

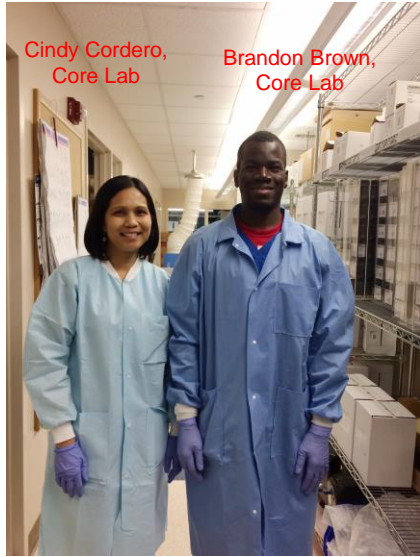
Laboratory Safety Orientation and Training

Department of Pathology and Genomic Medicine

Created 5/25/2017, Version 1



Department of Pathology and Genomic Medicine Laboratory Safety Orientation Safety Officers

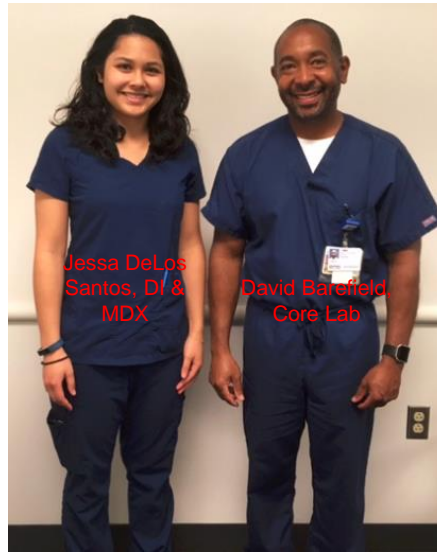


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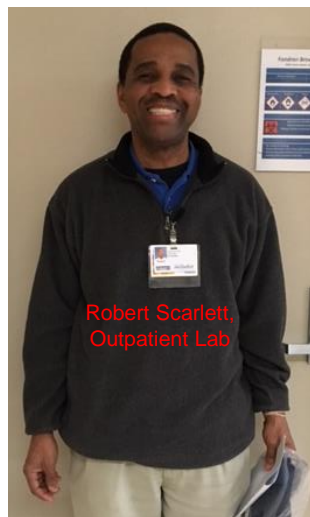
Deby Cornelius,
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Committee



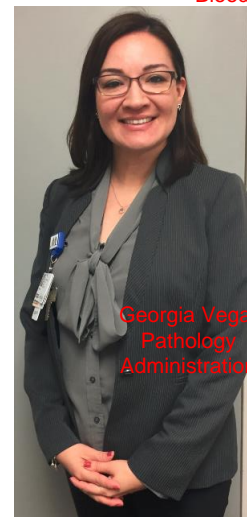
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Core Lab



Georgia Vega,
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LaQuinta
Vonner

- Safety standard operating procedures to read
 - Sharepoint link: [safety procedures](#)

✓	 Name	Last Modified	Modified By	Approval Status
	 HMHLAB054 Bloodborne pathogen Policy	... July 25, 2016	<input type="checkbox"/> Henry, Greg	Approved
	 LAB 020 Emergency Preparedness Plan	... March 21	<input type="checkbox"/> Vega, Georgia A.	Approved
	 LAB 021 Fire Plan	... March 21	<input type="checkbox"/> Vega, Georgia A.	Approved
	 LAB 022 Attachment - Carcinogens, Reproductive Toxins and Acute Toxins	... December 30, 2015	<input type="checkbox"/> Hinojosa, Manuel M.	Approved
	 LAB 022 Hazardous Chemicals	... March 21	<input type="checkbox"/> Vega, Georgia A.	Approved
	 LAB 050 Latex Allergy Policy	... March 21	<input type="checkbox"/> Vega, Georgia A.	Approved
	 LAB_040_Ergonomics_and_Indoor_Air_Quality	... March 21	<input type="checkbox"/> Vega, Georgia A.	Approved
	 Lab032 LAB ultraviolet policy	... March 21	<input type="checkbox"/> Vega, Georgia A.	Approved

- Intranet link:

