medication centers on Nursing Care Units.

(continued)

11. Keep all doors and drawers closed when not in actual use.

12. When using any electrical appliances, place them so they will not be easily tipped. Electric cords should always be placed to prevent tripping hazard for patient and visitor safety.

13. Stretchers, examining tables, wheelchairs, etc., must be properly secured before assisting patients on to or out of them by setting breaks on wheels. When transporting patients in wheelchairs or on stretchers the following safety precautions must be taken:
    a. stand at patient's head and push slowly
    b. guide the vehicle from in front when going down inclines and ramps
    c. when approaching corridor intersections, use additional caution

14. When instructions for patient treatment are taken over the phone, the instruction should be read back before proceeding. Be certain the doctor signs such orders within 24 hours.

15. Wear proper clothing and low-heeled shoes. Hospital issued ID badges will be worn at all times while on duty.

16. All personnel are requested to report to his/her supervisor any unsafe condition or act that he/she observes.

17. All personnel must understand his/her responsibility as outlined in fire plan and disaster plan.

18. All personnel will be responsible for understanding the safety rules documented throughout the Nursing Service Policy and Procedure Manual.

19. "Wet Floor" signs will be displayed during the time floors are being mopped.

20. Equipment in hallways will be maintained on one side of the hall to allow free access for visitors.

21. All pediatric patients must have a responsible adult present at all times.

(continued)

22. Spillage of liquids will be promptly wiped up to reduce the risks of falls and injury to patient and visitors.

23. Nursing personnel will follow the protocol outlined for reporting and investigating all incidents that involve visitor injury or safety related visitor complaints.

24. In the event of failure of the nurse call system, put personnel on alert to establish a patient check as needed. If needed, bells may be used to call nurses.

GENERAL SAFETY

1. Side rails up at all times on any patient the nurse feels the patient's safety is jeopardized by not using the side rails. The nurse will document in the patient=s chart the reason for the side rails to be up. Side rails will not be used as a restraint.

2. Close observation of elderly, weak or confused patients that are up in a chair.

3. Keep wheels on bed locked. Many of the bed falls are because the bed rolled when patient was getting in or out of bed.

4. Keep all supplies in reach of patient. (Water, Kleenex, trash can, signal light, etc.)

5. Mop up all spillage on floor immediately.

6. Have a family member sit with confused patients.

7. Orient all patients to the nurse call system.

8. Use bedside commodes - NEVER put a bedpan on a chair.

9. Keep a clear path at all times - do not allow halls to get blocked by equipment or furniture. (Cleaning carts, etc.)

TITLE/DESCRIPTION:		**FILING NUMBER:**
Nursing Services Safety Policies		4.70
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Nursing Personnel	Safety Committee

GENERAL SAFETY (continued)

10. Report any unsafe condition immediately. (Loose tile on floor, etc.)

11. Dispose of needles, razor blades, etc., in the labeled Sharps box. NEVER put sharp articles in trash can.

12. NEVER use defective equipment. (side rails, etc.)

13. Patients, visitors, and employees are not allowed to smoke on hospital property, including hospital grounds. All Arkansas hospital campuses are smoke free. Physicians may prescribe nicotine patches for patients.

14. USE GOOD JUDGEMENT in carrying out all procedures. (Adequate help to lift a patient, etc.)

15. NEVER use equipment or supplies that you do not know how to operate properly.

16. Good lighting in bathrooms and patient areas.

17. Hand hold rails for tubs and showers are in all patient areas.

18. Beds should be kept in low position when patient is unattended.

19. Infants and toddlers will be placed in a crib with sides completely up. Parents will be instructed in use and policy of cribs.

20. Good body mechanics are to be used when lifting, transferring or moving patients. Refer to basic textbook for procedures.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Kidnapping of Infants		4.70-1
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Nursing Personnel	Safety Committee

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1. Watch for loiterers: Kidnappers spend time evaluating staffing patterns, and look for lack of vigilance by nursing staff, escape routes and access to patient rooms. Be aware of anyone with athletic, garment or shopping bags. These bags can be used to conceal newborns.

2. Ask questions: Suspicious individuals should be questioned by staff. Do they need assistance? Who are they visiting? If such questions elicit suspicious answers, the hospital security staff or police department should be notified immediately. A description of the suspect should be documented for future reference.

3. Employee identification: All employees, including maintenance, housekeeping, laboratory personnel and other, must have an ID and wear it.

4. ID babies, parents: Prior to giving the baby to parents, check the child=s identification and the mother's patient ID band and/or the father's driver's license.

5. Bassinets only: Carrying a newborn should not be allowed. Instead, bassinets should be used to transport infants. Anyone carrying an infant should be questioned by the nursing staff.

6. Unit design: Nurses should have visual access to all entrances/exits.

7. Education: Mothers should be taught the security guidelines of the unit. This education should include, but not be limited to:
    1. Do not leave newborns unattended when using bathroom, bathing, etc.
    2. Limit visitors to immediate family to minimize the number of individuals on the unit.
    3. Hospital personnel are required to identify themselves by name and ID care and explain why they are taking the infant. The mother should not turn the infant over to anyone who does not follow this procedure.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Operating Room		4.80
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2008	Nursing Personnel	Safety Committee

Safety Inservice training for personnel is held monthly.

