

Policy: Nursing Units Department Safety Plan

ORGANIZATIONAL: Affects two or more departments.							
Folder	Organizational Choices: Emergency Mgmt			Sub-Folder (If Applicable)	Department Specific Safety Plans/Nursing		
Original Effective Date	11/1/1987	Scope	What departments does this policy apply to? State "All" as is may apply to the entire organization. All Nursing Units Staff				
Approved (Approver/Date)	MDRC: 2/21/19						
Last Reviewed/ Revised Date	2/21/2019	OSHA Category (If Applicable)	Not Applicable	Standard (If Applicable)	EC.01.01.01	Number of pages	11

PURPOSE: *Why does this policy exist?*

To provide department specific guidance and direction in promoting a safe, functional and supportive environment within all SoutheastHEALTH facilities located in Cape Girardeau and Perry counties so that quality and safety are preserved.

GUIDELINES: *What are some general statements regarding the use of the policy?*

Department Specific Safety Hazards—Risk Assessment

- Fire from electrical equipment, wiring, patient smoking.
- Chemicals
- Heavy lifting
- Sharps
- Combative patients
- Slips and falls
- Radiation
- Exposure to Disease of Infection
- Wet floor surfaces

General Safety Guidelines

- NO STORAGE IS ALLOWED IN CORRIDORS
- Report broken or defective furniture and all equipment and remove from service
- Keep floors and walkways clear of books, cords, paper, trash and other items that may cause falls
- Do not allow trash to remain in any area of the department
- Do not attempt to lift heavy objects without help
- Have burned out lights replaced in a timely manner
- Report lifting or torn carpet, floor tile or vinyl flooring
- Clean up liquid spills on floors immediately
- The use of space heaters is not permitted
- Report all trip hazards on parking lots or other outdoor walking surfaces

Department Specific Safety Guidelines

1. All personnel should be familiar with the use of safety devices on their unit.
2. Report broken or weakened furniture, defective cabinets which may be hazardous and take broken furniture out of service.
3. Keep floors and walkways clear of books, cords, paper, trash equipment and other items that may cause falls.
4. Do not allow trash to remain in any part of the unit/department. Notify Environmental Services (EVS) to remove trash.
5. Nursing personnel should use proper body mechanics when lifting or moving patients in order to avoid injury to themselves or the patient. Patient Lifts are available for use also.
6. Have burned out lights replaced on a timely basis. Notify Maintenance to replace burned out light bulbs.
7. Report lifting or torn carpet, floor tile or vinyl flooring.
8. Clean up food or liquid spills on floors immediately.
9. The use of space heaters is not permitted in the department.
10. Care should be taken in moving patients and equipment on and off elevators.

PATIENT SAFETY

1. All beds should be in good working order before a patient is placed in bed. If a bed has a malfunction the bed should be removed from service. A work order should be initiated. A copy of the work order should be attached to the bed. Occupied hospital beds are to be in the low position at all times, except for specific reasons when hospital personnel are in attendance. For additional information, SEE BED/BEDRAIL POSITION, in the Policy and Procedure Manual.
2. Patients being transported by carts are to always have the "safety belts" around the patient, if there are no side rails on the cart. If the cart does have side rails, they should always be raised.
3. Patients being transported by wheelchair should be placed securely in the chair with both feet being put on the foot rests (so as to not prohibit freedom of the wheels) and make sure the arms and hands are positioned safely on arm rests to protect them from the wheels.
4. Showers and bathing areas should be free from excess water on the surrounding area. Bathtubs should have safety bars to enable patients to get into and out of the tub safely. There should be a bath mat on the floor for the patient to step on from the shower or tub.
5. For patients receiving oxygen therapy: patients may not use petroleum-based lip balms and hand/face lotions; oxygen devices shall not be left running when not in use by patient; and an oxygen analyzer with alarms is to be used on all newborn ventilators and oxyhoods.