<http://www.tmh.tmc.edu/dept/Safety/home.htm>

ENVIRONMENTAL SAFETY

[Contact Us](#)
[Forms](#)
[Management Plans](#)

EMERGENCY INFORMATION

[Emergency Guide \(Yellow Book\)](#)

EHS PROGRAMS

[Emergency Management](#)
[Environmental Protection](#)
[Fire & Life Safety](#)
[Lab Safety](#)
[Occupational Safety & Hygiene](#)
[Respiratory Protection](#)

OTHER

[Safety Committees](#)

Environmental Health & Safety

Safety News & Announcements

News & Announcements

2016 Emergency Preparedness

Announcement: 4-14-16

[Here](#) is the first official prediction for the 2016 Hurricane Season.

Safety Notes

- [Hazard Communications Standard Summary](#)
- [3E Online Chemical Portal \(formerly, Workplace Chemical List\)](#)

- Link to access this guide on the intranet:
- http://www.tmh.tmc.edu/dept/Safety/Emergency_Guide_Index.htm
- Why is this book useful?
 - Useful as a reference for many different scenarios.
 - Eg. Your co-worker Mary is complaining of heart pain and suddenly falls. What do you do? Refer to the cardiac arrest section of the yellow book.
- Location – refer to your specific safety representative.



Emergency Code Name	Emergency Code Meaning
Red	Fire
Blue	Cardiac Arrest
Pink	Infant/Child Abduction
Orange	Bomb Threat
Purple	Security Needed
Yellow	Disaster
Silver	Active Shooter
Grey	Severe Weather
Gold	Accreditation

- Procedure: [LAB020](#)
- Employee's role in the event of a disaster
 - Lab section specific
 - Refer to your manager for your role in the event of a disaster.
- What is Ride out versus Recovery?
 - Ride out team: According to each lab section's staffing needs, this team comes prepared to stay for the duration of the incident or until released.
 - Recovery team: Those not on the ride out team come to relieve the recovery team.
 - Periodically call into Employee Disaster Information line, **713-441-6733**, for updates

- [Link to the HMH Emergency Management Plan](#)
- [Link to LAB020 Emergency Preparedness Plan](#)
- Scenarios
 - Fire
 - Mass Casualty
 - Bomb threat
 - Active Shooter
 - Bioterrorism

- Liquid impervious lab coats
- Nitrile gloves (latex free)
- Face shields
- Goggles/Safety glasses
- Gooseneck safety shield with magnetic base
- Fume hoods
- Biosafety cabinets
 - BSL2
 - BSL3 (microbiology only)
- Powered air purifying respirator (PAPR)

- Protection from:
 - Exposures
 - Splashes
 - Cuts
- That can lead to:
 - Blood borne pathogen exposure
 - Infectious aerosols
 - Infectious pathogens
 - Skin, eye or face injury

- Why is hand washing important?
 - It is one of the most important steps in prevention of spreading pathogens to other surfaces in the hospital, hospital acquired infections and food contamination. Proper hand washing technique removes infectious organisms present on the hands.



[Link to Hand Hygiene Policy](#)

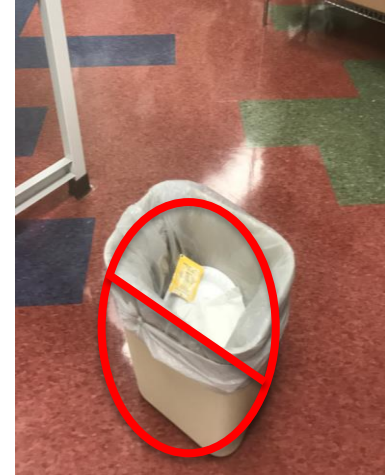
- Why is it important to remove gloves before touching door handles?
 - To prevent the spread of infectious fluids or blood borne pathogens to colleagues, patients and visitors.
- Eating, drinking, smoking, handling contact lenses, applying cosmetics and storing food for human use are not permitted in the laboratory work areas.



- **Do not dispose of empty cups or food trash in lab work areas.**
 - This is a HMH policy and best practice that eliminates the question of whether or not our team is following the no eating or drinking in the work area policy.

