



# ***AGENCY SAFETY MANAGEMENT PLAN***

**EXPERT HOME CARE, INC.**



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Our Agency hereby sets forth the following guidelines to be adhered to by all employees of this agency:

Upon arrival at a patient's home, the nurse/employee shall make physical checks of the essential safety devices such as proper locks on doors, proper ventilation, proper beds/chairs, proper bedding, adequate bathroom systems, adequate kitchen with all electrical devices, to be sure they are in good working condition.

The employee shall also check the appropriate boxes on our "Patient Safety Checklist" and make the appropriate report to our offices as soon as possible (please see "Patient Safety Checklist" on the following page).

Upon receipt of such report, the Director of Nursing shall take necessary action to ensure that any safety deficiencies are corrected.

#### **HOME SAFETY: PATIENT'S HOME ENVIRONMENT**

**PURPOSE:** To specify the mechanisms used by agency staff to identify and intervene in environmental, mobility, bathroom, medication, and supply safety risks as well as equipment safety concerns related to patient care in the patient's home environment.

**POLICY:**

1. The agency uses basic home safety standards and guidelines for use of medical equipment and supplies.
2. All clinical staff is educated about established basic safety guidelines during orientation.
3. Patient/caregivers are given a copy of the home safety standards and instructed on strategies, as well as evacuation routes, are discussed with the patient/caregiver, as appropriate.
4. Any safety incidents are reported according to the Safety Officer and Manager of QI.

**PROCEDURE:**

All new employees are educated in the established basic safety guidelines during orientation. In addition, staff are oriented to the basic home safety standards and the safety guidelines for medical equipment and supplies.

The employee assigned to complete the initial patient assessment is responsible for giving the patient/caregiver a copy of the Safety Teaching Guide with instructions on making the home safe and suitable for home health care. The nurse/therapist instructs the patient/caregivers in safety measures specific to their individual needs.

Staff address fire prevention and safety concerns with the patient or caregiver, including but not limited to the following:

- Fire hazards in the home, such as poor or faulty electrical wiring, fireplaces without adequate ventilation, etc.
- Oxygen precautions and safety tips regarding storage, usage, etc. General medication safety guide.
- Patients' ability to call 911 in the event of a fire.
- Hazards of smoking in bed.
- Routes for evacuation from the home in the event of a fire or disaster.
- Presence of working smoke detectors and fire extinguishers and determination of patient/caregiver ability to utilize fire-fighting equipment
- Ways/places to obtain free working smoke detectors in community.

Staff may assess and discuss with the patient the utility needs in the home environment (electricity, natural gas, heating and cooling, refrigeration, water supply), Contingency plans are discussed in the event a utility system fails when the patient is dependent on electricity for heating/cooling, to run pumps, or for oxygen/ventilation equipment.

The nurse/therapist assesses pertinent safety factors and documents on the patient's record any instructions given, as well as the date of giving the patient the Safety Teaching Guide. The patient's/caregiver's knowledge and performance of safety procedures is monitored on an ongoing basis during visits. Further instruction is provided and documented in the patient medical record as needed.

If the home care staff witnesses an accident, incident, or injury that occurs in the patient's home, the staff member shall document the event and use the incident reporting procedure.

Incidents involving equipment malfunction, injury, or death associated with equipment are to be reported to the Durable Medical Equipment vendor and/or manufacturer immediately. The incident reporting procedure should be initiated as appropriate. (Refer to the policy on Reporting Medical Device Events).

Clinical staff are responsible for following manufacturer's guidelines for calibration and maintaining equipment used in the home.

During in-home onsite visits with staff, employee knowledge and performance of safe and appropriate use of equipment related to patient care is assessed, with instruction given as needed by onsite evaluator.

A safety management update is given annually for all employees (part of the OSHA annual update).

Medical waste disposal and transport policies are reviewed with all staff members during new employee orientation.

Compliance monitoring measures relating to the patient's medication:

There is a growing recognition that a multidisciplinary approach to medication taking behavior is necessary for patient adherence to be sustained, in which the patient and all members of the health care team work together to treat the patient's condition, while recognizing the patient's key role at the center of the process. Looking to the future, this approach has potential to improve adherence rates significantly by changing the interaction between patients and clinicians and by engaging all parties throughout the continuum of care.

Low health literacy and limited English proficiency are major barriers to adherence and deserve special consideration, we promote and validate effective oral communication between our health care providers and patients supported by provision of adjunctive, useful information in its most useful format, use of bilingual staff, to address the patient's individual capabilities.

Patients with a complex drug regimen tend to have a lower compliance rate than patients with a less complex drug regimen. Recommendations on improving compliance are given. These recommendations include:

- A good introduction from the caregiver to the patient about the medications the patient must take helps to increase compliance.
- Instructions on the intake prescription of a certain medication should be available to the patient.
- The patient must be warned in time, that he has to take their medications.
- When the drug regimen becomes complex to the patient, the use of a pillbox is recommended and the patient should be able to receive feedback on his compliant behavior.

#### **EQUIPMENT SAFETY**

**PURPOSE:** To ensure that the equipment and supplies used by staff during the provision of care are in satisfactory and safe working order.

**POLICY:**

- The agency maintains patient-related equipment in good working order. Schedules for maintenance of equipment are determined by current clinical practice guidelines. The agency has a limited amount of patient care equipment for repetitive use by staff. Patients are referred to a Durable Medical Equipment company for equipment used on a routine basis by the patient.
- The following outlines specific procedures related to evaluation of sphygmomanometers, glucometers, and other Durable Medical Equipment

**PROCEDURE:**

Blood pressure gauges will be checked annually to ensure proper calibration. Equipment to ensure blood pressure cuff accuracy is maintained in the agency office. The supervisor or designee is responsible for the coordination and implementation of the annual check. Documentation of equipment checks is forwarded to the Quality Improvement (QI) Committee and the Manager of QI includes these logs in the QI documentation. The clinician will report any abnormal result using the digital thermometer and replace the thermometer immediately.

Equipment found to be in unsatisfactory working order will immediately be replaced with comparable equipment in good working order.

Equipment in unsatisfactory working order will be sent for replacement/repair.

##### **Blood Glucose Meters**

Nursing staff will perform monthly or weekly cleaning and calibration of the blood glucose monitors, according to the manufacturer's instructions. Test strip check performed once each day glucometer is in use and a calibration log is maintained by each clinician using the blood glucose monitor.

All equipment repairs are completed by the manufacturer or the manufacturer's authorized representative.

##### **Scales**

- Scales will be checked on a quarterly basis for accuracy using a weight.

#### **SAFETY IN THE HOME**

The safe way is always the right way to do each job.

Correct unsafe conditions immediately before they cause an accident.

**MEDICINES:**

If children are in the home all medicines and poisons should be stored in child proof containers and out of reach.

All medicines should be labeled clearly and left in original containers.

Medicines should not be Given or taken by anyone other than who they were prescribed for.

The label should be read and doses measured carefully when giving or taking medicines. Know the side effects of the medicines.

Outdated medicines should be thrown out by pouring down a sink or flushing down the toilet.

Poison Control Center 1-800-282-3171.

#### A FALL:

Falls are the most common and often the most serious accident in the home. Some things you can do to prevent falls are:

Arrange furniture to avoid an obstacle course.

Install handrails on all stairs, showers and bathtubs and toilets.

Keep stairs clear and lighted.

Place rubber mats or grids in showers and bath tubs.

Use bath benches or shower chairs for symptoms of muscle weakness, shortness of breath or dizziness.

Wipe up all spilled water, Oil or grease immediately.

Pick up and keep surprises out from under foot, including electrical cords and throw rugs.

Keep drawers and cabinets closed.

Install good lighting to avoid groping in the dark.

#### LIFTING:

If it is too big, too heavy or too awkward to move alone -- GET HELP. Some things you can do to prevent low back pain and/or injury are:

Stand close to the load with your feet apart for good balance.

Bend your knees and "straddle" the load.

Keep your back as straight as possible while lifting and carrying the load.

Plan ahead - clear your way.

#### ELECTRICAL ACCIDENTS:

Watch for early trouble signs — overheating, a burning smell. sparks. Unplug appliance and get it checked right away.

Some things you can do to prevent electrical accidents are:

Keep cords and electrical appliances away from water.

Do not put cords under rugs, through door ways or near heaters. Check cords for damage before use.

Extension cords must have a big enough wire for larger appliances.

Broken plugs, outlets or wires are not to be used and should be fixed right away.

Use a ground on 3-wire plugs to prevent shock in case of electrical "fault".

Do not overload outlets with too many plugs.

Use three-prong adapters when necessary.

#### SMELL GAS?

Open windows and doors.

Shut off the appliance involved.

Don't use matches or turn on electrical switches.

Don't use telephone — dialing may create electrical sparks.

Don't light candles.

Call the gas company from, a neighbor's home

Take advantage of free annual inspections if offered by your gas company.

