

**UC Davis Health
Sacramento, CA
Department of Pathology and Laboratory Medicine**

Safety Self Inspections

Administrative Procedure 390.A

PURPOSE:

To establish a procedure for regular review of the work environment safety and work related safety practices.

PROCEDURE:

- A. Each Laboratory and Pathology Section should use the following Safety Self-Inspection Checklist Guide to complete the *UCDH Safety Coordinator Self-Inspection Checklist* (see link- <http://intranet.ucdmc.ucdavis.edu/safety/os/pdfs/07%20-%20Sample%20Self%20Inspection%20Checklist%20rev%2009-23-2016.doc>)
- B. Safety Checklists are to be completed twice a year, March and September.
- C. Section Supervisor will verify the Action Required section is complete.
- D. Section Supervisor will send completed checklists to the Quality Assurance (QA) Section; QA will forward to appropriate Safety Representatives.
- E. In addition to this bi-annual assessment by laboratory staff, CLIA Laboratory Director will perform an annual on-site assessment of the physical and environmental conditions of the Laboratory. This on-site assessment will be documented on the *UCDH Safety Coordinator Self-inspection Checklist*.
- F. Completed Safety Lists are maintained in the QA Section and on shared drive:
S:\APS\ClinLab\SAFETY\Safety Self-Inspections\Year- Month folder

SAFETY SELF-INSPECTION CHECKLIST GUIDE:

1. **Cleanliness appropriate in all areas including storage, utility and nutrition rooms.**
Contact Environmental Services if cleaning is needed. Discuss with your supervisor if additional action is needed.
2. **No rips in upholstery or beds**
PCS – notify a Unit Manager. All other units – submit a furniture request to Facilities Planning for repair.
3. **No ceiling tiles missing or stained**
PCS – notify a Unit Manger. On the main Sacramento campus, submit a PO&M work order. In a leased facility contact Facilities Planning.
4. **Expired supplies**
Remove all expired supplies.
5. **No items stored under sinks in patient care areas**
Inspect under sinks.
6. **Staff demonstrate proper handwashing, use universal precautions**
Observe staff behavior.

UC Davis Health
Sacramento, CA
Department of Pathology and Laboratory Medicine

Safety Self Inspections

Administrative Procedure 390.A

7. **Food and properly stored (no old food; food in labeled fridge).**
In patient care areas and laboratories food must be in-labeled fridges Food Only. Chemicals and biohazardous materials must be in in their own appropriately labeled fridges.
8. **Personal Protective Equipment properly used (gloves, lab coats, N-95 respirators, eye and face protection, etc.)**
Personal protective equipment must be available and used in accordance with the hazard when there is potential for exposure to blood, chemicals or other hazards.
9. **N-95 masks available in all sizes if there are patients in airborne isolation**
If there are patients in airborne isolation, all sizes of mask must be available on the unit, this includes 3M 1860, 1860s and 1870.
10. **Fire extinguisher charged and inspected.**
Fire Protection checks these on a regular basis, but you can check to see if the pressure gage is in the green zone. Contact UC Fire at 916-734-3036 if there is a problem.
11. **Fire and evacuation plan in red binder, map posted, emergency phone numbers posted.**
Your fire and evacuation/relocation plan should be in your red Disaster Manual and should be no more than three years old. Evacuation maps should be posted near all stairway entrances, elevator lobbies and public entrances to buildings. Contact Fire Prevention at 916-734-3036 if you need help.

There should be an emergency number posting on your bulletin board dated 11/13/19. You may download the current posting from <http://safety>. Look under Safety Coordinator Resources, safety bulletin board postings.
12. **Exits are visible and accessible. Exit signs are properly illuminated.**
Submit a PO&M work order if an Exit sign is out (PCS – notify a unit manager). In a leased facility contact Facilities Planning.
13. **Doors must open, close and latch – not blocked or propped, latch not taped open**
Submit a PO&M work order if a door won't close or latch. (PCS – notify a unit manager). In a leased facility contact Facilities Planning. Notify supervisor and file an incident report if a latch is taped open.
14. **No holes in walls or damage to doors**
Submit a PO&M work order to repair damage. (PCS – notify a unit manager). In a leased facility contact Facilities Planning.
15. **No extension cords or power strips (surge suppressors OK with computer equipment)**
Extension cords are a temporary measure, and not a replacement for having sufficient outlets. (Surge protectors are permitted for computer equipment.) Submit a Facilities request if more outlets are needed.
16. **Portable electric space heaters prohibited in patient care areas, other areas use with approval**