- **Dirty lab coats or other personal protective equipment may not be worn outside of the laboratory.**

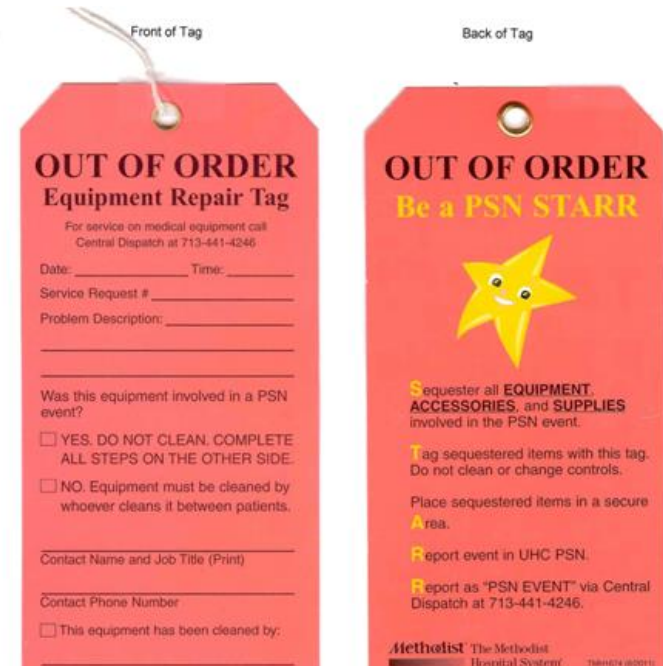
- **Supplies must be stored at least 4” off the floor.**
 - This is to allow adequate clearance for the floors underneath to be kept clean and free of pests.



Equipment Problems

- Biomed is responsible for the maintenance and repair of all medical equipment.
- When there is a problem with medical equipment, biomed needs to be notified.
- A service request can be made on the intranet under “Frequently Accessed Pages” or call 713-441-4246 Central Dispatch.

PSN STARR TAG



Houston Methodist Texas
Center

Houston Methodist The
Woodlands Hospital

Houston Methodist
Hospital

Houston Methodist
Willowbrook Hospital

CENTERS OF EXCELLENCE

Methodist Bone and Joint
Center

Methodist Cancer Center

Frequently Accessed Pages

Select from list, click "go"

MARS

3E Chemical Portal (SDS Access)

Amcom Paging

Biomed Request for Service

Biomedical Ethics

BP Compliance Reference

Career Opportunities

Check Request Form

Checkpoint Temperature Monitoring (HMH)

Chem SW (Research Institute Only)

ConferenceCenterSrvs(AV,Food,Room)

Education Center

Emergency Wireless (Alphabetic)

Go!

Education Office

ICD-10 Knowledge Center

Medicare PCA Autocode

Method Knowledge Center

Methodistdocs/Physician Portal

MPOD

Nursing

Online Patient Registration

Patient Education Info

PSN/Safety Intelligence

Equipment Problems

- PSN STARR tag:
 - Date and time of the request
 - Service request number which will be provided by Central Dispatch or intranet request.
 - A description of the problem.
 - If the equipment was involved in a PSN.
 - Name, title and contact number of the person making the request.
 - Equipment has been cleaned and by whom.

PSN STARR TAG

The image shows two views of a red PSN STARR tag. The front view (left) is titled 'Front of Tag' and contains the following text: 'OUT OF ORDER Equipment Repair Tag', 'For service on medical equipment call Central Dispatch at 713-441-4246', 'Date: _____ Time: _____', 'Service Request # _____', 'Problem Description: _____', 'Was this equipment involved in a PSN event?', two checkboxes for 'YES' and 'NO' with instructions, 'Contact Name and Job Title (Print) _____', 'Contact Phone Number _____', and a checkbox for 'This equipment has been cleaned by: _____'. The back view (right) is titled 'Back of Tag' and contains: 'OUT OF ORDER Be a PSN STARR' with a yellow star logo, instructions to sequester equipment and report the event, and the Methodist Hospital System logo at the bottom.

Front of Tag

Back of Tag

OUT OF ORDER
Equipment Repair Tag

For service on medical equipment call
Central Dispatch at 713-441-4246

Date: _____ Time: _____

Service Request # _____

Problem Description: _____

Was this equipment involved in a PSN event?

