

QUALITY POLICY 10 FACILITIES AND SAFETY

- St. Joseph Medical Center Tacoma, WA
- St. Clare Hospital Lakewood, WA
- St. Elizabeth Hospital Enumclaw, WA
- St. Francis Hospital Federal Way, WA
- St. Anthony Hospital Gig Harbor, WA
- PSC

PURPOSE

To describe the policies, processes, and procedures used by the Franciscan Health System Laboratory to ensure the provision of safe and adequate environmental conditions in the laboratory for FHS employees and patients.

REGULATORY COMPLIANCE

Safety programs are designed to meet local, state, and federal regulations, as applicable. Mechanisms used to assure that the lab remains up to date on new regulatory requirements are:

- FHS Chief Safety and Regulatory Officer
- CAP, CMS, Washington State Department of Health/Lab Quality Assurance, Joint Commission websites, electronic updates, and mailings
- Organizational listservs: i.e., H2E, Joint Commission,
- Local Hazardous materials management network organization (MIRT) educational meetings and emails.

FACILITIES POLICIES

The FHS Laboratory adheres to the institutional Facilities policies of the Franciscan Health System, which include:

- Investigation and Reporting of Medical Device Adverse Events
- Air Quality Management Plan
- Smoking Policy
- Utilities Management Plan
- Utility Failures, Response to
- Hazardous Spill Policy
- Ergonomic Policy
- Noise Policy
- Emergency fire, disaster, and evacuation plans
- Environmental and Infection Prevention Surveillance programs
- Infectious Waste Management

SAFETY POLICIES

The FHS laboratory safety program is defined in the Safety manual. It consists of the following:

- Safety orientation and training at hire
- Annual safety competency assessment at Skills Day
- Documentation of training and competency
- Ready access to FHS Safety Manual and procedures
- Chemical Hygiene Plan review and Hazardous Waste/Right-to-Know Communication
- Blood borne Pathogen Exposure Plan
- Infection Exposure and Control Plan
- Medical Consultation and Accident Reporting
- All FHS laboratory employee accidents tracked/trended to prevent reoccurrences
- Laboratory Emergency fire, disaster, and evacuation plans

Hazardous Waste Reduction-Chemical

Franciscan Health System participates in the H2E program which acknowledges the role of hospitals in creating hazardous and infectious waste, and educates on proper disposal and recycling options. FHS policy actively promotes the reduction and /or replacement of hazardous chemicals with less hazardous or non-toxic substitutes within hospitals.

- FHS facility processes are in place for proper collection and disposal of chemical and laboratory stain waste.
- Recycling opportunities are taken advantage of whenever possible. i.e., plastic, paper, formalin.
- Lab chemical storage procedures reduce the likelihood that hazardous waste will enter the sewer system as a result of a spill, or create hazardous conditions due to cross-reactivity.

Hazardous Waste Reduction- Infectious

Franciscan Health System is committed to reducing the amount of biohazardous (infectious) waste that is generated for disposal in all departments. FHS Laboratory participates in this effort by training for and enforcing proper waste segregation, and through the regional laboratory use of the Biosystems sharps recycling program.

- Lab Staff are trained on proper disposal guidelines for infectious and non-infectious materials at lab orientation, and annually
- *Biosystems* sterilizes and recycles plastic sharps containers throughout the lab to reduced infectious waste sent to a landfill, as well as to prevent sharps injuries do to over-full containers.

Material Safety Data sheets and Online SDS Program

All chemicals used in the laboratory have an Safety Data Sheet that is part of an electronic database (3E) that is available on the FHS Intranet, by phone, or by email, to all staff.

- A chemical inventory is performed annually using 3E
- Updates to the lab SDS database are made by the Laboratory Regulatory Manager.
- 3E provides 24/7 access to expert assistance for emergencies involving FHS chemical incidents via phone call or email if the intranet is not functioning. Phone numbers for 3E are posted on safety bulletin boards and on most phones throughout FHS laboratories. Instant messaging access is also available
- 29 CFR 1910.1450 and appendices are available to all staff as an internet link on the laboratory web portal.