The Surgical Supervisor shall be responsible for all preventive safety procedures.

1. The ACMC Biomed Engineer checks the sterilizer every four months. The maintenance department is notified of any malfunction, and they repair or report if necessary.
2. Preventative measures against infections are:
   a. Aseptic and Antiseptic technique
   b. Restriction of personnel in surgery
   c. Close observation of post-op patients
3. All designated fire extinguishers shall be checked and maintained by maintenance. All operating room personnel are required to know the location and use of all extinguishers.
4. A relative humidity of 30-60% shall be maintained in the operating room. This is checked daily.
5. Anesthesia machines are checked daily before use by the attending anesthesia provider and checked and maintained by contract.
6. Hospital provides scrub apparel that is to be worn by all Surgery personnel.
7. Bovie units and suction machines are checked and maintained by the hospital's maintenance and Biomedical Department.
8. All specimens (tissue, urine, etc.) shall be properly labeled and sent to the hospital laboratory for examination.
9. All medications are labeled and kept in proper cabinets.
10. All electrical switches and lighting are according to regulations.
11. Goggles or protective eye wear are to be worn when mixing any chemicals (for soaking or cleaning instruments and during procedures).
12. All lighting fixtures shall have protective coverings.

OTHER Safety Policies ARE LISTED UNDER ANESTHESIA Safety Policies.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Pharmacy Safety Policies		4.90
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Pharmacy Personnel	Safety Committee

THE PHARMACY SHALL ELIMINATE, OR REDUCE AS MUCH AS POSSIBLE, HAZARDS TO PATIENTS, HOSPITAL STAFF AND VISITORS. THE FOLLOWING GUIDELINES SUPPLEMENT THE HOSPITAL'S SAFETY POLICIES AND PROCEDURES.

GENERAL

Report all incidents and accidents in accordance with the hospital's established mechanism.

Provide safety related instruction and information to all pharmacy personnel. Include hospital and departmental safety rules and practices.

Report hazardous conditions or practices to the safety committee and/or appropriate personnel.

PATIENT AND PERSONNEL SAFETY

Portable heating devices may be used if approved by the Maintenance Department.

Make sure that floor coverings meet the requirements of the hospital.

SECURITY

All areas occupied by the pharmacy shall be capable of being locked by key or combination, so as to prevent access by unauthorized personnel by force.

Only pharmacy or authorized personnel are permitted in the pharmacy. The medical staff, nursing service, administrative, housekeeping, and other personnel are personnel are permitted in conjunction with their duties.

Lock-up procedures shall ensure that medications are secure and that pharmacy areas are free of hazardous conditions.

SECURITY (continued)

A pharmacist shall ensure that:

1. Controlled substances are secure.
2. Confidential materials are secure.
3. Water is turned off.
4. Electrical equipment is turned off (unless authorized to remain on).
5. Lights are turned off (unless authorized to remain on).
6. The door is locked.

If there is a break-in or theft, notify the director of pharmacy immediately. The director shall ascertain the loss, if any, and shall notify:

1. The local police department.
2. The State Board of Pharmacy
3. The DEA and its state counterpart, if controlled substances are involved.
4. The hospital administrator.

ELECTRICAL SAFETY

Use caution when using electrically operated devices.

Ensure that a qualified person inspects and approves electrically operated equipment prior to initial use. Make subsequent checks in accordance with the hospital's policy.

Visually identify defective equipment and, when possible, make inaccessible to potential users. Ensure that only approved and qualified persons alter or repair electrically operated equipment and electrical power distribution systems.

Use only those extension cords and adapters approved by the hospital. Use extension cords only in emergency or approved situations.

Any personal electrical equipment must be approved by Engineering.

ELECTRICAL SAFETY (continued)

Ensure that information regarding each electrically operated item of equipment is readily available to those responsible for its operation, maintenance and inspection.

Keep operator instruction booklets with individual pieces of equipment or in a designated location.

Ensure that electrical circuits are not overloaded.

FIRE WARNING AND SAFETY

Avoid damage to automatic sprinklers and fire alarm systems. Do not remove fire extinguishers from their designated storage places.

Only small amounts of less flammable liquids are stored in the Pharmacy.

Refrigerators will be labeled Not suitable for storage of flammables.

Disposal of any chemicals will be according to state and federal guidelines.

ENGINEERING AND MAINTENANCE

Ensure that preventive maintenance is done on all equipment related directly or indirectly to patient care.

Change filters for laminar airflow hoods as specified in infection control policies.

If general maintenance assistance is required, notify the maintenance department.

If corrective maintenance for pharmacy equipment is necessary, use the service manual. If necessary, have experienced and qualified personnel perform the service.

SALES REPRESENTATIVES

Sales representatives are permitted in the pharmacy in conjunction with their duties. They shall limit their visits to providing information and servicing the account.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Pharmacy Safety Policies		4.90
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Pharmacy Personnel	Safety Committee

EXTERNAL DISASTER

The director of pharmacy shall determine the extent of the disaster and the necessity for calling in other pharmacy personnel. If the director is absent, the pharmacist in charge shall assess the situation.