YES. DO NOT CLEAN. COMPLETE ALL STEPS ON THE OTHER SIDE.

NO. Equipment must be cleaned by whoever cleans it between patients.

Contact Name and Job Title (Print) _____

Contact Phone Number _____

This equipment has been cleaned by: _____

OUT OF ORDER
Be a PSN STARR

Sequester all **EQUIPMENT, ACCESSORIES, and SUPPLIES** involved in the PSN event.

Tag sequestered items with this tag. Do not clean or change controls.

Place sequestered items in a secure **A**rea.

Report event in UHC PSN.

Report as "PSN EVENT" via Central Dispatch at 713-441-4246.

Methodist The Methodist Hospital System

Equipment Problems

- If the equipment has been involved in a PSN event, the equipment should not be cleaned and none of the controls or settings should be changed. Notify supervisor of PSN event.

PSN STARR TAG

Front of Tag

Back of Tag

OUT OF ORDER
Equipment Repair Tag


For service on medical equipment call
Central Dispatch at 713-441-4246

Date: _____ Time: _____
Service Request # _____
Problem Description: _____

Was this equipment involved in a PSN event?
 YES. DO NOT CLEAN. COMPLETE ALL STEPS ON THE OTHER SIDE.
 NO. Equipment must be cleaned by whoever cleans it between patients.

Contact Name and Job Title (Print) _____
Contact Phone Number _____
 This equipment has been cleaned by: _____

OUT OF ORDER
Be a PSN STARR



Sequester all **EQUIPMENT, ACCESSORIES, and SUPPLIES** involved in the PSN event.
Tag sequestered items with this tag. Do not clean or change controls.
Place sequestered items in a secure **A**rea.
Report event in UHC PSN.
Report as "PSN EVENT" via Central Dispatch at 713-441-4246.

Methodist The Methodist
Hospital System

Red Outlets



- These outlets provide emergency power by generator. It takes 15-30 seconds to switch to generator power.

- **Fire Sprinkler 18-inch rule**

- The purpose of the “18-inch rule” is to prevent storage or any other obstruction from interfering with the spray of water from a sprinkler head during a fire.

- **Hallway Clearance**

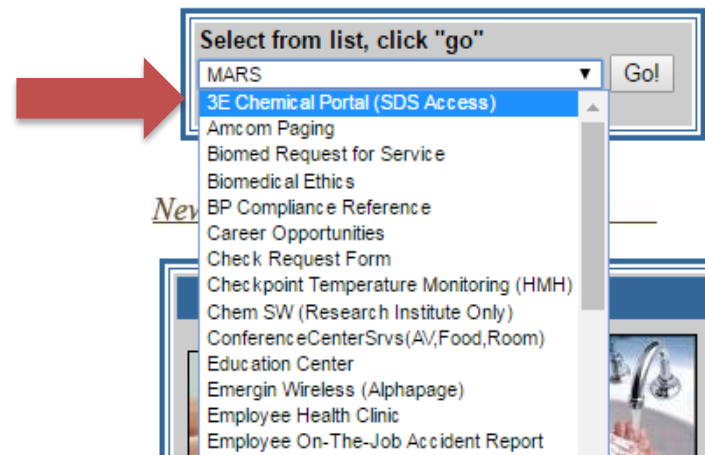
- Limited items located in the hallway, should be on one side and mobile.

- What is 3E SDS Online?

- Online chemical search portal
- Where the workplace chemical list is located

- How do I access 3E SDS Online or SDS sheets?

- HM intranet home page frequently accessed pages menu *Frequently Accessed Pages*



- Call 1-800-451-8346.
 - All lab phones should have a sticker with this phone number.

Prevention

Prevention is the key to ensure a healthy and safe work environment. The following tips can help in prevention of spills.

- Do **not** over fill the containers
- Secure lid at **all** times
- Chemicals are to be kept in the biohazard safety cabinet and **never** stored on the floor.
- Hazardous chemicals outside of flammable or chemical cabinets must be stored in a secondary container.