UC Davis Health
Sacramento, CA
Department of Pathology and Laboratory Medicine

Safety Self Inspections

Administrative Procedure 390.A

Space heaters are prohibited in patient care areas. In other areas where space heaters might be permitted, see the [UCDH Fire Prevention Fire Net on Portable Space Heaters](#). PO&M and UCDH Fire Prevention must approve the purchase and use of each portable space heater.

17. **Electrical outlet and switch cover-plates are in place**
Submit a PO&M work order if an outlet or switch cover plate is missing (PCS – notify a unit manager). In a leased facility contact Facilities Planning.
18. **Sprinklers – no decorations or any attachments to sprinklers or associated piping**
Remove anything attached to sprinklers or piping. Contact PO&M for assistance if needed.
19. **No items stored within 18 inches below sprinkler head**
The only exception is items may be stored up to the ceiling on the perimeter wall when not located directly below a sprinkler head. Contact Fire Prevention if you need clarification for specific questions.
20. **Employees comply with the UCDH No Smoking Policy.**
See P&P 1628. Smoking is prohibited in any building or anywhere on the property.
21. **Area clear of slip and trip hazards, wet floor signs posted as needed**
Remove hazards. Submit a PO&M work order if repairs are needed. (PCS – notify a unit manager. Leased properties – contact Facilities Planning).
22. **Large/heavy items are stored safely (not stored higher than 5 feet).**
Cabinets or shelves may tip over if top heavy. There is also a concern about employees hurting themselves with unsafe lifts. Regular lifting heavy items above shoulder height causes ergonomic stress. There is an increased hazard in an earthquake.
23. **Furniture, workstation and equipment is functional**
Ergonomic self-assessment and training is available through LMS. Contact Workers' Compensation 916-734-6180 if an ergonomic evaluation is needed.
24. **Employees demonstrate proper ergonomic practices (e.g., lifting, bending, reaching). High-risk ergonomic tasks including those with potential to cause repetitive motion injuries have been evaluated**
Refer to [P&P 1625](#) for ergonomic program information. Tasks with high ergonomic risk should be evaluated by the Workers' Compensation unit upon implementation and periodically thereafter.
25. **Equipment for moving patients is appropriate, functional and readily available**
Equipment required for safe patient handling tasks must be available and functional. Staff should know how to request assistance, including use of the lift team. Staff know they have the right to refuse an unsafe lift.
26. **Ladders and step stools are in good condition and used properly**
If it looks dangerous, it probably is. Call EH&S 916-734-2740 with questions. Tall step stools or platforms (designed to step on the top) over 30" must have handrails. For regular

UC Davis Health
Sacramento, CA
Department of Pathology and Laboratory Medicine

Safety Self Inspections

Administrative Procedure 390.A

ladders, employees may not stand on the top two steps. Extension ladders should be situated at a 4:1 ratio (e.g., the base of a 16 foot ladder should be 4 feet out from the building)

27. Gas cylinders are secured (including extras) and segregated in a designated and approved space as FULL, PARTIAL, and EMPTY

These cylinders must be stored in carriers, not lose on the floor or a shelf, or, if in use, must be secured to beds or other equipment. For additional guidance on safe cylinder storage, see UCDH [P&P 1685](#). Cylinders must be segregated in a designated and approved space as FULL, PARTIAL and EMPTY.

28. Departmental SDSs are available. (SDS is the new name for an MSDS)

Departments can make SDSs available by training employees to use the SDS website (<http://msds>), in which case no SDS binder is needed. If hardcopy is used for access they may be kept in an SDS binder. Ask employees how they get their SDS information. [P&P 1641](#) requires that a current inventory of hazardous materials be maintained, and that SDSs are available for each item. If the department chooses to keep an SDS binder, purge outdated content.