The director of pharmacy shall maintain a list of key pharmacy personnel who may be called for disaster assistance. Pharmacy personnel shall report to the pharmacy and prepare to furnish medications and supplies.

The director of pharmacy or pharmacist in charge shall determine if the inventory of medications and supplies on hand is sufficient. If necessary, they shall make arrangements to obtain additional supplies.

INTERNAL DISASTER

Pharmacy Fire Plan

Pharmacy personnel shall be familiar with the hospital fire plan.
Emphasis is placed upon the following:

1. Be calm -- do not shout "Fire".
2. Know the location of the nearest fire extinguisher.
3. Know how to report a fire.
4. Close the doors to the pharmacy.
5. Be prepared to assist in extinguishing the fire.
6. Be prepared to help evacuate patients.

In case of threat of explosion by bomb or other device, follow the procedures in the hospital internal disaster plan.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Pharmacy Safety Policies		4.90
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Pharmacy Personnel	Safety Committee

ALTERNATE MEDICATION DISTRIBUTION SYSTEM

If the normal medication distribution system is interrupted, the director of pharmacy or pharmacist-in-charge shall:

1. Implement the disaster plan, if necessary.
2. Determine the alternate medication distribution system.
3. Supervise the establishment of an emergency pharmacy, if necessary.

Drugs dispensed shall be properly labeled. Insofar as possible, other control measures which assure the safe dispensing and administration of drugs shall be observed.

Pharmacy personnel may be used to deliver medications to the appropriate area.

GENERAL STORAGE

Keep storage areas clean, uncluttered and free from insects, rodents and vermin. If lower shelves are not sealed to the floor, they shall have sufficient space underneath to allow access for cleaning.

Stored items shall not obstruct the proper functioning or testing of any fire detecting or extinguishing system installed or suspended from the ceiling. A clearance of 36 inches is recommended, but may be reduced to 18 inches where flammable gases or liquids are not involved.

Store antiseptics, other drugs for external use, and disinfectants separately from internal and injectable medications.

Store glassware so as to minimize breakage.

Store heavy items on lower shelves. Do not overload shelves.

Do not permit storage to prevent ready access to exits, fire extinguishing units or tools. Keep corridors, passageways and other traffic areas free of obstacles.

Place waste and litter in wastebaskets. Empty wastebaskets when full. Infectious waste will be placed in red bags.

GENERAL STORAGE (cont.)

Wipe up spills at once. Notify the appropriate department if necessary. If hazardous spill, the MSDS sheets will be quickly obtained and proper procedure followed. Use available solvent if necessary.

Do not place syringes and needles in easily punctured containers; place in sharps container. Dispose of in accordance with hospital policy.

Use an adequate number of personnel to move or lift heavy or unwieldy items.

Do not store any boxes on floor. Keep all stored items on shelves.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Pharmacy Safety Policies		4.90
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
October 2003	Pharmacy Personnel	Safety Committee

Guidelines for handling antineoplastic agents:

A. Biological Safety Cabinets

1. Preparation of all antineoplastic drugs shall be performed in a Class II (Vertical Laminar Flow) Biological safety cabinet.
2. The Biological Safety cabinet must be operated with blower on 24 hours per day, seven days per week.
3. Preparation of drug products shall be performed only with the viewing window at the required access opening height.
4. A qualified technician should certify the Biological Safety Cabinet every six months, or any time the cabinet is moved.
5. Special aseptic techniques and precautions must be utilized because of the vertical airflow.
6. No other IV admixtures should be prepared in the Biological Safety Cabinet at the same time an antineoplastic (cytotoxic) drug is being admixed.
7. If a spill occurring inside the Biological Safety Cabinet is of such magnitude that the HEPA filter of the hood is contaminated, the unit must be labeled ADo not use. Contaminated,@ and the filter must be changed as soon as possible. (See section on spills).

B. Protective Garments

1. Double Disposable surgical latex gloves must be worn for all procedures involving antineoplastic drugs. (Powdered gloves should never be used.)
2. Disposable protective garments (i.e. disposable surgical gowns) should be worn for all procedures involving antineoplastics. These garments should have a closed front, long sleeves, and closed cuffs (either elastic or knit).
3. All used gowns and gloves used in the preparation of antineoplastic agents should be disposed of according to the procedure described under AWaste Disposal.@
4. All potentially contaminated garments must not be worn outside the work area.