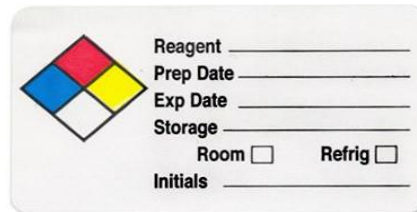


Cleaning Up Spills

- Contain and absorb **small spills** with appropriate absorbent. Discard in red biohazard bag.
- For **large spills** that you can't clean yourself, isolate and notify the Call Center at **713.441.4246** or ext. **14246**
- Please refer to Yellow Book for any additional questions.



NFPA labels

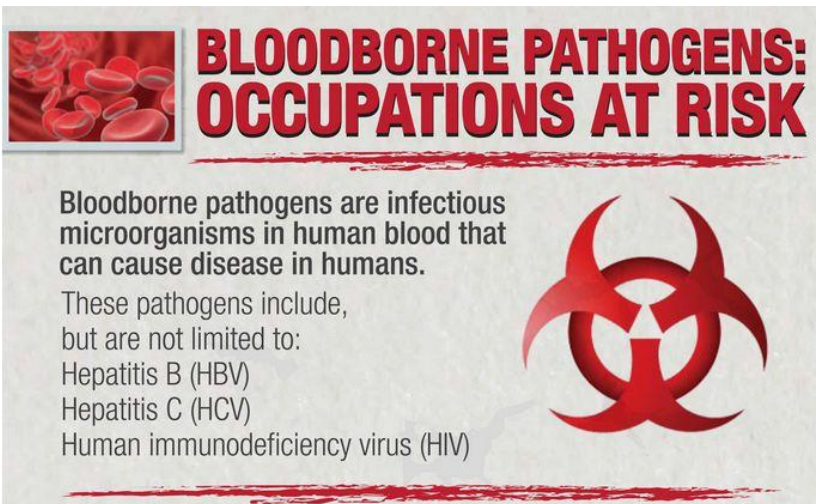


A diamond-shaped hazard label template with four colored quadrants: red (top), blue (left), yellow (right), and white (bottom). To the right of the diamond is a form with the following fields: Reagent _____, Prep Date _____, Exp Date _____, Storage _____, Room Refrig , and Initials _____.

- Diamond shaped label used by the laboratory to quickly and easily identify the risks posed by hazardous materials. This helps determine what, if any, special equipment should be used, procedures followed or precautions taken during the initial stages of an emergency response.
- This information can also be found on the 3E Online on the hospital intranet page.

- Link to policy tech IC40 Exposure control plan
(<http://hhvappdcsp01/dotNet/documents/?docid=25181&LinkedFromInsertedLink=true>)
- Infection control cell phone (713-441-1391)
- After 4:00 pm please contact Infection Control at 713-404-7106 pager or 713-306-7848 cell)

- During EHC hours
 - Employee goes directly to Clinic
- After hours
 - Employee notifies (TIC, Chief Tech, MGMT, Director or Medical Director)
 - Infection Control notified, Employee goes to ED
 - Blood is collected and tested
 - Employee follows up with EHC next business day
- Obtaining Source blood
 - During EHC hours; Clinic is responsible
 - After hours; Infection Control, Operations Admin or Nurse on floor collect blood
- How to remain Confidential during after hours
 - Refuse ED draw; Report to EHC next business day



**BLOODBORNE PATHOGENS:
OCCUPATIONS AT RISK**











Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans.

These pathogens include, but are not limited to:
Hepatitis B (HBV)
Hepatitis C (HCV)
Human immunodeficiency virus (HIV)

- Eye Wash systems
 - Weekly maintenance check required
 - Documented by each laboratory section
- Emergency Showers
 - Monthly maintenance check required
 - Documented by FMS

Fire Classification

Know How To Handle It

Classes Of Fires	Types Of Fires	Picture Symbol	Extinguisher
	Wood, paper, cloth, trash and other ordinary materials.		<ul style="list-style-type: none">WaterFoam SprayABC PowderWet Chemical
	Gasoline, oil, paint and other flammable liquids		<ul style="list-style-type: none">Foam SprayABC PowderCarbon Dioxide
	May be used on fires involving live electrical equipment without danger to the operator		<ul style="list-style-type: none">ABC Powder
	Combustible metals and combustible metal alloys		<ul style="list-style-type: none">ABC PowderCarbon Dioxide
	Cooking media (Vegetable or Animal Oils and Fats)		<ul style="list-style-type: none">Wet Chemical

Steps to dealing with a fire

A. Is there visible smoke or fire?

Activate (R-A-C-E) by pulling the nearest accessible fire pull station

Alarm:

- 1) Decide to Fight or Flee
- 2) From a safe location call either the:
 - 1) Fire Operator (Code Red):
713-790-3300
 - 2) Or the Fire Department: 9-911

Contain: Close all the doors

Extinguish or Evacuate: Choose the correct extinguisher (if fighting the fire).