#### FIRE:

Fire escape should be pre-planned and practiced. Look for and plan at least two ways Out of the home, if escape is through a window, make sure it opens easily, Know where the exit stairs are located for apartment dwellers. Do not use an elevator in fire emergency. You may notice the fire department ahead of time if you have a disability or special needs.

Some steps to help you prevent fires are:

Install smoke detectors They are the best early warning. Test frequently and change the battery every year.

If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.

Throw away old newspapers, magazines and boxes.

Empty wastebaskets and trash cans regularly.

Do not allow smoking in bed or while on medicines which may cause drowsiness.

Never empty ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first or dump into the toilet.

Chimneys and fireplaces should be checked regularly. Look for and repair cracks and loose mortar. Keep paper, wood and rugs away from area where sparks could hit them.

Be careful when using space heaters.

Follow instructions when using heating pads to avoid serious burns.

Check your furnace and pipes regularly. If nearby walls and ceilings feel hot, add insulation.

Keep a fire extinguisher in the home and know how to use it.

If you have a fire or suspect a fire:

1. Take immediate action. Rescue — Escape is the top priority.
2. Get help on the way -- with no delay. Your emergency service number is: 911
3. If your fire escape is cut off, close the door and seal the cracks to hold back the smoke, Signal help from the window.
4. If you are dependent on utilities (gas, phone, electricity) register as a high priority customer with the company.

#### **WASTE CONTAINMENT/DISPOSAL**

Wash hands before and after handling medicines and supplies.

Avoid recapping needles whenever possible to avoid injury from needle sticks

Used needles should never be bent, broken or taken off syringes before throwing away.

Used syringes, needles and blood are all regulated waste and must be disposed of properly. Put used needles and syringes in a puncture resistant container. When the container is two-thirds to three-fourths full, dispose of as instructed. DO NOT overfull container and NEVER FORCE items into container. Disposal items such as bags and tubing may be thrown into the trash unless otherwise instructed. Double plastic bags should be used for disposal of the following items: solid tissues, sanitary napkins, dressings, used gloves and disposable gowns. Dispose of all liquid waste as instructed. Wash hands after removing gloves.

#### **SAFETY-CLIENT SETTING**

##### **PURPOSE:**

To ensure a safe home environment for the patient/client and his/her family/caregivers as well as for the Agency staff member.

##### **POLICY:**

The safety of the home will be evaluated and corrective action taken. Safety education will be provided to the patient/client and family.

##### **PROCEDURE:**

1. A Home Safety Checklist will be completed during the initial home visit (or use the OASIS safety information). Unsafe conditions should be reported immediately to the Director of Clinical Services or designee and a corrective action plan developed with the patient/client and family.
2. Instruct patients/clients and family upon admission and as needed in basic home safety including but not limited to. methods for preventing falls, use of equipment, correct performance of tasks, care and disposal of hazardous waste an fire/emergency safety Procedures.
3. Instruct the patient/client to have emergency telephone numbers for the police, fire department, and poison control center along with a neighbor's number readily available near the phone where they can be easily seen.
4. Appropriate emergency back-up systems will be documented and in place as needed. i.e. contacting public utility companies of home ventilator patients/clients.
5. The 24 hour on call telephone number to access Agency staff will be provided to the patient/client and family.
6. Patient/client related safety hazards will be documented in the clinical record.



7. All accidents or injuries will be reported to the Agency administrator, documented on the Variance Occurrence document and reviewed by the Quality Improvement Committee.

#### HOME SAFETY ASSESSMENT

In order to alert the patient/client and caregiver on home safety measures in order to minimize the hazard risk in the home, the Agency performs a home safety assessment which includes environmental mobility and bathroom safety risks as a part of the patient's/client's admission process and annually home safety will be assessed on an ongoing basis. (Evaluation included in OASIS comprehensive assessment)

1. The admitting RN or therapist will explain the home safety assessment to the patient/client and/or caregiver and perform the assessment, including giving any recommendations or comments for improvements.
2. Patient/client handouts discussing home safety measures will be left in the home folder.
3. The home safety assessment will be repeated as needed.

#### INCIDENTS AND UNUSUAL OCCURRENCES

An incident or occurrence is any happening that is not consistent with the routine operation of Home Health or the routine care of a particular client.

Incidents/ unusual occurrences include, but are not limited to:

- Physical harm to clients, staff or other parties
- Accidents in which clients, staff or other parties are injured or die
- Drug or alcohol use
- Damage to property
- Medication errors
- A poor result from a treatment or procedure
- An injury
- Client dissatisfaction
- Accidental burns
- Falls
- Severe drug reactions

An incident report must be completed for all occurrences involving clients and employees. Employees are responsible for completing occurrence reports for all situations occurring within their area of responsibility. All reports are forwarded to the Chief Executive Officer within 24 hours.

In the event of a client accident/incident, the physician is notified and physician orders are followed.

All incidents/occurrences are reviewed by the Continuous Quality Improvement Committee for appropriate and timely response and Agency trends.

#### SAFETY GUIDELINES

##### MEDICAL EQUIPMENT AND SUPPLIES IN PATIENT'S HOME

- I. Medical/Surgical Supplies
  - A. Storage: area isolated from children, pets, and activity. This area should be free of excessive heat, water, dust, and contamination. Store new supplies behind old to assure timely rotation.
  - B. Handling: should be handled by professional staff, patient, or care giver who has been taught proper use. Avoid tearing/damage. Do not use if there are signs of contamination or the expiration date has passed.
  - C. Disposal: instruct patient/care giver that all dressing materials, disposable equipment, tubing, etc., should be double-bagged, firmly secured, and place in the trash. Materials contaminated with infectious waste should be wrapped in newspaper, double-bagged, tightly secured, and disposal company. Sharps will be placed in a puncture-resistant container and disposal of by contracted biomedical waste disposal company.
- II. Durable Medical Equipment
  - A. Storage: Equipment should be stored in a convenient area easily accessible but not obstructive to clear pathways around the patient area. All electrical equipment should be in an area protected from excessive moisture.
  - B. Handling: Follow manufacture guidelines are represented by the dural medical equipment

- representative. Make sure all electrical equipment is grounded.
- C. Disposal: DME supplier will be contracted to pick up rental equipment and supplies. Purchased equipment disposal is at the discretion of the patient/care giver.
- III. Oxygen
- A. Storage: Oxygen should be kept away from open flames and heat. Tubing should not be allowed to come in contact with stoves, space heaters, baseboard heating coils.
- B. Handling: Should be handled only by people who have been instructed by a respiratory therapist, nurse, or durable medical equipment company representative. Cleanliness standards for all access to equipment must be maintained as instructed.
- C. Disposal: Tubing that has been replaced can be double-bagged, firmly secured, and placed in the trash. All other equipment will be removed by the durable medical equipment provider.
- IV. Drugs
- A. Storage: Cool, dry place that is protected from direct sunlight, secure from children and pets. Keep all medications in one area for storage that is convenient to the patient care area. Check all labels to ascertain if refrigeration is necessary.
- B. Handling: Check expiration date. Determine the name of the medication dosage, time before each dose is given. Obtain return demonstration of patient/care giver's competence in pouring and administering medications before allowing total independence in this function. Instruct in reordering ongoing prescriptions before medication is finished to assure continuity of medications.
- C. Disposal: Old, unused or discontinued drugs inclusive of controlled substances should be flushed down the toilet. Chemotherapy drugs should be returned to pharmacy for disposal.
- V. Needles and Syringes
- A. Storage: cool, dry place secure from children and pets
- B. Handling: Check for expiration date, signs of damage or contamination. Instruct the patient/care giver in proper use. Obtain return demonstration of patient / care giver's competence in use before allowing total independence in this activity.
- C. Disposal: place in puncture - resistance sharps container to be disposed of by the licensed biomedical waste company contracted for services.

Electrical safety of the equipments, the requirements for the electrical safety of medical equipment are much more stringent than those for other electrical devices.

Objective: Prevent harm to patients and staff

What type of current, voltages and frequencies produce harm or death to patients?

D.C. or high frequency A.C. currents that pass through the body produce heat. Sometimes heat is a desired effect produced by medical instrumentation. Electrical Surgical units produce these effects to cut tissue and coagulate body fluids. Ultrasonic physical therapy equipment uses high frequency to heal damaged muscles.

Low frequency A.C. signals inadvertently applied to human tissue can cause a tingling sensation, muscle spasms or even death. Sensitivity is frequency dependant and is high at 60 Hz, normal U.S. power line frequency.

Patient safety is primarily concerned with eliminating or reducing low frequency a.c. signals entering the patient's body. Resistance in the body varies greatly upon many conditions:

Dry, healthy skin has a resistance of 60k to 100k ohms. As resistance decreases, smaller and smaller voltages can result in higher and higher currents and thus can harm the patient.

Diminished resistance because of illness or wound.

Many solutions used in medical treatment reduce this resistance. When solutions pool at or near a puncture or wound in the skin, the resistance drops significantly.

Many medical procedures reduce the skin's resistance.

What steps do we take to reduce potential harmful currents produced by or traveling through medical instrumentation?