Maintaining a Safe Work Environment

Each employee of this department must commit to working safely and agree to comply with SoutheastHEALTH organizational and department specific safety standards. This commitment

includes identifying potential hazards regardless of the location, as well as correcting and reporting them to appropriate individuals. All employees have the right, and are encouraged, to bring safety concerns to their Department Head, Quality Management, the Environment of Care committee, the Safety Officer or regulatory agencies without fear of reprisal.

Injury Reporting

All SoutheastHEALTH employees who sustain a work-related injury should immediately report the incident to his/her Department Head or supervisor and Security. The injured employee should then report to either the Employee Health office (Monday – Friday, 8:00 a.m. – 4:30 p.m.) or the Emergency Department at Southeast Hospital at all other times for treatment. A drug screen is mandatory for all employees who sustain an on-the-job injury. An Injury Report must be completed in the electronic event reporting system by the injured employee within 24 hours of the injury.

Additional information is available regarding Employee Injury Reporting and Worker’s Compensation Benefits in the SoutheastHEALTH employee policy manual.

FIRE SAFETY

The SoutheastHEALTH Fire Plan is located in the All Hazards Emergency Operations Plan, and can be found on the Safety, Security & Emergency Preparedness section of the Compass. A copy of the Quick Reference Fire Plan will be located in the SoutheastHEALTH Quick Reference Emergency Guide located in an area of the department that is easily visible and accessible to all staff. All department staff should be aware of the location of the Quick Reference Guide. Fire safety information is also available on the pocket reference cards that are issued to all employees, and posted by all fire extinguishers.

Should a fire occur in the department (point of fire), staff should use the acronym **R.A.C.E.** to guide their response.

1. **RESCUE** any individual in immediate danger.
2. **ALARM** by activating the nearest fire alarm manual station. Call the Switchboard Operator by dialing 5200 and report the fire. If the operator does not answer, dial 7711# to directly page the fire code overhead. The correct page is “FACILITY ALERT-Code RED” followed by the fire location (repeat 3 times). Do not page room numbers.
3. **CONFINE** the fire and smoke by closing doors, and clear the corridors and exits of any obstruction.
4. **EXTINGUISH** the fire with an appropriate fire extinguisher if you can safely do so.

EVACUATE the area to a location behind the nearest fire/smoke door if the fire is out of control. If extinguishing a fire, staff should use the acronym **P.A.S.S.** to guide their response.

P **Pull** the pin on the fire extinguisher.

- A** **Aim** the hose at the base of the fire.
- S** **Squeeze** the handle of the fire extinguisher.
- S** **Sweep** across the base of the fire.

Should a fire occur in another area of the Hospital, staff in that area (away from the point of origin) should close doors, assure that corridors and exits are clear and stand by to provide assistance if necessary.

Department Specific Fire Safety Guidelines

If any restrained patients, they will have first priority in a fire situation. Staff must be aware of restrained patients, so they may act quickly to free patients for evacuation.

Should fire occur in another area of the hospital:

1. The department head or supervisor will designate person(s) to respond by clearing the corridors, close doors, and standing by to assist if requested.

Immediate assessment of patients in the oxygen zone areas should be completed to determine if patient need portable oxygen. Oxygen zone valves should be closed to reduce the spread of fire and smoke. Zone valves control blocks of rooms. Zone valves should only be closed when it is determined that no patients remain attached to oxygen supplies within the block of rooms to be shut off. The charge nurse or manager will make the decision to turn off the zone valves and give direction to nursing unit staff. Respiratory Therapists and Facilities Management staff will also be authorized to shut off oxygen valves **in consultation with the unit Nurse Manager**.

TOBACCO USE is not permitted by anyone within any SoutheastHEALTH operated facility or property. Refer to the “Tobacco Free Policy” located in Policy Manager on the Compass.