B. Burning Smell, but no smoke?

Notify Security at 713-441-9511



R



Rescue
anyone in immediate danger of the fire.



A



Alarm
Activate the nearest fire alarm **and** call your fire response telephone number.



C



Contain
fire by closing all doors in the fire area



E



Extinguish
small fires. If the fire cannot be extinguished, leave the area and close the door.

You should know:

- ➔ Locations of nearest fire extinguishers and alarm pull boxes
- ➔ The fire location - room number and building
- ➔ All fire exits in your work area

How to properly operate a Fire Extinguisher



P



Pull
the pin, release a lock latch or press a puncture lever.



A



Aim
the extinguisher at the base of the fire.



S



Squeeze
the handle of the fire extinguisher.



S



Sweep
from side-to-side at the base of the flame.

Know your evacuation routes and meeting points!

- Core Laboratory - The Tech-in-Charge, Chief Tech, Specialist and/or Manager is responsible for checking the hallways for fire and reporting the status to the staff in the laboratory. If evacuation is indicated, the staff will exit the lab at the nearest exit and meet at place of refuge (The Commons Waterfall on Bertner Street). The staff will remain at the place of refuge until notified of "all clear".
- HLA Laboratory - The safety representative and/or designee is responsible for checking the hallways for fire and reporting the status to the staff in the laboratory. If evacuation is indicated, the staff will exit the lab at the nearest exit and meet at place of refuge (Crane Garden). The staff will remain at the place of refuge until notified of "all clear".
- Diagnostic Immunology and Flow Laboratory - The safety representative and/or designee will check the area and notify the staff of the situation. If evacuation is indicated, the staff will exit the lab at the nearest exit and meet at place of refuge (Crane Garden). The staff will remain at the place of refuge until notified of "all clear".
- Cytology /Histology- The staff evacuate the area to the place of refuge (ground level between TMH and garage 1). The staff will remain at the place of refuge until notified of "all clear".
- LMIS and Administration - The staff evacuate the area to the place of refuge (ground level between Fondren-Brown and Neurosensory Center). The staff will remain at the place of refuge until notified of "all clear".
- Smith 5 Out Patient Laboratory - The staff and patients evacuate the area and meet by the stairwell (place of refuge) and wait for further instructions. A staff member checks all draw rooms, bathrooms and waiting area to make sure that all has been evacuated. The staff will remain at the place of refuge until notified of "all clear".
- Blood Bank - The Manager or designee (coordinator or specialist) is responsible for checking the hallways for fire and reporting the status to the staff in the laboratory. If evacuation is indicated, the staff will exit the lab at the nearest exit and meet at place of refuge (The Commons Waterfall on Bertner Street). The staff will remain at the place of refuge until notified of "all clear".
- Microbiology - The staff will evacuate the area and report to the place of refuge (The Patio on Fannin St.). The staff will remain at the place of refuge until notified of "all clear".
- Anatomical Pathology - The staff will evacuate the area to the place of refuge (between Garage 1 and the main building). The staff will remain at the place of refuge until notified of "all clear".
- Main 9 – If evacuation is necessary, the staff will proceed to the place of refuge (Crain Garden) until the "all clear" is given.
- Blood Donor Center and Lab Administration – the staff will evacuate to the area north of the Brown Building and meet in the Neurosensory Building exterior crosswalk. The staff will remain at the place of refuge until notified of "all clear".
- OPC Rapid Response Lab and Frozen Lab – Will leave the lab and wait by the stairwell for further instructions. If evacuation is necessary, then they will go down the stairs and meet at the corner of Main and Freeman on the walking trail.