Maintain a good ground. Good ground circuit prevents harmful currents flowing into patients and staff.

Circuit separation is used as one of the means to implement electrical safety in medical electrical equipment.

Use of cleaning and disinfecting agents (must be done as manufacturer's recommendations)

Appropriate cleaning and/or disinfection of care equipment, supplies and surfaces or

equipment/devices that have been in the healthcare environment; is a very important Infection Control measure.

The goals of safe reprocessing of medical equipment/devices include:

- Preventing transmission of microorganisms to personnel and clients/patients/residents;
- Minimizing damage to medical equipment/devices from foreign material (e.g. blood, body fluids, saline and medications) or inappropriate handling.

#### Procedure:

Products used for any/all stages in reprocessing (i.e. cleaning, disinfection, sterilization) must be approved by the Agency Infection Control committee, by an individual with reprocessing expertise and by an individual with infection prevention and control expertise (e.g. facility's infection prevention and control professionals).

The reprocessing method and products required for medical equipment/devices will depend on the intended use of the equipment/device and the potential risk of infection involved in the use of the equipment/device.

The process and products used for cleaning, disinfection and/or sterilization of medical equipment/devices must be compatible with the equipment/devices.

Compatibility of the equipment/device to be reprocessed to detergents, cleaning agents and disinfection/sterilization processes is determined by the manufacturer of the equipment/device.

The manufacturer must provide written information regarding the safe and appropriate reprocessing of the medical equipment/device.

The environment where cleaning is performed must:

- a) Have adequate space for the cleaning process and storage of necessary equipment and supplies;
- b) Be distinctly separate from areas where clean/disinfected/sterile equipment/devices are handled or stored;
- c) Have easy access to hand hygiene facilities;
- d) Have surfaces that can be easily cleaned;
- e) Have restricted access from other areas in the setting and ensure one-way movement by staff;
- f) Have air changes, temperature and humidity appropriate to the process/product being used (see manufacturer's recommendations).

#### Occupational Health and Safety:

- a) Sharps are handled appropriately;
- b) Air handling systems adequately protect the worker from toxic vapours
- c) Chemicals are stored and handled appropriately, and MSDS documentation is available
- d) Appropriate PPE must be worn for all reprocessing activities

Cleaning of equipment after each use is a mandatory Policy of our Infection Control Program, every staff is training in this standard.

Calibration of all equipment used, such as Glucometers, must be done as per manufacturer's guidelines, doctor's order, but at least weekly.

Cleanliness of the surface of the equipment/device

- i) Many chemical disinfectants/sterilants are inactivated by organic material. Cleaning must always precede decontamination.
- ii) The greater the bioburden, the more difficult it is to disinfect or sterilize the equipment/device.

#### Type and concentration of the product

- i) Products used for disinfection and/or sterilization must be mixed according to the manufacturer's recommendations in order to achieve the correct dilution. If the concentration of the disinfectant is too low, the efficacy will be decreased. If the concentration is too high, the risk of damage to the instrument or toxic effects on the user increases.
- ii) Dry equipment/devices after cleaning, before immersing in disinfectant to prevent dilution of the disinfectant.
- iii) Discard solutions on or before expiry date. Diluted products are inherently unstable once mixed and the manufacturer's directions as to duration of use must be followed.
- iv) Use chemical test strips for all high level liquid disinfectants to assess their efficacy. During reuse, the concentration of active ingredients may drop as dilution of the product occurs and organic impurities accumulate.
- v) Use the right disinfectant for the job. Infection prevention and control must approve the product and application. Use manufacturer's recommendations for temperature and for exposure time required to achieve the desired level of disinfection/sterilization. Do not exceed the manufacturer's maximum exposure time as some chemicals may cause damage to the medical equipment/device if used for extended periods of time.



vi) Some microorganisms are more resistant to germicidal chemicals, and this must be taken into consideration when choosing the product/process.

#### Transportation and Handling of Contaminated Medical Equipment/Devices

Disposable sharps such as needles and blades shall be removed and disposed of in an appropriate puncture-resistant sharps container at point of use, prior to transportation.

#### Inspection

- i) Visually inspect all equipment/devices once the cleaning process has been completed and prior to terminal disinfection/sterilization to ensure cleanliness and integrity of the equipment/device (e.g. cracks, defects, adhesive failures).
- ii) Repeat the cleaning on any item that is not clean.
- iii) Follow the manufacturer's guidelines for lubrication.
- iv) Do not reassemble equipment/device prior to disinfection/sterilization.

#### SAFETY PROGRAM SAFE LIFTING

To prevent accidental lifting:

- 1. Look over the object to be lifted. Make sure it is not too clumsy for good balance.
- 2. Stand close to the person/object with feet apart for good balance. Make sure footing is secure.
- 3. Bend your knees, straddle the object somewhat. Keep your back as straight as possible.
- 4. Get a good grip. Many lifting accidents occur when the object slips from your hands.
- 5. Lift gradually, straighten your knees to stand. Use your leg muscles. Avoid quick, jerky motions.
- 7. Always have a clear line of vision over the object.
- 8. Avoid twisting your body. Change direction by moving your feet.
- 9. Don't change your grip while carrying the object.
- 10. Face the spot on which the object will rest.
- 11. Bend your knees, keep your back straight, and the weight close to your body.
- 12. Slide object into tight spaces, safer and easier than lifting.
- 13. On bench or table, place object on edge and push it forward with arms and body.
- 14. Be sure object is secure and that it won't fall, trip, roll, or be in someone's way.

#### PATIENT INSTRUCTION SHEET

##### OXYGEN CONCENTRATOR

Room air is drawn in through the felt air inlet filter on the cabinet. The air passes through dust filters, then through a special bacterial filter that traps any impurities in the air. This clean oxygen is then filtered through a special material called "molecular sieve" which traps other gases such as nitrogen and carbon dioxide, but permits oxygen to pass through. The resulting high concentration oxygen is stored in a storage tank, which is then delivered through an adjustable flowmeter.

##### FRONT PANEL CONTROLS AND INDICATORS:

Main Power Switch: Press switch to turn unit "On" or "Off".

Flowmeter: Regulates oxygen enriched air flow in liters per minute.

Audible Alarm: Will alarm under the following conditions: power failure, low battery, high cabinet temperature or air inlet filters become excessively dirty.

Visual Alarm Indicators: Your unit may have individual visual alarms for any of the following conditions: power failure, dirty filters, high temperature, low battery or low system pressure. Some units have only one visual alarm called a "service" alarm which may light if any of the above-mentioned conditions exist.

Hour Indicator: Monitors total hours of usage.

##### OPERATING INSTRUCTIONS:

Press the main power switch to "On".

While viewing the center of the flowmeter ball, adjust the flowmeter to the flow rate prescribed by your physician.

Note: Use only the flow setting ordered by your physician.

To turn your unit off, set the main power switch to the "Off" position.

**Note:** A continuous, battery powered, audible alarm sounds if the power switch is on and an electrical power failure occurs. To shut the alarm off during power outages, press the main power switch to "Off"

#### **SAFETY PRECAUTIONS:**

No smoking.

Do Not use within six (6) feet of a flame, glowing or burning materials.

Do Not open the cabinet. Service is to be performed by qualified personnel only.

Do Not pour or spill liquids on or into cabinet. Do Not use unit where it may be sprayed with liquids.

Do Not apply oil, grease or any type of lubricating substance to your unit.

Do Not kink or bend oxygen tubing. Do Not set anything on the tubing. Doing so may obstruct oxygen flow.

Keep the unit at least six (6) inches away from walls and curtains. Keep the unit free from obstacles.

#### **CLEANING AND MAINTENANCE:**

Clean the cabinet by wiping only with a damp cloth. Do Not use cleaners or disinfectants that may damage the exterior surface or parts.

If you have a humidifier bottle, it should be cleaned daily as follows:

Wash the humidifier bottle and lid in soapy water and rinse.

Soak the humidifier bottle and lid in a vinegar solution of two (2) parts water for 20 minutes. This serves as an antibacterial agent.

Rinse thoroughly with fresh water and allow to air dry on its side.

The foam air inlet filter should be cleaned by washing with soap and water and rinsing thoroughly with water.

Squeeze excess water from the filter and allow to completely dry before replacing on the concentrator.

#### **TROUBLESHOOTING:**

**Problem:** No oxygen flow to patient

**Possible Causes:**

Kinked or obstructed tubing

Leak at a connection

Humidifier bottle not screwed together properly after refilling, allowing oxygen to leak where it screws together. To verify flow to patient, place nose piece in glass or water and compare bubbling to that of bubbling in humidifier bottle. They should be relatively the same. If not, recheck for loose connections.

Check for defective nasal cannula

**Problem:** Concentrator will not run.

**Possible Causes:**

Power failure

Power cord not connected

Circuit breaker activated

Check all electrical connections and circuit breaker

#### **SENTINEL EVENTS**

##### **Adverse Events**

##### **PURPOSE:**

To promote patient safety by identifying and reducing the risk of sentinel events.