EQUIPMENT MANAGEMENT AND ELECTRICAL SAFETY

General Equipment Safety

All employees will be trained prior to using any mechanical or electrical equipment which could result in an injury to an employee, patient or visitor. If an employee has not received appropriate training or still has question about equipment use, the manager, Biomed Department or Education should be contacted before using equipment. Operators' manuals are available on the nursing units or a copy may be obtained from BioMed. Equipment for demonstration or equipment on loan shall be inspected prior to use. Contact BioMed if during working hours via work order, or after hours the charge nurse will contact the BioMed staff on call.

Defective equipment will be reported to Information Systems, Bio Med, Facilities Management or the service contract holder immediately. Defective equipment will be removed from service and properly tagged as “Defective” or “Out of Order”.

Any equipment which causes serious injury or illness to any employee or patient must be immediately reported to the Quality Management office or the Risk Manager. Equipment causing injury should be removed from service and tagged, but not cleaned or repaired until approval is given from the Risk Manager.

Department Specific Equipment Safety Guidelines

1. (Mishandling of equipment, i.e., dropping and liquid spillage on or into equipment must be reported immediately to BioMed. The device should be unplugged immediately if circumstances permit and notify BioMed.
2. The work order system is used for routine and immediate responses to equipment problems. In the event of a critical situation, BioMed should be notified immediately by telephone for assistance. A work order should follow for documentation purposes.

General Electrical Safety

- Possible electric equipment hazards: Computers, printers, faxes, calculators, photo copiers, general wiring and lighting.
- Inspect electrical equipment on a regular basis to ensure it is in good operating condition.
- Ensure all electrical equipment is tested by the Bio Med Department or Facilities Management at appropriate intervals.
- Do not place liquids on or near electrical equipment.
- DO NOT use unauthorized extension cords, multiple sockets or cheater adaptors.
- DO NOT disconnect plug from wall receptacle by grasping cord.

In an effort to prevent potential electrical safety issues, the following should be reported to Facilities Management if observed:

- Wires or power cords with frayed, worn or cut insulation
- Broken, bent or loose electrical plugs
- Wall switches that are loose or do not snap definitely from one position to another
- Loose wall receptacles or covers
- Any equipment that is overheating or smells of overheating
- Any shock received from a piece equipment
- Equipment that operates intermittently or seems to “short out”
- Equipment that is missing or has malfunctioning recommended safety devices

Department Specific Electrical Safety Guidelines

PATIENT OWNED ELECTRICAL DEVICES

Equipment allowed is limited to convenience items and medical devices that the patient typically used daily at home for the direct support and relief of a medical condition.

1. Patient care areas: Patient-owned grooming equipment is strongly discouraged. Lap top computers have no inherent risks that suggest across-the-board prohibition. These devices can be permitted depending on the patient's medical condition. The nursing staff should be alert to the patient's ability to use the equipment safely.
2. If any patient-owned electrical device is observed by staff to be damaged in any way (ex. frayed cord, damaged cord cap, cracks, broken/missing parts) or unclean, the patient will be strictly prohibited from using the device.
3. Small battery-powered devices such as clocks, radios, and tape players are permitted.
4. The following patient owned devices are prohibited:
 - Televisions
 - Extension cords
 - Devices including electric heating pads, electric blankets, space heaters, coffee pots, and coffee makers
 - Radio communications devices, radio-controlled toys, remote control devices, etc
 - Under no circumstances should patients be permitted to plug line-powered video or electronic games into hospital-supplied televisions.
 - In ICU/CTU any patient-owned electrical line cord operated devices of any kind are strictly prohibited.

HAZARDOUS MATERIALS AND WASTE

SoutheastHEALTH has written policies for the management of hazardous materials and waste. Refer to the "Hazardous Materials & Waste Contingency Plan" and the "Hazardous Spill Response Plan" in the Organizational Policy & Procedures located in Policy Manager on the Compass. The OSHA Exposure Control Plan and Infection Control Plan also located in Policy Manager on the Compass provide information regarding Infectious waste procedures.