C. Compounding Techniques for Chemotherapy Agents

1. Hands must be washed thoroughly before gloving and after removal. Wearing gloves is not a substitute for proper hand washing.
2. Care must be taken to avoid puncturing of gloves and possible self-innoculation. Gloves may become damaged when ampules are opened; additional protective handling aids should therefore be used, such as sterile swabs in which the disinfected ampules necks are wrapped before being broken.
3. Syringes and IV sets with Luer lock fittings should be used whenever possible. All syringes and needles used in the course of preparation should be placed in the puncture proof container for disposal without being crushed, clipped, or capped.
4. A sterile plastic lined absorbent drape or pad should be placed on the work surface during mixing procedures. The drape should be exchanged whenever significant spillage occurs, or at the end of each production sequence.
5. Vials should be vented (using a Chemo Dispensing Pin) to eliminate internal pressure or vacuum.
6. Before opening ampules, care should be taken to insure that no liquid remains in the tip of the ampule. A sterile gauze sponge should be wrapped around the neck of the ampule while opening, to prevent aerosolization.
7. Final drug measurement should be performed prior to removing the needle from the stopper of the vial. A sterile gauze sponge should be placed around the needle and vial top while the needle is removed from the vial closure. Aerosolization of drug products should be prevented at all times.
8. A non-splash collection vessel should be available in the biological safety cabinet to discard excess drug solutions.
9. The external surface of final IV containers should be wiped with alcohol soaked sponges prior to removal from the Biological Safety Cabinet.
10. All containers of Antineoplastic agents sent to hospital wards for administration will be accompanied by labels designating these materials as hazardous waste. All containers of antineoplastic agents shall be double bagged in two 4-mil thick zip lock bags, placed on the dumbwaiter, and Oncology called to remove promptly.

D. Safe Dosing Guidelines and Procedures

Chemotherapy is dosed according to a strict protocol based either on the patient=s body surface area or weight. Preprinted protocols are preferred. The following guidelines are to assure that all parameters for arriving at a dose are correct and accurate, and that sufficient checks (redundant) are in place to assure a correct, safe dose.

1. All chemotherapy orders are to be written and signed by an oncologist.
2. The pharmacist, upon receiving orders, will follow the AOncology Chemotherapy Prep Flowsheet.@ The pharmacist will check the patient=s weight, height, calculate BSA and verify that dose written is within protocol limits and safe limits for that agent.
3. If the doses calculated by the pharmacist varies by more than or less than 10% of written order, then the dose is held, the nurse is contacted and physician notified.
4. Once the doses are correctly verified, then the protocol flowsheet is followed.

E. Administration of Cytotoxic Agents

1. Disposable gloves should be used in administration activities.
2. Syringes and IV sets with luer lock fitting should be used whenever possible.
3. Special care must be taken in priming IV sets. The distal tip cover must be removed before priming. Priming should be performed into a sterile gauze sponge, which is then disposed of appropriately.

F. Disposal of Cytotoxic Agents.

1. All disposable items that have potential to come in contact with antineoplastic drugs during compounding or administration must be disposed of in specifically designated containers. (This includes gloves and gowns.) These containers will be puncture resistant biohazard containers.
2. Designated content description labels and a ABiohazard@ symbol shall be placed on each disposal container.
3. All hazardous waste containers shall be picked up by waste management service.
4. General cleaning of the work area must be performed using dust containment procedures. (No dry mopping.)

5. The interior of the Biological Safety Cabinet should be cleaned after each production sequence with disposable material, and these materials disposed of as hazardous waste. The cabinet should be cleaned daily with 70 % alcohol and decontaminated weekly, whenever spills occur, or when the cabinet requires service or certification. Decontamination should consist of surface cleaning with high pH agents (i.e., sodium bicarbonate, or sodium hydroxide solutions) followed by thorough rinsing. Removable work trays, if present, should be removed, and the back of the work tray and the sump below should be included in the cleaning.

G. Personnel Policy Recommendations

All personnel must receive special training in working with antineoplastic agents. (Watch Chemotherapy Film, have technique observed)

1. Eating, drinking, holding a conversation, smoking, application of cosmetics, or similar activities are not permitted during the compounding of drug administration procedures.
2. Access to the compounding area must be limited to only necessary authorized personnel.
3. The personnel working with these agents should be observed regularly by supervisory personnel to ensure compliance.
4. Acute exposure episodes must be documented. The employee must be referred for professional examination.

H. Handling Cytotoxic Agent Spills

1. General Procedures: Spills and breakage should be cleaned up immediately by a properly protected person trained in the appropriate procedures. Broken glass should be carefully removed. A spill should be identified with a warning sign so that other persons in the area will not be contaminated.
2. Personnel contamination: Overt contamination of gloves or gowns, or direct skin or eye contact should be treated as follows:
   a. Immediate removal of the gloves or gown
   b. Wash the affected skin area immediately with soap (not germicidal cleaner) and water. For eye exposure, immediately flood the affected eye with water or isotonic eyewash designated for that purpose for at least 5 minutes.
   c. Obtain medical attention immediately.

3. Cleanup of small spills, spills of less than 5 ml or 5 gm outside a hood should be cleaned immediately by personnel wearing gowns and double surgical latex gloves and eye protection.
   a. Liquids should be wiped with absorbent gauze pads; solids should be wiped with wet absorbent gauze. The spill areas then should be cleaned (three times) using a detergent solution followed by clean water.
   b. Any broken glass fragments should be placed in plastic chemotherapy waste disposal container, along with the used absorbent pads and any non-cleanable contaminated items.
   c. Glassware or other contaminated reusable items should be placed in a plastic bag and washed in a sink with detergent by a trained employee wearing double surgical latex gloves.