To measure, assess and improve Our Agency's performance in the delivery of patient care, treatment and/or services, maintain a process for identifying, reporting, monitoring, investigating and documenting all adverse events, incidents, accidents, variances, or unusual occurrences.

To identify, track, trend, respond to sentinel events that occur while a patient is receiving care, treatment and/or services from Our Agency

To implement a proactive process to minimize or prevent the occurrence of sentinel events.

To comply with the accreditation standards and any other applicable laws, regulations and standards.

**POLICY:** Our Agency chooses at least one (1) high-risk process annually to monitor, analyze and restructure/redesign, if necessary, to minimize the potential of negatively impacting patient safety.

Unexpected events or occurrences involving death or serious physical or psychological injury, or the risk thereof (i.e., sentinel events) are to be reported to the Director of Nursing/Administrator/Corporate Compliance Officer immediately upon identification.

Any sentinel event requires immediate action to examine, in depth, the event to determine why the incident occurred and to identify interventions with the greatest likelihood of reducing recurrence.

#### DEFINITIONS:

Adverse Event: An event or occurrence which results in significant patient injury or impairment, or the risk thereof.

An adverse event includes but is not limited to:

All confirmed transfusion reactions

All serious drug events resulting in a significant condition change in the patient

All medication errors, whether or not there is a resultant adverse impact on the patient's condition

Any occurrence having an adverse effect on the patient

#### PROCEDURE:

Each and every employee is responsible to report any and all potential or actual sentinel events to their immediate Supervisor.

Action to notify the supervisor or after hours' personnel

The report can be by phone, e-mail, or in person, after hour must be contacted our On call services. The

Supervisor should notify the Director of Nursing/Administrator/Corporate Compliance Officer and complete an Unusual Occurrence Report Form.

Time frame for verbal and written notification must be within 6 hours after incident occur.

Appropriate documentation and routing of information

All appropriate documentation must be completed in the specific incident report form, and delivery to the office within established time frame (6 hours)

The guidelines for notifying the physician must be followed by all of our staff, copy of the incident must be faxed to the patient's physician, immediately after the Incident Report is received by the Agency.

Follow-up reporting to the administration/board/owner will be completed by the official receiving the staff report.

Our Agency investigates all adverse events, incidents, accidents, variances or unusual occurrences that involve patient care and develop a plan of correction to prevent the same or similar event from occurring again. Events include, but are not limited to:

- Unexpected death, including suicide of patient
- Any act of violence
- A serious injury
- Psychological injury
- Significant adverse drug reaction
- Significant medication error
- Other undesirable outcomes as defined by the HHA
- Adverse patient care outcomes
- Patient injury, (witnessed and un-witnessed) including falls

Upon notification of a potential or actual sentinel event occurrence, Our Agency will conduct a "Root Cause Analysis" in an effort to determine the basic, causative factor(s) that led to the event.

Sentinel event reports will be reviewed by Administration and the Director of Performance Improvement within 24 hours of incident identification to determine whether a sentinel event has occurred, pursuant to preestablished criteria (indicators) which define actual or near occurrence of sentinel events.

When it is determined that a sentinel event has occurred, this information will be reported to the Accreditation Company/State Regulatory Agency within 45 days of occurrence or event.

A root cause analysis is initiated as per Agency policy and procedure.

The root cause analysis, conclusions and corrective action plan process is completed within five (5) business days of the initial report.

The effectiveness of the corrective action plan is monitored and evaluated in accordance with Agency policy and procedure, and a report is submitted to the Performance Improvement Committee, Administration and the Board of Directors within 30 days of plan implementation.

The following is an established list of sentinel events criteria. It is understood that all high-risk events are reviewed by Administration and Director of Performance Improvement, and at the direction of Administration a root cause analysis may be requested for events that do not fall under the sentinel event criteria.

#### SENTINEL EVENT CRITERIA:

The event has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition.

The event is one of the following (even if the outcome was not death or major permanent loss of function unrelated to the natural course of the patient's illness or underlying condition):

- Unexpected death, including suicide of patient
- Any act of violence
- A serious injury
- Psychological injury
- Significant adverse drug reaction
- Significant medication error
- Other undesirable outcomes as defined by the HHA
- Adverse patient care outcomes
- Patient injury, (witnessed and un-witnessed) including falls

Also, we considered:

- All identified cases of unanticipated death or permanent loss of function associated with a healthcare related infection
- Suicide of a patient in a setting where the patient receives care
- Unanticipated death of full term infant
- Infant or child abduction or discharge to the wrong family
- Rape (by family, other patient, visitor or staff)
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities

#### GETTING PATIENT IN/OUT OF BED

**Purpose:** Getting the patient out of bed is a means of changing position and providing exercise.

**Equipment:**

1. Arm chair
2. Pillow
3. Footstool
4. Sheet
5. Bathrobe
6. Slippers

**Procedure:**

1. Assemble equipment.
2. Explain procedure to patient; screen patient.
3. Move chair close to bed. Have head of chair at foot of bed.
4. Put a pillow on set of the chair (any pillow used on the seat of chair should have plastic cover).
5. Place a sheet across the seat of the chair with the edge several inches above the arms of the chair.
6. Assist patient to a sitting position, bring legs over the side of the bed.
7. Help the patient to put on robe and slippers.
8. Stand facing the patient.
9. Place hands under the patient's arm, thus supporting patient.
10. Help patient slide of edge of bed to standing position.
11. Stand with feet apart and while supporting patient, pivot around to face chair. If patient is heavy or helpless, get assistance.
12. Lower patient into chair.
13. Arrange pillows for patient's comfort.
14. Fold sides of sheet over patient.

15. Place patient's feet on footstool.  
16. Provide patient with some means of call. Watch for signs of fatigue.  
17. To return patient to bed, reverse steps of procedure and help patient into bed.
- Methods of reporting:
1. Time
  2. Length of time in chair
  3. Any ill effects

### **ASSISTING PATIENT INTO AND OUT OF WHEELCHAIR**

**Purpose:** The advantage of using a wheelchair instead of an ordinary chair is that a wheelchair is adjustable and can be easily moved. It is important for the attendant to understand the mechanism of the different types of wheelchairs so as to insure the safety and comfort of patient.

**Equipment:**

- |    |            |    |          |    |         |
|----|------------|----|----------|----|---------|
| 1. | Wheelchair | 2. | Sheet    | 3. | Pillows |
| 4. | Bathrobe   | 5. | Slippers |    |         |

**Procedure:**

1. Explain procedure to patient and bring wheelchair to bedside.
2. Lower, leg rests on wheelchair.
3. Fold foot rests back, out of way.
4. Adjust back rest.
5. Place sheet over chair with top edges several inches above back.
6. Arrange pillows as desired. Any pillows used on the seat of the chair should have a plastic cover.
7. Place wheelchair parallel with bed and with back of chair in line with foot of bed.
8. Lock wheels.
9. Assist patient to sitting position; bring legs off side of bed.
10. Help patient into bathrobe and slippers.
11. Stand facing patient.
12. Place hands under patient's arms supporting him.
13. Help patient to slide off edge of bed to standing position. Guard against safety hazards such as slippery floors.
14. Stand with feet apart, and while holding patient, pivot toward wheelchair. If patient is heavy or helpless, get assistance.
15. Brace chair with one hand; an assistant may be used to hold chair steady and secure.
16. Lower patient into chair.
17. Adjust leg rests.
18. Adjust pillows and back rest for comfort.
19. Fold sides of sheet over patient's legs and lap.
20. Provide patient with some means of call. Watch for signs of fatigue.
21. Returning patient to bed, reverse above procedure.

**Methods of reporting:**

1. Length of time in chair
2. Any ill effects

### **HOW TO GIVE TUB BATH OR SHOWER**

**Purpose:** Some patients may be allowed to take a tub or shower bath. The aide must give whatever assistance is needed and is responsible for the patient's comfort and safety.

**Equipment:**

1. Bath Towels (2)
2. Wash Cloth
3. Chair
4. Soap
5. Cleaning Cloth
6. Scouring Powder
7. Tub

**Procedure:**

1. Explain procedure to patient.
2. Assemble supplies in bathroom.
3. Check tub for cleanliness.

4. Prepare the bathroom for the patient:
  - a. Place chair near bathtub;
  - b. Place towels, washcloth and soap within easy reach;
  - c. Fill tub one-half full with warm water; be sure water is not too hot.
  - d. Place bath towel in front of tub.
5. Bring patient to bathroom.
6. Help patient undress.
7. Help patient into tub.
8. Prevent accidents by:
  - a. Supporting patient when getting into and out of tub.
  - b. Never allow patient to stand in wet tub for bathing or drying.
9. Help patient to dress.
10. Clean tub and leave patient alone in tub or shower.

NOTE: DO NOT LEAVE PATIENT ALONE IN TUB OR SHOWER.

If showering patient, use shower chair. Control flow and temperature of water before assisting patient into shower.