General Hazardous and/or Infectious Waste Guidelines

DO Dispose of in Biohazard Waste Can

- Visibly bloody gloves, plastic tubing or PPE
- Saturated gauze, bandages or other items
- Rule of Thumb: If you can wring it, sling it or fling it—it goes in a biohazard waste can.

DON'T Dispose of in a Biohazard Waste Can

- Sharps
- Hazardous chemical or radioactive waste
- Household waste
- Gauze and bandages that are not saturated with blood
- Diapers, bed pans, urine cups or urinals

DO Dispose of in a Sharps Container (never the regular trash or a biohazard waste can)

- Needles and syringes

- Scalpels, blades and lancets
- Glass slides and tubes
- Staples and wires
- Disposable suture sets and biopsy forceps
- Electrocautery tips
- Any other sharp items

For assistance with the correct disposal of medical or chemical waste contact Environmental Services.

Hazard Communication Program

SoutheastHEALTH has a written Hazard Communication Program to ensure the safe use of chemicals and products in the facility. Refer to the Hazard Communication Program Policy located in Policy Manager on the Compass. Safety Data Sheets for the chemicals used throughout SoutheastHEALTH facilities in Cape Girardeau and Perry counties can be accessed through MSDSONline, and online database. A link to MSDSONline is located on the Compass, on the Safety, Security, and Emergency Preparedness page and in the Quick Links. A master hardcopy back up is also kept in the Safety Office.

Department Specific Hazardous Materials & Waste Safety Guidelines

Personal protective devices are provided at no cost. While working with certain chemicals and products, staff will be required to use personal protective devices and to follow safe work practices.

1. Needles and Sharps

Needles and syringes should be properly disposed of after use in special disposal box provided on each unit. Automatic recapping or needleless devices should be used whenever possible.

2. Infection Control

Nursing personnel shall be familiar with infection control policies for their protection and the protection of the patient. SEE INFECTION CONTROL MANUAL located on each nursing unit.

3. Chemotherapeutic Agents

Chemotherapeutic agents are used in the treatment of cancer patients. These agents are extremely hazardous and should only be handled by authorized personnel. SEE GUIDELINES FOR HANDLING AND DISPOSAL OF CHEMOTHERAPEUTIC AGENTS.

4. Infectious Waste

Infectious Waste shall be handled according to the Infectious Waste Plan found in the Infection Control Manual.

5. Hazardous Chemicals/Products

An inventory of the chemicals used in the nursing areas shall be conducted. The Material Safety Data Sheets shall be maintained in the Hazard Communication Program Manual located in the Emergency Department.

RADIATION SAFETY

Brachytherapy refers to inpatient treatment with radioactive materials in the form of needles, seeds, radiopharmaceuticals, implants, or insertions. Exposure to brachytherapy patients may be hazardous specific, therefore policies have been developed to protect personnel and visitors having direct contact with these patients. Staff caring for Brachytherapy patients shall be familiar with the policy for the care of these patients. SEE POLICY - Nursing care of Radiation Therapy Inpatients, located in the Policy and Procedure manual. You may also refer to the Radiation Safety Manual maintained by the Radiation Therapy Department for additional information.

SECURITY

Department Specific Security Hazards—Risk Assessment

- Unauthorized persons in department.
- Combative patients and visitors.
- Patient or staff money or valuables.
- Expensive equipment.
- Personal safety.
- Drugs.
- Workplace violence

Workplace Violence Prevention

SoutheastHEALTH has a Workplace Violence Prevention policy outlining the prevention of workplace violence through proactive security measures, staff education and reporting requirements. Threats or the appearance of violence, combative behavior, intimidation or acts of aggression will not be tolerated.