4. Storage:
   a. Access to chemotherapy areas is limited to authorized personnel only, with sign restricting entry.
   b. Chemotherapy drugs will be stored in a designated area on shelves with bins to prevent breakage and contain leakage.

5. Cleanup of large Spills: For spills of amounts larger than 5 ml or 5 gm, spread should be limited by using a chemotherapy spill kit and by gently covering with absorbent sheets or spill control pads or pillows, or if a powder is involved, with damp cloths or towels. Be sure not to generate aerosols. Access to the spill areas should be restricted.
   a. Protective apparel should be used with the addition of a respirator when there is any danger of airborne powder or an aerosol being generated. The dispersal of CD particles into surrounding air and the possibility of inhalation is a serious matter and should be treated as such.
   b. Chemical inactivators, with the exception of sodium thiosulfate, which can be used safely to inactivate nitrogen mustard, may produce hazardous byproducts and should not be applied to the absorbed drug.
   c. All contaminated surfaces should be thoroughly cleaned with detergent solution and then wiped with clean water. All contaminated absorbents and other materials should be disposed of in the CD disposal bag.
   d. Spills in hoods: Decontamination of all interior hood surfaces may be required after the above procedures have been followed. If the HEPA filter of a hood is contaminated, the unit must be labeled ADo not use - Contaminated,@ and the filter must be changed and disposed of properly as soon as possible by trained personnel wearing protective equipment.

e. Protective goggles should be cleaned with an alcohol wipe after the cleanup.

ASHLEY COUNTY MEDICAL CENTER
GENERAL SAFETY MANUAL

TITLE/DESCRIPTION:		**FILING NUMBER:**
Physical Therapy Safety Policies		5.00
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	PT Personnel	Safety Committee

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1. Report any unsafe or hazardous working conditions of equipment or environment to Department Director.

2. Be properly attired. Wear safe low heeled shoes.

3. Walk, don't run. Always keep to the right in corridors and approach intersections carefully. Do not push doors open with equipment, use push panels or knobs to open doors. Use doors on right if there are two.

4. Follow proper procedures for lifting material and equipment. Bend knees, be sure of good hand hold on objects to be lifted, keep back straight, lift with leg and thigh muscles, and hold object against body for additional support. Be sure footing is on firm support.

5. Never carry anything you cannot carry safely alone.

6. Use only approved step ladder or step stools for climbing.

7. Keep drawers and doors closed on cupboards, desks, closets, etc. Use handles and knobs to close.

8. Dispose of all metal or items with sharp edges in puncture proof containers and seal when full and mark for incineration.

9. Dispose of aerosol containers according to manufacture's instruction on containers.

10. Keep floors clean and clear of any foreign material. Pick up broken glass immediately with damp paper towel or broom and dustpan and dispose of in metal container.

11. Wipe up spills immediately. Keep floors dry at all times. Be careful to wipe up chemical spills according to proper procedure and that floor isn't left with a slippery film. Disinfect area if necessary.

12. Never leave equipment standing in traffic lane. Return equipment not in use to its proper location.

(continued)

13. Know where fire fighting equipment and alarms are located. Know how to use it and know evacuation routes and patient evacuation procedures.

14. Do not obstruct fire equipment.

15. Adhere strictly to procedures as outlined in the Departmental Policy and Procedures manual.

16. Fire extinguisher maintained and personnel instructed in use.

17. All physical therapy staff is to be certified in CPR.

18. Safety incidents promptly investigated and properly followed up.

19. Personnel trained in lifting and handling techniques.

20. Personnel instructed in proper safety policies during mandatory inservices.

PATIENT SAFETY:

1. Safety belts will be worn by all patients displaying or known to be unsteady in ambulation or other moving activities while that person is under the care of any member of the Physical Therapy Department.

2. Wheelchair brakes will be employed in all Physical Therapy transfers.

3. Treatment orders must be checked to be sure patients will receive correct treatment.

4. Patients will be orientated to all procedures before treatment is given in order to secure their cooperation and prevent accidents.

5. Wheelchair footrest will be lifted prior to patient's actual transfer.

6. All switches are to be turned to the off position with the completion of each treatment.

(continued)

7. Personnel are to adhere strictly to procedures as outlined in the Departmental Policy and Procedures manual.

ELECTRICAL SAFETY:

1. Extension cords are not to be used except in the case of an emergency, then, only approved 3-wire, 3-prong grounded type cord may be used.

2. Do not drape power cords over any metal or across traffic lanes or on any surface likely to be come wet.

3. Be sure hands and floor under feet are dry when operating electrical equipment. Equipment should be unplugged when making adjustments or minor repairs.

HYDROTHERAPY:

1. Water temperature in whirlpool tanks must be checked before patient enters the water. Temperature range of the water shall be 98 degrees to 102 degrees in total body immersion, and in an extremity 100 degrees to 108 degrees. Hydrocollator kept at 150-170 Degrees F.

2. A dry towel floor mat shall be supplied outside the whirlpool to prevent slipping on floor while entering or leaving whirlpool tank.

PARAFFIN:

Temperature of paraffin shall be checked with a special thermometer and the range is to be 125 degrees to 135 degrees F. Patient will be advised of the effects of paraffin prior to treatment as to not cause alarm.

