

SUBJECT: ENVIRONMENTAL SAFETY	REFERENCE #2001
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 2
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- The _____ HHA shall maintain compliance with all State and Federal regulatory requirements, as well as accepted professional standards, by ensuring a safe and sanitary environment for staff and visitors.
- The Administration and Department Services will make safety their responsibility.
- The Safety Director has been delegated responsibility for administering and implementing the HHA's Safety Program in conjunction with Employee Health. The program will include, but is not limited to:
 - Selecting, training and continuing safety education for all staff
 - Developing safe techniques and procedures for specific operations
 - Stimulating all staff interest and continuing participation in the Safety Program
 - Minimizing avoidable unsafe conditions and unsafe acts
 - Investigating and following up on all staff job-related injuries or illnesses
 - Maintaining comprehensive personnel files, to ensure staff compliance with Federal and State Health Department regulations and recommendations
 - Supporting the Safety Committee in the promotion of its activities with appropriate resources
 - Maintaining an ongoing preventive maintenance program on all equipment
 - Promoting a safe home environment for patients, family and HHA staff
- The Safety Director shall investigate and document the following:
 - Security incidents involving staff, patients and others
 - Security incidents involving staff in the field

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- Hazardous materials and waste spills and exposures
- Fire safety management issues
- Utility management issues
- Equipment management issues

- All incidents shall be analyzed, and changes shall be made to resolve environmental safety issues.
- Changes shall be evaluated to ensure environmental safety issues have been resolved.

LETTER OF APPOINTMENT SAFETY DIRECTOR

Date: _____

To: _____

From: Administrator

This is to inform you of your appointment as Safety Director of _____

you have been chosen for this position due to your qualifications as _____

and your experience and/or education which is as follows: _____

The Safety Director's job is to oversee, monitor and evaluate safety activities; to manage the program that measures and analyzes safety levels; and to help identify problem areas for correction. The Safety Director will also be responsible for defining safety issues, collecting reports, investigating accidents and incidents, fulfilling the requirements of our Illness and Injury Prevention Program, assisting in prioritizing the activities of the Safety Committee and assisting in defining solutions.

Your duties as Safety Director are outlined in the HHA's Safety Director Position Description and Duties of the Safety Director policy. Duties shall include, but are not limited to:

- Acting as a reporting member of the Safety Committee on findings, recommendations, actions and monitoring. You shall meet with such committee at least every other month.
- Participating in hazard surveillance and incident reporting on a regular basis.
- Participating in the development of Agencywide safety policies and procedures.
- Participating in the monitoring and evaluation of the HHA's Emergency Management Plan.
- Participating in the ongoing Quality Assessment and Performance Improvement (QAPI) Plan.
- Participating in safety education orientation program for new staff.
- Communicating changes in Federal, State and Local regulatory requirements and providing safety inservices on a continuing basis to all staff.

Thank you for your cooperation in this matter.

Administrator's Signature

SUBJECT: DUTIES OF SAFETY DIRECTOR	REFERENCE #2003
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POLICY:

- The Safety Director shall also be known as the Chairperson of the Safety Committee. This shall be the Administrator’s designee to represent the HHA in all safety activities. The Safety Committee Chairperson develops, implements and administers the complete safety program in accordance with management's policies. The Safety Director's duties include, but are not limited to:
 - Providing leadership and stimulation necessary to assure and maintain full staff interest and participation
 - Developing and recommending new procedures and approaches to safety and loss prevention based on reports of incidents, accidents and other relevant information
 - Disseminating information regarding toxic and hazardous waste and materials, safe medical devices and supplies, emergency management and other safety information
 - Developing reviews and participating in safety training (orientation and annual update) for staff
 - Assisting Human Resources staff with monitoring compliance with staff safety requirements and inservices
 - Monitoring all staff-related injuries and illnesses related to their work
 - Maintaining an adequate understanding of, and communicating changes in, Federal, State and Local regulatory requirements, and providing safety education inservices on a continuing basis to all staff
 - Assisting department heads and Administration in enforcing safety regulations and codes
 - Conducting hazard surveillance surveys on a periodic basis to detect code violations, hazards and incorrect work practices and procedures