**An effective infection prevention and control program** plays a critical role in the safety, efficiency and overall success of any health care institution. Taking basic steps, our Agency ensure that appropriate infection prevention and control protocols are instituted and sustained and using best practices will benefit patients and staff.

#### GOALS TO MINIMIZE THE POSSIBILITY OF SPREADING INFECTIONS

To reduce the risk of infection our patients/caregiver are encouraged to follow these steps:

- Wash hands before and after each patient contact or procedure.
- Always wear gloves when handling blood or body fluids, or when in contact with mucous membranes or open cuts.
- Any caregiver with an open cut or other skin condition should not care for the patient.
- Never re-cap needles. Always dispose of needles in a safety container.
- Use only disposable razors for shaving.
- No one else should use the patient's thermometer.
- Wash dirty dishes in detergent and hot water right away.
- Avoid contact with anyone who has a cold or infectious disease. If your caregiver has cold or flu symptoms, he/she should wear a mask.
- Daily personal cleanliness is very important.
- Keep soiled sheets, towels and clothing in a container lined with a plastic bag until laundered. Laundry should be done in hot water.
- Change dressing and do catheter care on schedule as directed by your physician or nurse.
- Limit contact with pets.
- Wash surfaces or equipment, contaminated with blood or other body fluids, with a solution of detergent, water and diluted household bleach (10 parts water to 1 part bleach).
- Throw out patient's leftover portions of food right away.





**PURPOSE:** To have an operational process to organize and mobilize personnel adequate to secure resources needed to meet patient needs in the event of a disaster or crisis. The process includes a system to identify alternative methods for contacting personnel and mobilizing resources to meet critical needs. The process includes alternative methods, resources, and travel options for the provision of care/service and safety of personnel and identified time frames for initiation of the plan.

The emergency/disaster plan provides an orderly procedure to be implemented in an emergency to assure that the health care needs of patients continue to be met. All employees shall be oriented to the plan and their responsibilities in carrying out the plan. Possible emergency or risk factors will be identified for each patient and appropriate emergency plans discussed with the patient and/or the responsible person at the time of admission as indicated. The name and telephone number of an emergency contact will be obtained.

When our Agency is unable to continue services to special needs patients registered, that patient's record must contain documentation of the efforts made by our home health agency to comply with our emergency management plan. Documentation includes, but is not limited to, contacts made to the patient's caregivers, if applicable; contacts made to the assisted living facility and adult family care home, if applicable; and contacts made to local emergency operation centers to obtain assistance in reaching patients and contacts made to other agencies which may be able to provide temporary services.

Our home health agency will collect registration information for special needs patients who will need continuing care or services during a disaster or emergency. This registration information shall be submitted, when collected, to the county Emergency Management office, or on a periodic basis as determined by the home health agency's county Emergency Management office.

Our home health agency staff shall educate patients registered with the special needs registry that special needs shelters are an option of last resort and that services may not be equal to what they have received in their homes.

Our community is vulnerable to a wide range of emergencies, including natural, technological, and man-made disasters, all of which threaten the life, health and safety of its people, damage and destroy property; disrupt services and everyday business and recreational activities; and impede economic growth and development.

This vulnerability is exacerbated by the State's growth and population, especially the growth in the elderly population, in the number of seasonal vacationers, and in the number of persons of special needs.

State policy for responding to disasters is to support local emergency response efforts:

1. To reduce the vulnerability of the people and the property of this State to damage, injury, and loss of life and property;
2. To prepare for prompt and efficient rescue, care and treatment of threatened or affected persons;
3. To provide for the rapid and orderly rehabilitations of persons, and for the restoration of services and properties;
4. To provide for the coordination of activities relating to emergency preparedness with public and private Agencies in the community.

A comprehensive emergency plan is prepared, reviewed annually, and revised as necessary.

**Emergency:** Any occurrence, or threat thereof which results or may result in substantial injury or harm to the population, or substantial damage to or loss of property.

#### **NATURAL DISASTER**

The specifics for adverse weather will be followed.

Physicians will be notified if any patients have been identified as being affected by the natural disaster

#### **INTERNAL EMERGENCY**

- **Disruption of Telephone Service**

The Managers will activate all available cellular phones.

The main switchboard will be switched to the agency's answering service.

Clinical staff will be notified that the answering service has been activated

The telephone equipment company will be contacted about the problem.

- **Disruption of Electricity**

If the telephone is involved, follow telephone procedures as above.

Notify President and/or building manager of power failure.

Turn off all electrical equipment except one light.

Use flashlight located in each office.

Assess whether emergency lighting system over doorways and in hall is meeting employee needs adequately

Fire

Press "PAGE" on phone

Announce the location of the fire and evacuate the building

Call 911 and activate the fire alarm.

A previously identified person should take a cellular phone when exiting the building

Notify Fire Department of any staff unaccounted for and re-enter building only when given clearance by the Fire Department

#### Bomb Threat

1. The receptionist or person receiving the call should remain calm and not interrupt the caller, obtaining as much information as possible about the location of the bomb etc.
2. Notify senior management staff in the building
3. Call 911 and evacuate the building immediately

#### Staffing Shortage Guidelines

- Managers will contact all part-time or per-diem staff to determine staff availability for uncovered patient schedules.
- Patients are prioritized according to patient prioritization guidelines
- Managerial personnel will make home visits as necessary.
- Management staff will evaluate factors contributing to shortage and formulate long-term plans to prevent reoccurrence.

In the event of an emergency that disrupts the Agency's ability to provide care, needs will be prioritized to determine whose needs are the greatest. Patients will continue to receive care, if possible, with minimal disruption of schedule. Patients will be instructed on what to do in the event of an emergency situation if nursing availability is limited.

If an emergency occurs, either within the Agency causing staffing limitation (such as labor disputes, staff illnesses) or within the environment (such as floods, hurricanes, fires or other natural disasters), the Director of Nursing, or her designee will be responsible for reviewing clients and prioritizing them according to the following classifications:

D1...Category I: Patients who cannot safely forgo care: highly unstable patients with high probability of inpatient admission if home care is not provided; IV therapy, highly skilled wound care, with no family/caregiver, life sustaining medication or equipment.

D2...Category II: Patient whose condition recently worsened: moderate level of skilled care. that should be provided that day, but could postpone visit until emergency situation improves. Pt with untrained families/caregivers who could provide basic care in an emergency.

D3...Category III: Patient who can safely forgo care or a scheduled visit including Home Health Aide visits, Pt receiving routine supervisory visit, evaluation visits. Pt with 1 or 2 visits/wk, or Pts who have a competent family/caregiver.

D4...Category IV: Patient who refused information, or signed the registration release form releasing the Agency from evacuation responsibilities.

Patients classified in categories 1 and 2, the Agency will help to register with the county Emergency Department, in the "Evacuation Assistant Program", and in the use of Specialty Shelter if needed.

In the event evacuation of the patient is required, the local authority responsible for coordinating disaster preparedness and emergency response will be contacted.

In the event some patient visits can not be made and it is not a life threatening situation, contact will be maintained by phone if possible.

If office phone service is disrupted, phones will be turned over to the answering service, if possible. A staff member will be assigned to remain in contact with the answering service to receive and send messages.

In our Home Health Care software, the corresponding Disaster Plan is encoded, and a corresponding report can be printed as needed, for all Active Patients.



**PURPOSE:** To establish a system for preventing staff problems safety and security. To establish a system for reporting problems should they occur.

**POLICY:**

- All agency staff will be aware of the need to be “security conscious” and to report any real or anticipated problems to their immediate supervisor. Clinical staff will be advised of specific patient/family problems prior to home visits.
- In addition, full-time clinical employees are provided with pagers.
- The agency provides on-going education to employees in the area of office safety and field safety.

For our staff we maintain a safety training that is included at orientation and ongoing training. Employees safety training activities include, but are not limited to:

- Body mechanics
- Workplace fire safety management and evacuation plan
- Workplace or office security
- Personal safety techniques
- Common environmental hazards, (e.g., icy parking areas and walkways, blocked exits, cluttered stairways, etc.)
- Office equipment safety
- Personal safety techniques relating to in-home care/service safety

**PROCEDURE:**

To prevent a potential incident and maximize employee safety while providing patient care in the community/home setting, the following suggestions should be followed:

List the visit schedule for each patient on the case manager weekly visit schedule.

Phone patient prior to visit so that patient is expected the visit

In high crime areas, schedule visits early in the day. In some instances, two clinicians may visit the patient’s home to increase employee’s safety.

Write the explicit directions to the patient’s house on the patient chart and add any possible hazards such as dogs on the property, locked gates, etc.

When going to car, have keys ready. Hold the keys in your hand in such a way that they can be used as a weapon (between your fingers).

Check your car before getting in. Check to see if the doors are locked, and if they aren’t, don’t touch the car, as you will disturb any fingerprints. Check for a person crouching in the back seat, even if the doors are locked. Car doors should be kept locked at all times. Carry an extra car key in your bag or lab coat pocket.

Be aware of your surroundings, whether in your car or walking.