POSTURE AND BODY MECHANICS:

Industry and hospital groups alike have been slow to recognize the need for integrating body mechanics and posture in all activities. The posture of the different parts of the body has a relationship to the way in which the skeletal, muscular, and nervous system and other body systems function.

POSTURE AND BODY MECHANICS (continued)

The manner in which the individual stoops, reaches, lifts, carries equipment, sits or stands may increase or lessen fatigue. The individual who understands the normal use of the body and applies this knowledge to his own posture will be most effective in applying it in all his work.

SEVEN BASIC STEPS OF LIFTING

1. Use of thigh muscles.
2. Keep spine straight.
3. Divide weight between two hands.
4. Firm natural footing.
5. Get as close to object as possible.
6. Squat or bend knees; then straighten.
7. Bring weight up against your body.

DEVELOP GOOD BODY MECHANICS

1. Keep chest up and forward.
2. Maintain normal spinal curve.
3. Stand with feet separated-toes pointed ahead-one foot forward balance.
4. In all activities, keep weight balanced over base of support.
5. Prepare muscles for action - stabilize position of pelvis by setting abdominal muscles.
6. Use large leg and thigh muscles rather than back muscles when possible.

REACHING HIGH AND STRETCHING

Avoid hyperextension. Stand close to work. Use ladder of other means if necessary when reaching.

CORRECT SITTING POSTURE

Correct sitting minimizes fatigue. Feet flat on floor, thighs supported, forward inclination from hip joint, chest forward, normal spinal curves.

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GENERAL SAFETY MANUAL

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Physical Therapy Safety Policies		5.00
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December 2003	PT Personnel	Safety Committee

LIFTING FROM THE FLOOR OR PICKING UP

Deep hip and knee flexion, contracted abdominal muscles, correct alignment of back and pelvis are important for low level activities whether weight is lifted or not.

LOW LEVEL WORK AND WORKING SURFACES

1. Body in good alignment, stooping to level of work, arms held in mechanically efficient position.

2. Working surfaces at a level which allows the body to be erect and work to be performed at elbow height helps to prevent fatigue.

LIFTING PATIENTS

GENERAL RULES

1. Do not lift with your back - take all possible strain on your leg muscles. Crouch or squat -- do not bend your back.

2. Work smoothly in unison with the patient's effort and with others.

3. Always avoid any false motions and jerky movements.

4. Get help to lift heavy patients or any tasks too difficult for you to do alone.

HOW TO TURN A PATIENT TOWARD YOU:

1. Assist patient to flex knees.

2. Place one arm obliquely across his back to the farther shoulder and the other arm around the patient's hip; at the same time, draw him towards you.

HOW TO TURN THE PATIENT FROM YOU:

1. Assist the patient to flex his knees.

HOW TO TURN THE PATIENT FROM YOU (continued)

2. Slip one arm under the back and far shoulder; place the other as far as possible under the thighs.

3. Lift and draw the far side of the patient towards you so that he is gradually turned from you.

HOW TO TURN A HELPLESS PATIENT:

1. Take two pillows to side of bed and place them near your assistant.

2. Slip your hand under the patient's shoulder and hips, and have your assistant do the same on her side.

3. On signal, move the patient to her side of the bed.

4. Draw the patient's knees up and over to the free side.

5. Place your hands well back of shoulders and hip; draw towards you.

6. Have your assistant place pillows behind patient's back.

7. Adjust patient's head, shoulders, and arms.

HOW TO LIFT A PATIENT UP IN BED:

1. Remove all pillows but one from under patient's head.

2. Move remaining pillow up towards the head of the bed.

3. Assist patient to flex his knees and tell him to press his feet on the bed.

4. Put one arm underneath patient's shoulders and the other under his thigh.

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HOW TO LIFT A PATIENT UP IN BED (continued)

5. Tell your partner to do the same from the opposite side and at "ready" signal, partially lift the patient towards the head of the bed. The patient, if able, may place one arm around the shoulder of each assistant.

6. In the case of a helpless patient, one person supports the head and shoulders and the small of the back while the second person places one arm under the patient's back, the other under the thighs.

LIFTING THE HELPLESS PATIENT FROM SITTING POSITION OR WHEELCHAIR:

The person at the patient's head should bend her knees and lift with the weight of the patient, as close to the patient as possible. She should place, not her hands, but her arms under the axillae of the patient and, keeping her spine straight should bend her knees before starting to lift. The assistant helper should grasp the patient above the knees and follow the same principles for her own mechanics.

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Radiology Safety Policies		5.20
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Radiology Personnel	Safety Committee

Safety is the responsibility of every employee in the Radiology Department.