- Medical gas cylinders should be kept in an appropriately secured containment, upright, dry and in a clean condition.
- Should the location of emergency oxygen shut off be identified and communicated to departmental staff?
 - In the event of an emergency, only trained staff within HMH can turn off the medical gases and only if it is safe to do so.

- Houston Methodist Hospital requires power strips that have a circuit breaker.
- List of approved power strips.
 - Tripp-Lite PS-602-HG
 - Tripp-Lite PS-606-HG
 - Tripp-Lite PS-615-HG
 - Leviton 5300-HTS (surge protected)
 - Leviton 5300-H15 (surge protected)
 - Leviton 5300-HT2 (surge protected)
- Extension cords shall not be substituted as permanent wiring.
- Power strips cannot be daisy chained.



All Biohazardous containers must be properly labeled in accordance with HMH waste management procedures

Biohazard Bins

- A. Place 2 red Bio-Check Incineration bags in a biohazard bin and pour one bottle of the adsorbent material Isolyser Iso-Quick into the bin



- B. Medical Waste that **SHOULD** go in Biohazard Bins:

All used gloves	All PPE
Saturated bandages	Blood-saturated items
Saturated gauze	Visibly bloody plastic tubing,
Saturated bandages	Closed disposable sharps containers

- C. **NEVER** put the following items in the red incineration bags:

Medication	Garbage
Loose sharps	Radioactive waste
Batteries	Hazardous & chemical waste
Compressed gas cylinders	Fixatives & preservatives

- D. Never overfill the incineration bags. Only fill three quarters full.
*For specific workstations that discard heavy biohazardous waste, the fill line will be adjusted to a lower level (2/3 or 1/2 full).
- E. Tie off the top of Bio-Check Incineration bags when full.
- F. Close the gray biohazard bin.
- G. For the Core Lab, deliver the gray biohazard bin to room D214
- H. For other labs, call dispatch at 713-441-4246 to pick up biohazard bins.
- I. Phone dispatch at 713-441-4246 to request more gray biohazard bins or Bio-Check Incineration Bags.

- What is appropriate to discard in sharps containers?

- All supplies with needles
- Disposable scalpels
- Glass slides
- Broken glass tubes
- Plastic pipette tips



- Sharps containers are **never** to be overfilled
- All lab sections are on a weekly replacement schedule but if many sharps containers are full:

- Call dispatch at 713-441-4246 to request sharps container replacement



- **Corridor Etiquette**

“Clear hallway is a safe hallway”

-There is unobstructed egress of at least 4 feet from one end of the area to the other.

-Equipment or other objects do not block life safety systems such as: fire extinguishers, pull stations, fire exits, fire doors, medical gas shut off valves.

- **Decoration Safety**

- Christmas tree are to be artificial and flame resistant.
- No lit candles, open flames, or spark producing devices are to be used as decorations.
- Electric lights or decorations are acceptable only if they are labeled with a U.L. or F.M. approval.
- Do not install any decorations within 18 inches of the ceiling.

AABB Accreditation

- **Facilities and Safety**
 - The BB/TS shall have policies, processes, and procedures to ensure the provision of safe environmental conditions.
 - The facilities shall be suitable for the activities performed
 - Safety programs shall meet local, state, and federal regulations, where applicable.
- **Safe Environment**
 - The BB/TS shall have processes to minimize and respond to environmentally related risks to the health and safety of employees, donors, volunteers, patients, and visitors.
 - Suitable quarters, environment, and equipment shall be available to maintain safe operation
- **Biological, Chemical, and Radiation Safety**
 - The BB/TS shall have a process for monitoring adherence to biological, chemical, and radiation safety standards and regulations, where applicable
- **Discard of Blood, Components, Tissue, and Derivatives**
 - Blood, blood components, tissue, and derivatives shall be handled and discarded in a manner that minimizes the potential for human exposure to infectious agents