When leaving the office to make visits, consider locking your purse or other valuables in the trunk. Do not carry a purse when making visits. Do not have equipment and supplies visible in your car while in home making visits.

Know the location of stores, restaurants, police stations, etc. (safe places)

Obtain a copy of the patient direction sheet before the visit. Pay attention to the address you are going to make sure you are at the correct house.

Park close to the house. Do not park where your exit can be blocked. Don’t walk a great distance away from your vehicle. Be aware of overgrown trees, bushes, etc., where someone could be hiding. Walk in well-lit areas or in the street, if needed.

Be confident. Predators tend to stay away from people with an air of confidence about them.

Keep gas in your vehicle. Know how to change a tire. Keep a good flashlight in your car with spare batteries.

Maintain membership with an emergency road service provider or have access to the local number for an emergency towing service.

If you break down, stay inside the car and lock the doors and windows. When someone comes to help, ask him/her to call the police. Stay in the car. If he/she really wants to help, they will do what you ask.

If someone is being belligerent or acting unusual, you are not expected to go in.

Don’t enter unless you are invited in. An exception would be if the patient is in obvious distress and lying on the floor or unable to come to the door

Know the floor plan of the house and more than one way to exit. This can be very helpful if you need to get out in a hurry.

Vary your time of visit if possible, and your route to the house.

Report any type of suspicious behavior to the Manager. It is important to inform other team members of potential problems in order to maximize employee safety. The manager can help determine whether the behavior needs to be reported to a law enforcement agency and/or whether joint visits or alterations in the care plan are needed.

In the event of an incident occurring, the following guidelines will be followed:

Employees are instructed not to take any chances; do not panic or resist

If held up, hand over any valuables if requested.

Be alert to what is happening so that a description can be given to police.

Call the police and report the incident as soon as possible.

Call the appropriate Manager and report the incident. The Manager will assist in rescheduling any other patient scheduled for care and follow-up with any pending care issues for the employee involved.

If an employee is involved in an automobile accident during work, she/he should report this as soon as possible to her/his Manager.

The following list comprises general safety suggestions for agency employees:

1. Know your job and all of its responsibilities. Familiarize yourself with the safe practices to follow. Communicate your ideas on ways to improve employee safety to Safety Officer or Manager of QI.
2. Be physically fit for your work through good health habits, proper diet, sufficient rest, and cleanliness.
3. Prevent the spread of infectious or contagious disease to patients and other employees. When you are ill, report off sick and remain at home.
4. Report all incidents to your Manager immediately, regardless of whether any injuries have been identified.
5. Follow all instructions that have been issued following exposure to contagious and infectious diseases (refer to Infection Control Policies)
6. Obey warning tabs and signs on supplies, medications, and equipment. Read labels on in-home cleaning products and follow instructions regarding over-exposure or clean-up of spills. Refer to Material Safety Data Sheets as needed.
7. Management of hazardous wastes or spills will be done according to agency policy.
8. Prevent slips and falls. Watch for spills and loose objects on floors in patients' homes. Clean up and pick up immediately.

The following list comprises office safety guidelines:

- A. Each person shall observe safe working methods and procedures at times. He/she will also take an active role in explaining safe work habits to all new employees.
- B. All office equipment will be arranged to provide safe working conditions and stored so as not to fall or injure team members. All appropriate equipment should be secured.
- C. Untrained staff members will not be permitted to use any hazardous equipment or office machines.
- D. Removing jams and servicing photocopy machines presents a potential electrical hazard. Employees should follow the step-by-step instructions given on the copier when removing paper jams. If a problem can not easily be identified/solved by following these directions, the service agent for the copier will be contacted for an onsite visit.
- E. All electrical cords must be protected from wear and must be placed so they do not present a tripping hazard. If a cord becomes worn, it should be replaced.
- F. Machines should never be cleaned or adjusted while in operation.
- G. Installation, repair, or maintenance of any office equipment will only be done by qualified persons.
- H. When not in use all desk and file drawers will be kept closed to ensure safe use of aisle/walkways. File drawers or desks will not be used as ladders or step stools to reach high objects.
- I. Step stools of adequate material, and designed to support the employee's weight are provided to reach materials stored in high places. No one will stand on a swivel or folding chair for any purpose.
- J. All hazards, such as sharp file cabinet edges, or other conditions likely to do bodily harm or constitute any other type of hazard must be reported immediately to the Safety Officer or appropriate manager.
- K. Aisles should be kept clear of obstructions.
- L. Staff shall be informed in the following areas:
  - Fire safety, prevention, evacuation, and use of extinguishers and the hazards of smoking
  - Universal precautions and infection control practices.
  - Individual's role in an emergency situation
  - Twenty-four (24) hour/day availability of Material Data Sheets (MSDS book is maintained in room for access for all personnel).
  - Electrical safety as it relates to office and medical equipment used in the work area.
  - The need for good housekeeping habits in and around the work area.

· Body mechanics and the way it relates to job performance.

#### Material Safety Data Sheets (MSDS)

A master file of MSDS sheets for all known or potentially hazardous chemicals is kept in the following locations: Office of the Agency's Safety Officer (Administrator)

#### Container Labeling

The Administrator will verify that all chemical containers used in our Agency will be clearly labeled as to contents, appropriate hazard warnings, and that the container information from the MSDS sheets present at our location.

#### Employee Training and Information

All employees will receive the comprehensive training, in our annual Staff Safety training.

Training of all employees will be given in the following areas:

- What chemicals are present in their work sites

- Physical and health effects of the hazardous chemicals

- \*How to lessen or prevent exposure to these hazardous chemicals through usage of control/work practices and the use of Personal Protective Equipment.

- \*Steps the employer has taken to lessen or prevent exposure to these chemicals

- \*Emergency procedures to follow if exposure to these chemicals occurs

- \*How to read labels and review MSDS sheets to obtain current and appropriate hazard information

- \*How to detect the release or presence of hazardous chemicals

- \*How to label secondary containers

In addition, whenever a new chemical is introduced into the work site or whenever an employee is assigned to a non-routine task involving potentially hazardous chemicals, each employee will receive task specific training by the operational manager prior to the commencement of work activities. New employees will be trained in all pertinent areas as they come into the organization.

#### Outside Contractors

Before the commencement of work in our facility, contractors will be informed of this hazard communication policy, be given a list of all known or potentially hazardous chemicals used the facility, shown the location of current MSDS sheets, and updated on the emergency response procedures in effect for that facility.

Contractors are required to provide a list of all potentially hazardous chemicals and corresponding MSDS sheets prior to commencement of work in our facility. The contractor must inform the Agency's administrator of any possible chemical exposure to facility. The contractor must inform the Administrator of any hazards to personnel or the public originating from the contractor's work.

#### SITUATIONS WITH POTENTIAL FOR VIOLENCE

**PURPOSE:** To establish a system for preventing staff problems safety and security. To establish a system for reporting problems should they occur.

#### **POLICY:**

- At time of referral, if a patient/significant other presents a risk for violence, the referral will not be accepted.
- If, during the course of care, the patient/significant other presents a risk for violence (i.e. violence is suspected or potential) and/or is in a situation in which criminal activity is present, the degree of risk must be immediately assessed. It is important for clinical staff to be familiar with the signs and symptoms of violent behavior. The following procedures outline the immediate responses required by staff when faced with violence or potential violence in the home.

#### **PROCEDURE:**

It is the responsibility of the Manager of Intake to assess patients' potential for violence at the point of referral. If any possible problem is identified during the intake process, the Manager of Intake will contact the patient/caregiver and speak directly to them concerning issues of concern. For example, the following statement should be made: "It is the policy of the agency to assess for the safety of out visiting staff. Is there anything you are aware of that would pose a threat to our visiting staff? If the response indicates a problem does exist, the referral source will be advised that the referral will not be accepted but the patient will be directed to the appropriate community resources. The Manager of

Intake will identify patients on the Non-Admit Log who present a situation with potential for violence and who are not currently acceptable for admission.

Presence of a firearm in the home requires the following actions:

- Documentation in patient's record regarding location of firearm and whether it is kept loaded (if this is known).
- Notification of the Manager that this assessment has been completed.
- All disciplines will be notified of the above. A notation will be placed in the computer information system, in the section designated for Comments under Patient Demographic Info (under Address or Location of Service).

If a patient/significant other demonstrates a physical or verbal threat of violence in the course of a home visit, employees will take the following steps:

- Leave the home immediately
- Call police (911) if someone in the home remains in danger after you have left.
- Call/page supervisor to determine subsequent plan of action. The manager will be responsible for notifying the patient's physician of situation. Additionally, the Manager will notify the Director of Nursing Services and the Administrator of the situation.
- When threat of immediate danger is resolved, the employee involved should complete an Incident Report detailing the situation and give it to the Manager of QI.
- Staff/Manager will determine how to notify other family members/caregivers of problem that has occurred.
- It is the responsibility of the staff assigned to the patient to document the unsafe situation and to notify all disciplines involved with providing patient care.