1. Watch for hazardous conditions and report them immediately to your supervisor.
2. Do not block hallways with carts, boxes, etc.
3. Place used needles in proper contaminated boxes. Do not recap needles.
4. Do not leave paper or other materials on the floor.
5. Dry any wet spills, call housekeeping for large spills and block off the area.
6. Wear proper shoes. No open toe shoes or sandals.
7. Handle equipment with care. Move with caution when turning corners with stretchers and wheelchairs.
8. Keep hair and jewelry from moving parts of equipment, typewriters, rollers, etc.
9. Use proper lifting techniques.
10. Do not stand on chairs.
11. Obtain adequate help for moving stretcher patients to and from X-ray tables.
12. Lock stretchers and wheelchairs before moving patients on or off of them.
13. Report any incident occurring to personnel or patient to supervisor.
14. Keep TV cables off floor to avoid tripping over them.
15. Report loose or faulty electrical connections to the supervisor.
16. Turn machines off immediately at master switch if smoke comes out of machines or there is a smell of burning. Notify supervisor.

(continued)

17. Be certain, power to tables and control panel is off when working to repair something on the equipment. This includes changing collimator bulbs.

18. Keep patients' fingers off sides of X-ray tables to avoid pinching.

19. Avoid splashing chemicals into eyes. If it should occur, wash eyes immediately and notify supervisor.

20. Double check all labels on bottles of medication or contrast agents before administering to patients.

21. Do not leave unconscious, semi-conscious, combative or confused patients alone in a Radiographic room.

22. After injecting a patient with any form of medication or contrast agent, do not leave him/her alone.

23. Report any patient reaction to a contrast agent to the Radiologist immediately.

24. Gowns and masks must be worn for isolation cases when such precautions are indicated.

25. Rooms are to be properly cleaned after isolation patients.

26. Isolation linen must be disposed of properly in its own disposal bag. It is not to be thrown in with other linen.

27. Wash hands after every patient.

ELECTRICAL SAFETY

1. Do not use unapproved extension cords.

2. Only three prong plugs are to be used.

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Radiology Safety Policies		5.20
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ELECTRICAL SAFETY (continued)

3. Do not use damaged wires, plugs, sockets, etc.

4. Do not place objects on electrical units.

5. Do not block air vents on electrical equipment.

6. Do not clean electrical equipment unless it is unplugged from the outlet and in the off position. Do not use flammable cleaner on electrical equipment.

7. Report any possible electrical hazard to your supervisor immediately.

8. Never bypass a safety device on any electrical equipment.

9. Liquid in any form is not permitted on or near generator panels.

10. Radiology equipment is not be used on wet floors.

11. Electrical equipment should not be used or operated by personnel with wet hands.

12. Personal electrical equipment shall be approved by the maintenance department before being put into operation.

13. Any electrical equipment which caused circuit overload will be removed and/or relocated.

14. All permanent X-ray equipment is grounded and shock proof, including shock proof cables.

15. Use of extension cords in anesthetizing areas is strictly prohibited. Extension cords may be use in other areas of the department providing they are of three wire, grounded type, do not present a safety hazard, and are not causing an overload of the receptacle to which thy are plugged.

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Recovery Room Safety Policies		5.30
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Nursing Personnel	Safety Committee

1. All electrical outlets will be covered by an electrical plate and of 3 prong type; one being a ground.

2. All medications labeled and locked.

3. Trash shall be picked up daily.

4. All light fixtures shall have protective coverings.

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Respiratory Therapy Safety Policies		5.40
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	RT Personnel	Safety Committee

1. No electrical devices or flammable substances are allowed within the oxygen tent.
2. All electrical switches and plugs are according to regulations.
3. All medications are labeled and kept in proper cabinets.
4. No medical treatment will be given until a direct verbal, phone or written order is received from a doctor.
5. Fire extinguishers are to stay in their proper place and checked by the Fire Department and hospital maintenance department.
6. All non-disposable equipment will be cultured monthly or PRN for bacterial growth.
7. Chemical sterilization after gross cleaning in soap and water; the apparatus is then immersed in solution for 1 hour.
8. All electrical equipment has preventative maintenance every six months.
9. Storage of all gases are set by the N.F.P.A. #56 regulation.**
10. All tanks of medical gases will be secured at all times whether they are empty or full.
11. Isolation of patient is set forth by nursing services procedures for that particular type.
12. Will use all disposable equipment in isolation rooms, except for respirator which will be cultured before reusing on the next patient.
13. Monthly safety meetings are held or PRN when the occasion arrives.
14. Fire drills are held by accordance to the hospital's responsibility.

(continued)

** N.F.P.A. #56 - Oxidizing gases, such as oxygen, shall be stored separately from flammable gases or liquids. Such storage locations shall be kept free of combustible materials such as paper cardboard, and plastic wrappers, except for shipping cartons retained to ensure stability and separation of small cylinders. When the quantity of gas stored exceeds 2,000 cubic feet, the storage area shall be outside the building, or in a room that is at least one hour fire resistance construction. Oil, grease, or other flammable or dust-retaining materials shall not be used with any oxygen related equipment. To assure continuous surveillance, pressure gauges and alarms for piped gas systems are used with gas.

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Social Services Safety Policies		5.60
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
December 2003	Social Services Personnel	Safety Committee

1. File cabinet drawers, desk drawers and storage should be kept closed when not in use.

2. Liquids should be kept away from all electrical equipment.

3. All equipment should be turned off when not in use and lights are to be turned off when leaving office.

4. Know fire drill procedures, where to go, what to do. Know fire exits in case of fire, call the PBX Operator to report "CODE RED".