29. Chemicals labeled, properly stored, flammable chemicals away from heat sources and spill kits available where needed

Never store chemicals in alphabetical order, unless they are first sorted by hazard class (flammable, oxidizer, corrosive, etc.). See the SDS for compatibility guidance. Store bottles in a compatible tray that can hold the volume of one bottle in the event of breakage; consider buying chemicals in plastic-coated glass bottles. Amounts over 10 gallons total of flammable liquids must be stored in a flammable storage cabinet. If hazardous chemicals are used in the work area, a spill kit must be available. Such chemicals include 70% isopropanol and formalin. The general spill kit is available via Infor Lawson. Item number is 124064. Employees need to know that they, not Environmental Services or PO&M, are responsible for spill cleanup. [P&P 1725](#)

30. Medical and hazardous wastes appropriately segregated

Biohazardous bins with red bag liners (RED) – fluid blood waste or other liquid infectious materials, including syringes with blood, used IV catheters containing blood. No pharmaceutical waste.

Pharmaceutical/Sharps containers (BLUE) – medication vials, sharps, syringes/needles with or without medications, fluids containing meds, partial doses of controlled substances.

Sharps containers [*Off-site Clinics and Lab areas only*] (RED) – sharps, syringes with blood, lab tubes with blood, urine cup with blue lid or blue lid only. No pharmaceutical waste.

Trace Chemotherapy containers (YELLOW) – contaminated items generated during chemotherapy preparation and administration; gloves, gowns, masks, empty IV bags/tubing, empty syringes or empty vials.

Hazardous waste container (BLACK) – hazardous waste; segregated by compatibility and container is closed when not in immediate use.

**UC Davis Health
Sacramento, CA
Department of Pathology and Laboratory Medicine**

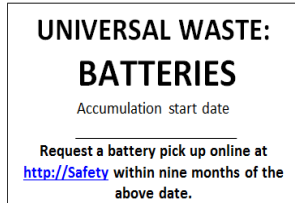
Safety Self Inspections

Administrative Procedure 390.A

31. Used batteries are in the appropriate collection container and labeled

Dissimilar battery chemistries should be prevented from contacting each other using individual plastic bags or by placing electrical tape over the terminals. The container must be labeled with language as shows below:

For Medical Center Locations:



For Off-site Locations:



REFERENCES:

- UCDH Policy 1613: Flammability Standards
- UCDH Policy 1615: Energy Management and Conservation
- UCDH Policy 1622: Respiratory Protection Mass Fit Testing Plan
- UCDH Policy 1625: Ergonomics Program
- UCDH Policy 1628: No Smoking and Tobacco-Free Policy
- UCDH Policy 1641: Hazard Communication Program
- UCDH Policy 1653: Electrical Equipment in Non-Patient Care Areas
- UCDH Policy 1685: Handling and Storage of Compressed Medical Gas
- UCDH Policy 1725: Response to Hazardous Substance Spills

**UC Davis Health
Sacramento, CA
Department of Pathology and Laboratory Medicine**

Safety Self Inspections

Administrative Procedure 390.A

PROCEDURE HISTORY

Date	Written Revised By	Review / Revision	Approved Date	Approved By
10/04	Bruce Harris	New	10/04	R. Green
10/05	Bruce Harris	Annual Review	10/05	R. Green
11/06	D. O'Sullivan	Revised	11/06	R. Green
11/07	D. O'Sullivan	Annual Review	11/07	R. Green
9/08	D. O'Sullivan	Annual Review	9/08	L. Howell
9/09	D. Wright	Annual Review	9/09	L. Howell
9/10	D. Wright	Revised (format)	9/10	L. Howell
10/12	T. Cox	Revised: no space heaters; 18" from ceilings; references	10/12	L. Howell
12/12	T. Cox	Revised: no boxes on floors	12/12	L.Howell
3/14	T. Cox	Revised: space heaters; 18" storage; delete attachment	3/14	L.Howell
4/16	S. Okimura	Revised: updated phone numbers for STC	04/16	L. Howell
04/18	N. Kaur	Revised: Safety Checklist Guide	04/18	L. Howell
12/18	N. Kaur	Revised: Added Lab Director Annual Assessment	12/18	L. Howell
12/20	N. Kaur	Revised: Safety Checklist Guide and references	12/20	L. Howell via OnBase