Alternative arrangements for care of the patient will be discussed with the patient's physician. Upon physician's orders, a report will be recorded with the DHR office for further investigation and follow-up.

## **ILLNESS AND INJURY PREVENTION**

### **OFFICE SAFETY/FIRE SAFETY**

**PURPOSE:** To identify agency-specific safety and security issues. To ensure fire safety plan that address fire safety and management for all office and work site environments.

**POLICY:**

The agency maintains an environment that is free of hazards and provides staff education and supervision to reduce the risk of staff accidents, illness, and injury.

In coordination with Fire Inspections, we guaranteed provide emergency power to critical areas that include, but are not limited to:

- Alarm systems
- Illumination of exit route
- Emergency communication systems

Our Agency will tests our emergency power system at least once per year.

### **OFFICE SAFETY**

#### **Housekeeping Policy**

- Each employee is responsible for keeping his or her work area neat and orderly.
- Each employee is responsible for cleaning the kitchen area after he or she uses it.
- General housekeeping practices will be included as a part of the regular quarterly Safety Survey conducted by the Safety Officer.

#### **Hazard Assessment and Control**

Employees are expected to report any known or suspected hazards to management.

#### **Inspections**

The Safety Officer performs routine quarterly inspection to monitor safety practices and hazards in the office environment.

#### **Office Safety Inspections**

- Aisles kept free of hazards
- Equipment and supplies stored so as not to fall and injure someone.
- File cabinets used in a safe manner.
- Employees have an understanding of electrical safety as it relates to office equipment used in their work
- Employees are knowledgeable about fire safety, prevention, evacuation, use of fire extinguishers.



## **Fire Prevention**

The Safety Officer (Administrator), is responsible for annually fire drills, for ensuring that inspection and maintenance of fire extinguishers is completed and that fire evacuation routes are clearly posted in the office. Fire extinguishers will be inspected monthly and maintenance will be scheduled annually.

## **CLINICAL STAFF SAFETY**

Clinical Managers evaluate clinical staff safety practices during onsite visits as part of the employee's regularly scheduled performance evaluation.

- A. Understanding and practice of universal precautions, infection control, and tuberculosis (TB) control
- B. Understanding of electrical safety as it relates to medical equipment used in their work.
- C. Motor vehicle safety.
- D. Security issues in performing home visits (refer to policy on Staff Safety at Work).

## **SAFETY ISSUES FOR ALL STAFF**

- A. An understanding of the individual's role in an emergency/disaster situation.
- B. Understanding of body mechanics and how it relates to job performance.

## **COMMUNICATION ON SAFETY**

Communication with employees on health and safety issues will include the following, but not limited to:

- A. Staff Meetings
- B. During regularly scheduled staff meetings, safety issues/updates will be presented as needed.
- C. Orientation and Inservice
- Employees receive safety information as part of their orientation process.
- Clinical staff will review safety information (videos, written guidelines, etc.) as a part of orientation and periodically thereafter.
- Annual review of safety material is required of all employees.
- Bulletin boards and memos will be used as needed to communicate safety information.

## **NEEDLE-STICK PREVENTION AND SHARPS SAFETY**

Purpose: Prevention of percutaneous needlestick and sharps injury that carries a risk of infection from bloodborne pathogens.

### **SHARPS INJURY PREVENTION**

Procedure:

- 1) All of our staff are encourage to use safer devices, is solid evidence that devices with safety features significantly reduce needlestick injuries
- 2) Maintain a preventable exposures by identifying, as a starting point, the highest risk procedures and devices and implementing the most effective control measures.
- 3) Elimination of Hazard – we will ask the patient's physician if is possible substitute injections by administering medications through another route, such as tablet, inhaler, or transdermal patches, for example.
- 4) Remove sharps and needles and eliminate all unnecessary injections. Jet injectors may substitute for syringes and needles.
- 5) Other examples include the elimination of unnecessary sharps like towel clips and using needleless intravenous (IV) systems.
- 6) Engineering Controls – such as needles that retract, sheathe, or blunt immediately after use.
- 7) No re-capping, placing sharps containers at eye-level and at arms reach
- 8) Emptying sharps containers before they're full, and establishing the means for safe handling and disposing of sharps devices before beginning a procedure.
- 9) Personal Protective Equipment (PPE) – barriers and filters between the worker and the hazard. Examples include eye goggles, face shields, gloves, masks, and gowns.
- 10) Use puncture-proof containers to dispose of sharps and needles. Containers must be closed, puncture resistant, leak proof, color coded, and emptied routinely to prevent overfilling.
- 11) Provide all employees at risk for occupational exposure with interactive training on the use of safer devices, work practices, and PPE from a knowledgeable person. Workers must receive training when hired and at least once a year, or whenever there is a modification of tasks or procedures.

We will maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The log must contain, at a minimum, the following information:

- Date of the injury
- Type and brand of the device involved
- Department or work area where the incident occurred
- Explanation of how the incident occurred

The data contained in the log can be used to:

- Analyze injury frequencies by specific attributes like work units, devices, and procedures.
- Identify high-risk devices and procedures.
- Identify injuries that could be prevented.
- Evaluate the efficacy of newly implemented safe devices.
- Share and compare information and successes with other institutions.

As we analyze the log data, the Infection Control committee should identify high priorities for action, especially to eliminate the highest risk devices and prevent the highest risk and most frequently occurring injuries. However, remember that according to our Policy, the goal of the committee is to prevent all types of exposures and minimize all risks.

## **NEEDLE SAFETY AND PREVENTION OF INJURY**

### **Model Exposure Control Plan**

The Model Exposure Control Plan is intended to serve as an employer guide to the OSHA Bloodborne Pathogen Standard. A central component of the requirements of the standard is the development of an exposure control plan (ECP).

The Agency is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our firm implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

1. Determination of employee exposure.
2. Implementation of various methods,
  - a. Including:
    - i. Universal precautions
    - ii. Engineering and work practice controls
    - iii. Personal protective equipment
    - iv. Housekeeping
3. Hepatitis B vaccination.
4. Post-exposure evaluation and follow-up.
5. Communication of hazards to employees and training.
6. Record keeping.
7. Procedures for evaluating circumstances surrounding an exposure incident.

### **Methods of Implementation and Control**

#### **Standard Precautions**

All employees will utilize standard precautions when caring for all patients.

#### **Exposure Control Plan**

All employees and contractors will be oriented to the Exposure Control Plan within 10 days of hire.

The Administrator is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures, which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

#### **Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

The specific engineering controls and work practice controls used are listed below:

1. Safety lock syringes (to include insulin syringe)
2. Safety lock needles
3. Safety IN. access devices and connectors
4. Safety blood collection systems
5. Sharps collection system

Sharps disposal containers are inspected and maintained or replaced by BFI Medical Waste every month or whenever month or whenever necessary to prevent overfilling. The Agency identifies the need for changes in engineering control and work practices through reviewing OSHA records and employee interviews.

We evaluate new procedures and new products by putting them into practice after properly trained. The following staff will be involved in this process:

1. Administrator
2. DON/DOPS
3. All department supervisors
4. All staff involved in the use and practice of new procedures and products
5. Supplies administrator

The Administrator and the DON/DOPS will ensure effective implementation of these recommendations.

#### Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by DON/DOPS in the use of the appropriate PPE for the task or procedure employees will perform. (E.g., gloves, gowns, eye protection, etc.)

#### Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of content during handling. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately.

### INFECTION CONTROL AND SAFETY MANAGEMENT

#### THE BAG TECHNIQUE

Most bags have the same basic equipment, with supplemental items for specific procedures carried in either the bag or separate containers. Basically, equipment includes:

1. Paper towels are used to dry hands and create an area to protect the family's environment from the "dirty" outside of the bag and to protect the bag from environment microorganisms and/or allergens. Placing the bag on a paper towel or bed pad helps to prevent cross contamination from one client and/or nurse to another. It may be necessary to establish one area near the bag and running water for hand washing purposes and another near the client's bedside or location where care is provided.
2. Soap in container (cleansing agent). The nurse may use soap in the patient's home, although bar soap can harbor organisms. In some instances, disposable pre-treated soap pads or cloths may be used if there are no running water facilities in the home.
3. Aprons (optional and are usually disposable)
4. Antiseptic wipes are used as a disinfectant for cleaning items (such as BP cuff), prior to returning to the bag (optional is clean, at staff discretion).
5. Paper or plastic bags are used for disposal of waste materials and retrieved/disposal by the appropriated/contracted company. The nurse may use her/his judgement in disposing of materials into suitable waste containers in the home as an alternate method. Any infectious materials such as old dressings, disposable catheters, irrigation bags and plastic tubing are handled carefully, and discarded into appropriate containers. Syringes must be placed in approved containers for disposal and returned to the office for proper disposal, or using an approved Biomedical Waste discard contracted company. Needles are never to be recapped.