SURVEILLANCE MECHANISMS

Environmental Safety Surveillance

FHS Laboratory participates in semi-annual environmental surveillance audits that monitor for compliance with FHS hospital safety measures, such as:

- Monitoring for clear passageway to assure exit pathways are clear.
- Proper inventory storage: Inventory should not be stored directly on the floor or within 18 inches of the ceiling.
- Work area should be adequate in space and uncluttered.
- Equipment and the lab environment should be in good repair; or have work orders for repairs placed at the time of the survey.
- Staff interview for knowledge of FHS safety, emergency, and infection prevention protocols.

Infection Prevention (IP) Rounding

FHS Laboratory participates in infection prevention surveillance audits three times per year that monitor for compliance with IP measures, such as:

- Storage and proper signage for contaminated items
- Evidence of water infiltration/damage
- Eyewash testing schedules
- Ceiling penetrations
- Proper chemical labeling and storage
- Staff interviews for knowledge of FHS IP practices.

MAINTENANCE OF FACILITY

Department Equipment Maintenance

Individual departments are responsible for maintaining their work environment.

- Electrical safety checks are performed on new equipment by Clinical Engineering.
- All laboratory instruments and appliances are adequately grounded and checked for current leakage before initial use, after repair or modification, and when a problem is suspected.
- Equipment will have maintenance schedules as indicated by the manufacturer.
- When repairs are needed in the department, a facilities work order is placed via the intranet to maintain a safe environment.
- FHS Biomed department or individual vendors are notified when non-scheduled equipment repairs are required.
- Any equipment that is not functioning and may pose a hazard is properly tagged to prevent use on a patient or injury to an employee.
- Disinfection schedule for specific departments are defined.

Temperature and Humidity

FHS Facilities ensures that temperature and humidity is adequately controlled in all seasons to assure that patient testing equipment and supplies are maintained in appropriate environmental conditions.

- When there are environmental humidity or temperature constraints in specific testing areas, there are monitors for acceptable conditions in place.

SAFETY COMMUNICATION

Hospital Safety Committee and Employee and Patient Safety Hotlines

- Safe work practices for FHS are reviewed monthly at the site based safety meetings.
- Committee minutes are made available and posted for staff review in “off-stage” areas.
- Staff is encouraged to communicate safety issues to their representative on the site-based hospital safety committee, so that concerns can be brought forward for resolution.
- Environment of Care issues are documented by staff on a Quality Improvement Monitoring (QIM) tool or through FHS IRIS, and investigated for corrective action. QIMs are tracked through the normal process improvement process.
- All employees are encouraged to use the chain-of-command to address employee or patient safety issues.
- All employees have access to, and are encouraged to use the FHS Patient Safety Hotline (127-6289) for patient or employee safety issues where they may leave recorded messages regarding safety issues.

- All employees have access to the posted Joint Commission hotline and CAP hotline so that they may leave messages regarding patient safety, employee safety, or test quality concerns.

PROCESS IMPROVEMENT

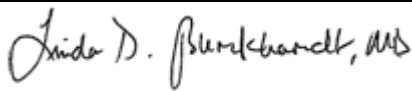
The use of the QIM is encouraged as the primary mode of communicating safety concerns in the lab. Corrective action to QIMs regarding the environment of care, are evaluated for opportunities to make improvements to the work environment.

ANNUAL REVIEW FOR EFFECTIVENESS

Effectiveness of the Safety Program and the Chemical Hygiene Plan are reviewed for effectiveness annually by the laboratory management team as part of the Annual Review of the Safety Plan. Any changes in focus or corrective action to the Safety program based on the previous year of employee incident reports are discussed at this time.

REFERENCE

FHS Policy 516- New Equipment- Inventory, Inspection, and Training

DOCUMENT APPROVAL Purpose of Document / Reason for Change:			
Added detail of electrical safety checks performed by Clinical Engineering, and referenced FHS policy 516. (CAP -corrected on site)			
<input checked="" type="checkbox"/> No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.			
Committee Approval Date	<input checked="" type="checkbox"/> Date: 9/17/13 <input type="checkbox"/> N/A – revision of department-specific document which is used at only one facility	Medical Director Approval (Electronic Signature)	 9/26/13