5. Know rules pertaining to fire, extinguisher (see Fire Manual for details).

6. All equipment cords will be kept out of the way to avoid tripping or other accidents.

7. No double-socket plugs will be used.

8. Report broken switches, loose connections, missing or loose cover plates, bare wires to the maintenance department.

9. If electric motors or equipment spark, give shock or overheat, report immediately.

10. Keep work and storage area orderly.

11. All scissors and sharp equipment should be stored properly. Be extremely careful and give full attention when using equipment.

12. Have all equipment safety inspected prior to first use, then as required.

13. Participate in and support the overall Safety Procedures and Practices. Be knowledgeable of all procedures.

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Special Care Unit Safety Policies		5.70
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
August 2008	SCU Nursing Personnel	Safety Committee

Eight (8) telemetry monitors are available for patient use outside the Unit. The central station for monitoring all patients is at the nurses desk in the Critical Care Unit.

A small portable cart is kept in the special equipment alcove with supplies to be used for insertion of a Swan-Ganz catheter, arterial line and external pacemaker, central line catheters

A portable x-ray machine is kept in the x-ray department and is readily available for use on a call basis.

O_2 and vacuum outlets are in the Critical Care Unit.

ECG machine for obtaining all cardiac leads when needed for diagnosis and following patients will be kept in the stress testing room.

MAINTAINING THE INTEGRITY OF THE EMERGENCY DRUG SYSTEM

The Critical Care Unit charge nurse will check the drug drawers, ambu bag, and defibrillator each shift. After each use of emergency drugs, the charge nurse in the CCU is responsible for replacement of all medications.

SAFETY PRACTICES IN CRITICAL CARE UNIT

Equipment

All equipment used in the Critical Care Unit has a 3-pronged plug for grounding. There are also ground attachments to beds - (which are not electrical).

Since all beds are kept in high positions, the bed rails are in raised position at all times.

Personnel

All personnel involved in direct patient care are educated in safety precautions concerning electrical equipment. All nursing personnel must wear aprons when assisting with x-rays.

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TITLE/DESCRIPTION:		**FILING NUMBER:**
Special Care Unit Safety Policies		5.70
EFFECTIVE DATE:	**APPLIES TO:**	**APPROVED BY:**
August 2008	SCU Nursing Personnel	Safety Committee

POLICY:

In the event of monitor failure in CCU-ICU, patients in that area will be assessed and the most critically ill will be monitored using telemetry.

In the event of telemetry failure, patients will be monitored by life pack monitors. Those remaining patients without monitors will be transferred to monitored facility.

While awaiting transfer, the most critical patients will be monitored one on one with additional unit trained personnel called in if necessary.

ACMC has a Biomedical Engineer on staff who will determine if equipment may be repaired on site or sent outside the hospital for repairs.

BREAKDOWN OF ESSENTIAL EQUIPMENT

The supervisor of the unit and the maintenance department will be notified and they in turn will channel the responsibility for repair to the right department.

PERFORMANCE OF SPECIAL PROCEDURES

Only RNs who have been specifically instructed and demonstrated knowledge may perform the following procedures:

1) Endotracheal Intubation (ACLS only)
2) IV Therapy and venipuncture
3) Nasogastric Intubation
4) IV Medication
5) Obtain blood samples

A registered nurse who has completed an approved coronary care course may administer anti-arrhythmic drugs and perform ventricular defibrillation during a code blue procedure within the hospital and during the transportation of a patient to another facility.

IV certified LPNs may perform venipuncture and IV therapy.

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METHODS FOR PROCUREMENT OF EQUIPMENT AND DRUGS

During the hours that Pharmacy and Central Supply are closed, the nursing supervisor has access to Central Supply and the Pharmacy plus "Night Press" for medications that are otherwise unavailable.

USE OF CRITICAL CARE VENTILATOR

The use of the Critical Care Ventilator can only be discontinued by written orders of the attending physician, after the patient no longer requires supportive therapy.

To discontinue supportive mechanical ventilation therapy on a comatose patient, the attending physician will comply with the policy of the Medical Staff. The Critical Care Unit supervisor will notify nursing service and administration, who in turn will notify the hospital legal counsel.

MULTI-DISCIPLINARY COMMITTEE

A multidisciplinary committee will meet not less than every quarter to assess the quality of patient care. The committee shall be composed of:

1) Medical Director
2) CCU Supervisor
3) Director of nursing
4) Administrator
5) Quality Improvement Coordinator
6) Infection Control Nurse

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PROCEDURES REQUIRING SPECIAL SURGICAL AUTHORIZATION

1) Thoracentesis
2) Lumbar Puncture
3) Temporary Pacemaker
4) Elective Cardioversion
5) Proctoscopy
6) Paracentesis
7) Chest tube Insertion
8) CVP Subclavian
9) All needle biopsies
10) Arterial line insertion
11) Swan-ganz catheter placement

CRITICAL CARE UNIT ROLE DURING A DISASTER

a) Internal
b) External

Refer to ACMC's Emergency Preparedness Manual.