Proactive Security Measures:

- 24/7 security personnel present at the hospital
- Cameras and mirrors as necessary
- Controlled access to areas as necessary
- Annual risk assessments

Education:

- Safe Training and Responsible Restraints (S.T.A.R.R.) & Personal Awareness Safety Training (P.A.S.T.)—available for all staff, provided during new-hire orientation for nurses working in areas identified as high risk.
- De-escalation Training- provided for all employees during new-hire orientation.
- Workplace Violence online module- completion required annually for all employees
- Reporting:

- Staff shall immediately report any threats or acts of violence that are witnessed (ex. verbal abuse, aggressive behavior, loitering, inappropriate behavior, or conflicts) by contacting the Security Department, their supervisor, or risk management. Additionally the report should be documented in the electronic event reporting system

For more information regarding Workplace Violence, refer to the organizational Workplace Violence Prevention policy in Policy Manager.

Department Specific Workplace Violence Prevention Procedures

(Add any additional information regarding department workplace violence prevention procedures in this section)

Department Hours/Entrance and Exit Procedures

Doors to be kept locked at all times:

- Drug cabinets
- Mechanical equipment rooms
- Other unit specific doors

Identification

- All department staff will wear photo identification at all times while at work.
- Visitors are required to have identification tags after regular visiting hours.
- Vendors are to have identification issued by Materials Management.
- Patients are to wear identification wrist bands.
- Students are to wear appropriate identification.

Emergency Procedures

Call Security for:

- Unauthorized persons in facility or department
- Combative persons
- Threatening or obscene telephone calls
- Theft or robbery in progress
- Abduction in progress
- Assault in progress
- Bomb Threat
- Access system failure
- Motor vehicle crash witnessed on SoutheastHEALTH property
- Motor vehicle crash involving any SoutheastHEALTH-owned vehicle

Notifications

The Security Department should be notified immediately of any suspicious person in the facility or in or around the department, any theft of SoutheastHEALTH employee, patient or visitor property, any threatening acts by any individual, vandalism, unsecured areas or safety hazards that require immediate attention.

Department Specific Security Guidelines

See special unit policies for security for sensitive areas.

EMERGENCY PREPAREDNESS

All Hazards Emergency Operations Plan Manual

Each employee should know what to do in an emergency situation. An All Hazards Emergency Operations Plan manual is located on the Compass, in the Safety, Security and Emergency Preparedness section. This manual contains information to assist staff in responding to any type of emergency. Each employee should know the location of All Hazards Emergency Operations Plan Manual and have a general understanding of its contents. A Quick Reference Emergency Guide is located in a location in each department that is easily visible and accessible to all staff. Department staff should all be aware of the location of the Quick Reference Emergency Guide.

Emergency Pages

Refer to the Quick Reference Emergency Guides located in each department for information about all Emergency Codes used in SoutheastHEALTH facilities or to the Emergency Pages pocket reference card which should be located in the pocket behind all staff name badges.

Department Specific Emergency Preparedness

(Add any additional department specific information here)

UTILITY MANAGEMENT/FAILURES

Notify Facilities Management for the following Utility Failures

Contact the Facilities Management department during regular business hours at ext. 6001.

After 4:30 p.m. or on weekends and holidays, contact the Boiler Operator on duty at ext. 5134

- Electrical service
- Heating and air conditioning
- Fire Alarm System
- Water system
- Sewer system
- Medical Gases (piped in, not including portable tanks)
- Medical Vacuum
- Natural Gas Failure or Leak
- Steam Failure

Notify BioMed for the following failures

During normal business hours, contact BioMed by submitting a work order. After 4:30 p.m. or on weekends and holidays, contact on call BioMed staff at 278-8618.

- Clinical Elopement/Abduction Alarm System
- Clinical Equipment
- Electronic Door Access System
- Hospital Overhead Paging System
- Nurse Call System

For computer system failure, contact the Information Systems department at extension 5517. For telephone system failure, contact the Telephone Technicians or Operator. For key scan system failure, immediately contact the Security department at extension 5525.

Emergency or Backup Procedures for System Failures

See Utility and System Failure Response Guide and utilize individual department-specific backup plans.

Department Utility Failure Response

(Add any additional information regarding utility failures here)