ASHI Accreditation

- According to OSHA, all of the US labs are required to have access to updated MSDS Manual.
 - There is a yellow sticker on every phone in the lab that contain the phone numbers of SDS. Whenever anyone have question on certain chemical, they can call the number and have the data, fax, e-mail, or read it over for you by the phone
 - The Data is also available on the Houston Methodist Hospital Intranet
- Training programs that review the safety requirements for “blood-borne pathogens” including use of personal protective equipment will be provided in the Safety orientation that given to all of the new employees and visitors.
 - It is very important to don the PPE while collecting, transport, storage, and handling of blood and tissue specimens
- All labs must have a policy that describes its plan to respond to an internal and external disaster’s impact on laboratory operation
 - It is recommended the lab to develop one or more written agreements with outside laboratories capable of accepting transferred tests in the event of an internal or external disaster.
- During the natural disaster, all labs need to make sure the emergency power supplies are available for the essential testing equipment and freezers to keep the lab work going
- The laboratory’s floor plan and traffic flow must ensure that amplified material cannot be return to a pre-amplification area
 - Everyone needs to use the **dedicated** lab coats, gloves and disposable supplies in the pre-amplification area.
 - It is also very important to know the PPE that were used in the pre-amplification area do not be taken to the post area and vise versa.
 - All of these are to ensure our own safety to the exposure to the specimens and avoiding cross contamination
- All of the laboratories are required to establish and follow a written policy to ensure the confidentiality of the patient record
- Test results must be released only to authorized persons and the individual for using the test results and/or to the laboratory that initially requested the test
 - This is a big part of patient safety that us the staff have to follow

CAP Accreditation

- Safety procedures have to be posted or available for all employees.
- All laboratories injuries and accidents need to be documented and report to Occupational Safety and Health (OSHA)
- Accredited labs must have automatic fire extinguishing system and fire doors closing when fire occur
- Visual alarm system must be available for the hearing-impaired staff
- Fire drills must be performed with all of the lab staff participating once a year
- All laboratory equipment and devices need to be grounded and checked before first time using, after modification and repair
- Every chemicals in the lab need to be listed and documented. Material Safety Data Sheet (MSDS) have to contain information for each chemical
- MSDS must be available to all of the laboratory staff at all times in any format
- Personal Protective Equipment (PPE) must be provided and worn whenever using the chemicals.
- Universal Precaution: OSHA requires all laboratory staff to be educated on the importance of wearing PPE while handling the patient specimens.
- The Environmental Protection Agency regulates and requires all of the bio hazardous waste must be either incinerated or disinfected appropriately before transported to the proper disposal place
- All sharp waste should be discarded in the sharp containers with the lid tightly seal around it
- Sets of guidelines and policies must be available in the event such as fire, electrical outage, or any other natural disaster
- In the policies and procedure, they are required to have a section that pointed the need of the laboratory as well as the evacuation plan for all of the laboratory staff, patients, visitors, and the people with disability.

DNV Accreditation

- The organization shall have a means for establishing clear expectations for identifying and detecting the prevalence and severity of incidents that impact or threaten patient safety. This shall include medical errors and adverse patient events
- Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.
- All supplies should be stored and maintain properly to ensure their safety (*protection against theft or damage, contamination, or deterioration*), as well as that the storage practices do not violate fire codes or otherwise endanger patients (*storage of flammables, blocking passageways, storage of contaminated or dangerous materials, safe storage practices for poisons, etc.*).
- *All equipment must be inspected and tested for performance and safety before initial use and after major repairs or upgrades.*
- *All equipment must be inspected, tested, and maintained to ensure their safety, availability and reliability.*



- Why is document control important?
 - To ensure all procedures and posted documents are up to date and do not contribute to near misses, patient safety events or employee accidents.
- All procedures and policies are in:
 - Sharepoint for laboratory specific procedures and policies.
 - Policy tech for all other hospital department procedures and policies.
- Posted documents contain:
 - HMH document control sticker or
 - Six required DNV elements
 - Hospital name or logo
 - Department name
 - Document title
 - Creation date
 - Version number
 - Page numbers (if 2+ pages long)



Our mission is to establish a safe and health conscious working environment by providing leadership and encouragement to make safety and health a top priority.



The best way to prevent an accident.



What can we do?

- Wear appropriate safety equipment
- Communication makes us a stronger team
- Participate in all safety training and drills
- Share safety suggestions with your supervisor, manager or director
- If you see something, say something

*Safety Starts
With
YOU!*



HOUSTON
Methodist[®]
LEADING MEDICINE