

TRAINING UPDATE

Lab Location: GEC, SGMC & WOMC
Department: Mgmt &QA

Date Distributed: 2/4/2020
Due Date: 2/28/2020
Implementation: 2/11/2020

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Safety Review List AG.F276.6
Description of change(s):
<ul style="list-style-type: none">• Added prompt for name and ID number• Added instruction for documenting each item• Added WAH OP lab evacuation info• Updated Code Pink for WOMC <p>This revised Form will be implemented on February 11, 2020</p>

Document your compliance with this training update by taking the quiz in the MTS system.

Employee Name: _____ (print legibly) **Emp ID #:** _____

Instructions: Review the following safety related information with the employee during his/her initial hiring orientation (check off or initial items during review). Add any departmental specific items at the end of the form. Sign with the employee at the bottom and keep completed form in the employee's training file.

- ___ Reads and reviews the Lab Safety Manual
- ___ Location of the Safety Data Sheets (SDS), including understanding the requirement that the SDS must be read before the person works with the chemical. Review process to access via phone (1-800-704-9215) or online
- ___ Location of the acid and flammable cabinets, including inventory log and appropriate contents
- ___ Location of the nearest eyewashes and instructions for use
- ___ Trainee correctly demonstrates use of eyewash
- ___ Fire alarms and operator announcements
- ___ Location of the nearest fire alarms switches, and how to use them (i.e. pull them down).
- ___ When a fire occurs:
 - R** Rescue anyone in immediate danger
 - A** Pull the Alarm, call 4444
 - C** Confine – Close all doors
 - E** Extinguish (use good judgment when deciding to fight a fire)
- ___ Location of the nearest fire extinguisher; Steps to use extinguisher:
 - P** Pull the pin
 - A** Aim the extinguisher
 - S** Squeeze the handle
 - S** Sweep
- ___ Two (2) nearest exit routes from the department to the outside of the building
- ___ Perform a fire drill with trainee. Describe evacuation process at the other sites
- ___ Location lab staff is to meet outside of the building during building evacuations (review for all sites)
 - SGMC Lab – tunnel between the hospital and the 9715 building
 - SGMC & WAH OP Lab – exit through main lobby and assemble on main drive with hospital OP staff
 - WOMC – “Shelter in Place” in the event of a fire and continue running if there is an active shooter. If evacuation is required, exit by back (near Materials Mgmt) and gather on surface behind loading dock
 - GEC – the main parking lot
- ___ Location of the nearest first aid kit
- ___ Location of the nearest chemical spill materials, and review instructions
- ___ Location of personal protective equipment (PPE) in the department, how to obtain PPE and when to use:
 1. Gloves
 2. Body Protection (Lab coat)
 3. Face/Eye protection
- ___ Process to clean counters and bench tops before, during and after each shift
- ___ Description of types of waste streams:
 1. Sharps: Must be put into approved sharps containers, do not overfill, close and place in medical waste for disposal.
 2. Chemical: Review department's chemical waste disposal procedures.
 3. Confidential (shredder boxes) - only for non-contaminated paper
 4. Medical (infectious) waste, Special or Other Potentially Infectious Medical (OPIM) waste: Dispose of in red bags. Anything containing or grossly contaminated with biological material; waste that may carry potentially contagious body waste, hazardous or biohazardous material. Special medical waste or OPIM includes all blood and blood grossly contaminated products or items. Grossly contaminated means that blood is dripping or flaking off in significantly visible quantity.
 5. Regular trash: includes gloves, pipette tips, empty urine container (stripped of patient info) and other laboratory waste that is **not** significantly contaminated with blood or body fluids.

Safety Review List

- Germantown Emergency Center
- Shady Grove Medical Center
- White Oak Medical Center

- ___ Process to remove biohazard trash (2/3 full) and location
- ___ Location of empty biohazard boxes / sharps containers
- ___ SGMC Trash room door combination 421#
- ___ Doors to the Department must be kept closed at all times. Do NOT share number lock information with unauthorized personnel.
- ___ Specimen Processing drop-off window must be kept closed at all times.
- ___ Use of the chemical fume hood (if applicable)
- ___ Use of the biological safety cabinet (if applicable)
- ___ Code alerts:

CODE	Description	SGMC Response	WOMC Response
Blue "adult"	Cardiac arrest for adult (8 yrs of age & >35kg)	Call ext 4444	Call ext 4444
Blue "child"	Cardiac arrest for child (3m - 8 yrs of age & <35kg)	Call ext 4444	Call ext 4444
Blue "infant"	Cardiac arrest for infant (birth to 3 months)	Call ext 4444	Call ext 4444
Gold	Bomb threat	Report suspicious packages to Security	
Gray	Elopement	Information only	
Green	Combative Patient	Available males report to unit	
Orange	Haz-Mat Spill or Release	Isolate area to prevent spread. Notify Supervisor and Security.	
Pink	Infant or Child Abduction	Search Lab areas and restrooms, monitor hallways near lab and glass tunnel; stop anyone with infant/child	Search Lab areas and adjacent hall way guard service elevators, public elevators and hallway; stop anyone with infant/child
Purple	Security Only response	Information only	
Red 4444	Fire Emergency	Call ext 4444	
Stork	Birth outside of L&D	Information only	
White	Tornado Warning	Information only	
Yellow	Emergency / Disaster	Mgr/Supvr reports to Command Center, Phlebotomists report to ERD, BB takes blood inventory	
Code 4164	Hospital Alert	Call ext 4161 for detail	
Code 99	Hostage Situation	n/a	Information only

SGMC Departmental Specific for OPL Lab:

- ___ Location of EXIT signs
- ___ Location of the closest Fire alarm pull station (at the hospital registration desk on the same floor)
- ___ Location and Response to the Emergency Call buttons/buzzers in all patient rooms
- ___ Location of key to the patient's restroom and response to the call button

Other Departmental specific safety items

Employee Signature _____ Date _____ Supervisor _____ Date _____