#### ASSESSMENT EQUIPMENT

1. Thermometers with disposable sheaths. (It is preferred to use the client's own thermometer in the home).
2. Sphygmomanometer with several sized cuffs for measuring the blood pressure of clients of varying age and size.
3. Stethoscope with bell and diaphragm for measuring blood pressure and auscultation or respiratory, circulatory and other appropriate systems.
4. Plastic-coated or metal tape measure for assessment of heart, chest and length measurements in children and assessment of limbs and joints.
5. Penlight for assessing presence of light reflex in eyes, mouth and nasopharynx, in special instances, transillumination.
6. Otoscope, ophthalmoscope and tongue blades for assessing head and neck (optional).

#### SETTING UP

##### Step One

The bag is placed on a paper towel, bed pad, or Chux on a flat, open and clean as

possible surface. It should be near a sink and kept out of the reach of children and pets. Bags are treated as though the inside is clean, with outside pockets containing paper towels and soap for setting up. The outside of the bag is considered unclean.

#### **Step Two**

If an apron is used, it is put on prior to hand washing. The soap container and several extra paper towels are then removed and placed on the work area. If a paper or plastic bag is to serve for waste, it is opened and set up in a corner of the work area for disposal of used materials. A paper towel is tucked under the arm and soap is placed in one hand. Hands are washed vigorously under running water, rinsed thoroughly and wiped dry with two paper towels, which are then used to turn off the faucets.

#### **Hand washing Technique**

Wet hands, apply soap, rub palm areas of hands together ten times with fingers intermingled, rotate back and forth then times.

Using circular motion around anterior and posterior of both hands ten times. Rinse well. Dry thoroughly. Turn off faucet with paper towels and discard paper towels.

Do not wear finger nail polish at this chips and can constitute another area of contamination.

Clean under nails daily. Keep nails trimmed closely as they harbor bacteria.

#### **Step Three**

After the hands are washed, set waterless cleanser out on barrier, any equipment that is necessary for providing care is removed from the bag. Special procedure sets are set up near client, and appropriate medical or surgical aseptic techniques are instituted. The nurse serves as a role model for the client and family and uses the opportunity for teaching about the prevention of infection. Any time that additional equipment is needed from the bag, hands must be washed again; thus, it is wise to have extra paper towels available on the clean work area in case they are needed.

#### **Step Four**

Assessment and special procedure supplies are placed on the clean or sterile field work areas.

After use, they are washed with soap and water, dried, or wiped with disinfectant such as alcohol, and returned to the bag. Equipment in the home is cleaned, disinfected and stored in closed, protected containers for future use. Materials that can be disinfected by soaking in antiseptic solution or boiled for at least 20 minutes in water can be processed in the home. Some materials can be sterilized by placing them in the oven at 350 degrees for 30 minutes.

The type of equipment, its material, and its purpose define the procedure used for disinfection or sterilization. Disposable plastic and rubber materials can disintegrate and could produce toxic reactions when processed; thus, it is best to check the manufacturers' instructions and discard questionable disposable materials safely, that is, at our Agency rather than in the home. All syringes and needles are discarded in the contaminated supplies box (Sharp Box).

Equipment such as stethoscopes, tape measures, soap containers, are recycled for multi-patient use. Before returning them to the bag, the items are cleaned, and if possible, washed and wiped with alcohol or other disinfectant. If there is suspicion of possible contamination, the item in question is placed in a separate paper or plastic bag and returned to our Agency. The sphygmomanometer is cleaned with an antiseptic agent or wipes, and also would be use a barrier method such as placing a paper towel between cuff and patient's skin as per nurse judgement. It is recommended that very few weeks, the cuff is washed in warm soapy water and dried. At this time the Velcro closure is cleansed of any debris such as lint.

#### **Notes:**

- \* Never Place the Bag on the Floor or Upholstered Furniture
- \* Never Take a Bag into a house with bed bug or insect infestation.
- \* Never take a Bag into a house with MRSA or antibiotic resistant organism.

### **SINGLE USE MEDICAL DEVICES POLICY**

#### **Safety Issues**

- No way to adequately sanitize this device in the field
- Single use devices may not be designed to allow thorough decontamination processes.
- Reprocessing may alter its characteristics and performance may be compromised.
- Single use devices have not undergone extensive testing validation and testing for reuse.

- There may be the potential for cross-infection through design e.g. fine bores of tubes.
- Some materials can absorb certain chemical which can gradually leach from the material over time.
- Chemicals may cause corrosion or changes to the materials of the device.
- The material may experience stress during reuse and may fail stretch or break.
- Inadequately cleaned equipment can carry bacterial endotoxins which remain after bacterial are killed.

Re-use of single use items may then transfer legal liability for that item from the manufacturer to themselves or their employer, unless reprocessing methods have been validated to prove the safety of both the process, and the end product.

**Add all Safety Logs:** Fall Preventions, Adverse Events, High Alert Medications, Infection Prevention Log, Emergency Los, Incident reports.

# EXPERT HOME CARE, INC.

## FIREARM ATTACK (At Work or Client's Home)

### WORKPLACE VIOLENCE, INVASION PROTECTION PLAN

Individual or massive attacks, office invasions, workplace violence, fire arm attacks and robberies may affect our Agency, that violence can happen anywhere, and that a person better be able to protect themselves and their loved ones, because chances are no one else will be there to do it. Our staff are training that one of the most fundamental principles of self-defense is developing an automatic sense of what's happening around us, what kind of situation we're getting ready to walk into, observing possible assailants, and noting avenues of escape and evasion, will help us avoid or extract ourself from most potentially dangerous situations. A lot of it is just plain common sense, and with a little practice will become second-nature.

#### **Tips to protect yourself, patient or coworkers:**

Fight or flee, depending on the situation. Running away should be our first plan, when possible. At 20 feet from the gunman, you're still within a deadly range, but at 40 feet, you're a difficult shot. If he starts to shoot as you're making your escape, try to run in a zigzag or another unpredictable pattern. To escape through an upper-floor window, find a drain pipe or a ledge that can slow your descent or let you slide down part of the way. You'll likely hurt your ankles when you land, so be prepared to break the fall with a quick roll. Protect your body by rolling over one shoulder, diagonally across the back and onto the opposite hip.

If there's no way out, then assess the situation. Most robberies, for instance, end without violence, so it may make sense to cooperate with the gunman. If you're confronted with a determined psychopath, fighting would be a better option.

**Chemical sprays:** these have been around for a long time and are universally carried by law enforcement for non-lethal response, because they work. The products on the market today are more effective than ever, can shoot an incapacitating spray a pretty good distance, and a direct hit will definitely stop most assailants. Just make sure to carry it in a quickly accessible place, not buried in the bottom of a purse or shoulder pack. And keep in mind that if you have to use it in an enclosed space, you might take yourself out too.

If the killer opens fire, you'll want to take cover behind heavy furniture. Hiding is only a temporary strategy, though, since a gunman may plan to kill everybody in a room. You may also playing dead, but if you stay more time on the killer side, you and others may have gone on the offensive.

To disarm a gunman, you'll need to take his focus off his weapon and his plan of attack. To do this, you might throw chairs, laptops, or fire extinguishers at him, or set off the sprinkler system or fire alarm. Then, you'd want to pick up a desk or some other shield and charge right at the killer. There's a chance you'll be killed in the process, but if two or three people rush at once, there's also a chance that somebody will take him down. (Unarmed civilians who band together have a much better chance of surviving an attack.)

If you're already within a step or two of the gunman, you might be able to grab his weapon. If he's facing you, quickly reach up and take hold of the barrel, and then aim it away from your body. The move should be as clean and economical as possible. The gunman will reflexively pull the gun back away from you. Go with him: Keep gripping the gun and push your weight forward. Then, punch him in the face or the throat as hard as you can. Hit him on the nose, jab your fingers into his eyes, or strike him with the heel of your open palm. Then use your free hand to grab the nonbusiness end of the gun. With two hands on the gun, you can knee the killer in the groin or head-butt him. A better idea might be to twist your hands like they are revving a motorcycle engine. The weapon will pivot and break the gunman's finger inside the trigger guard. Sometimes, the best option would be to grab both weapons and hold the gunman off with kicks until another person can help disarm him.



# EXPERT HOME CARE, INC.

## EMERGENCY MEASURES TO HANDLE BELLIGERENT CLIENTS

Procedures to handle unruly, disruptive, abusive, or belligerent clients receiving services.

1. Stay with patient.
2. Never fight back with the patient, be creative and patience.
3. Protect patient from becoming more unstable, try persuasion/supportive techniques.
4. Observe, report and record the following information:
  - a. Where the alteration started. (Before or after services provided)
  - b. The involved party. (It may be just him self, or the entire family)
  - c. Whether the patient lost control during the belligerent episode.
  - d. Health signs (Increased B/P, changes in skin color, language.)
  - e. Respirations (character and rate).
  - f. The belligerent episode and relation to service or employee.
  - g. Self appearance (Dressing/Personal Care).
  - h. How long the belligerent episode lasted.
  - i. Any injury that occurred during the episode, such as a falls, self injury.

(Notify physician immediately)