SUBJECT: DUTIES OF SAFETY DIRECTOR	REFERENCE #2003
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- Measuring and evaluating effectiveness of the safety program, using established goals, including the home environment
- Collaborating with the Quality Assessment and Performance Improvement (QAPI) Committee, as requested, to identify areas of improvement
- Advising management on the development and progress of the safety program

SUBJECT: DUTIES OF DEPARTMENT MANAGER IN SAFETY PROGRAM	REFERENCE #2004
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- The role of the department manager in _____HHA's safety program is vitally important. The department manager is the front line defense, with day-to-day knowledge of what is going on, who is doing it, how the job is done and under what conditions. The department manager shall:
 - Stimulate staff interest in the _____HHA's Safety Program
 - Ensure accepted professional standards and principles are maintained by department staff at all times and eliminate all unsafe acts and conditions in the department
 - Maintain an adequate understanding of changes to Federal, State and Local regulatory requirements, as outlined by the Safety Director
 - Investigate injuries and illnesses related to work within the department and collaborate with the Human Resources Department and Safety Committee, as necessary
 - Cooperate with the Safety Committee in sending a representative to the meeting if unable to attend and in promoting its activities (safety films, etc.)
 - Train all new hires on safe procedures and operation of equipment within department; training shall be updated at least annually and more often if necessary
 - Be accountable for the degree to which his/her staff have gained knowledge and skills necessary to perform safely and effectively in their particular positions
 - Plan and organize department activities

SUBJECT: SAFETY - HAZARD SURVEILLANCE PROGRAM	REFERENCE #2005
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PURPOSE:

- To evaluate whether the organization’s current processes for managing patient, public and staff safety risks within _____HHA’s facilities are being practiced correctly and are effective.
- Assure that each area is inspected quarterly and appropriate corrective measures are taken to correct cited areas in a timely manner.

GENERAL GUIDELINES:

- Identification of hazards is the responsibility of all staff and reporting of same is an ongoing, daily process.
- It is the specific responsibility of the Safety Director to assure that inspections are completed and documented, the department managers are notified and appropriate actions are taken.
- It is the responsibility of the department manager to assure requisitions of repair and/or other action is completed.

POLICY:

- The Safety Committee shall issue a yearly schedule indicating members responsible for the hazard survey.
- Members may delegate the responsibility, if necessary.
- A criteria form shall be utilized, but is intended as a guideline only and is not all inclusive.
- The Safety Committee shall discuss results as a standard agenda item.
- The results shall then be forwarded to the appropriate department manager with a form requesting documentation of follow-up activities and dates of expected completion, to be received by the Safety Committee before the next scheduled meeting.
- Documentation of Hazard Surveys and follow-up activities shall be kept for _____years.

SUBJECT: SAFETY - HAZARD SURVEILLANCE PROGRAM	REFERENCE #2005
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GENERAL SAFETY CRITERIA:

- Ceilings:
 - Vents/grates
 - Clean and free from lint and dirt build-up
 - Lights covered

- Floors/Walls/Halls:
 - Thermostat/other wall mounted items secure
 - Air shafts/other opening secure
 - Floor free of debris, spills, slippery areas
 - Handrails secure
 - Hazard signs appropriate, i.e., Oxygen in Use, Microwave in Use, Biohazardous Waste, Authorized Staff Only

- Durable Medical Equipment:
 - Beds, stretchers, wheelchairs equipped with safety devices

- Personal Safety:
 - Staff identified by name tag
 - Others, such as sales representatives, outside HHA workers, etc., identified with visitor badges

SUBJECT: SAFETY - HAZARD SURVEILLANCE PROGRAM	REFERENCE #2005
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FIRE AND ELECTRICAL SAFETY CRITERIA:

- Doors and Exits:
 - Unobstructed
 - Exit lights operable
 - Exit directions posted

- Specific Fire/Electrical Safety:
 - Fire hose cabinets unobstructed and marked with tape
 - Fire extinguisher checked quarterly
 - Card attached, dated and initialed by Security staff
 - Approved waste containers:
 - "UL Listed"
 - Staff in area able to verbalize/identify:
 - Nearest fire exit
 - Nearest fire alarm pull
 - Nearest hose cabinet and extinguisher
 - Fire pull alarms have glass rods.
 - Storage shelves have four to six (4-6) inches bottom clearance or are sealed to the floor with 18 inches top clearance.
 - Janitor closets are free of paper goods.
 - Electrical equipment is labeled as indicated by policy.

SUBJECT: SAFETY - HAZARD SURVEILLANCE PROGRAM	REFERENCE #2005
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- Extension cords are appropriate.
- Outlet faceplates are intact and secure.
- Floor outlets are covered.
- Gas cylinders are chained.

GROUNDS AND PARKING LOT:

- Chain link fence is intact and free of holes and gaps.
- Pavement/sidewalks/parking lot are free of debris, broken glass and potholes.
- Handicapped areas are identified and accessible.
- Emergency entrance is identified and accessible.
- Fire lane(s) are identified and accessible.
- Gas cylinders are chained.
- Building and grounds appropriately lighted.
- Outside landscaping well maintained and free of debris.

SUBJECT: SAFETY EDUCATION	REFERENCE #2006
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 2
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POLICY:

- Staff of _____ HHA shall be able to describe or demonstrate their role regarding safety in the home care setting.

- General safety topics shall be covered by the Safety Director/Human Resources Department as a part of the orientation process, annual review and as needed. Topics include, but are not limited to, the following:
 - Staff Safety, i.e., body mechanics
 - Risks within the home care environment, including:
 - Emergency Management
 - Fire Safety
 - Hazardous Materials and Waste Management
 - Infection Prevention and Control
 - Medical Equipment
 - Security
 - Workplace Violence
 - Strategies to eliminate minimize and/or report risks
 - Policies and procedures to follow in event of an incident
 - Processes, methods for reporting problems, failures and user errors

SUBJECT: SAFETY EDUCATION	REFERENCE #2006
DEPARTMENT: HOME HEALTH	PAGE: 2 OF: 2
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- Clinical safety issues shall be addressed by the clinical educator as a part of the orientation process, annual review and as needed. Topics include, but are not limited to:
- Fall Prevention
 - Infection Prevention and Control
 - Medication Administration
 - Medication Errors
 - Patient Satisfaction
 - Sentinel Events
 - Other

SUBJECT: SAFETY AND SECURITY TRAINING FOR HOME HEALTH STAFF	REFERENCE #2007
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- _____ HHA staff shall participate in safety and security training at the time of orientation, annually and as needed.
- Attendance at these training sessions shall be documented in each individual staff member's personnel record.
- HHA staff encounter hazardous situations every day. Hazards that may be encountered include:
 - Slips, trips, falls
 - Back injuries
 - Electrical hazards
 - Fire
 - Bloodborne pathogens
 - Hazardous materials and wastes
 - Personal risks, including bad weather conditions, dangerous neighborhoods, etc.
- Safety Tips:
 - Check surroundings prior to getting out of the car. If you feel uneasy, don't leave your car. Contact the HHA from a safe place or by cellular phone.
 - Do not wear jewelry.
 - Keep equipment out of sight.
 - Keep one arm free.
 - Avoid walking through a crowd.

SUBJECT: SAFETY AND SECURITY TRAINING FOR HOME HEALTH STAFF	REFERENCE #2007
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- Stay alert to your surroundings.
- Always knock on the door before entering a home. Identify yourself to those inside.
- Do not try to break up domestic arguments. If you feel the situation is unsafe, leave. Contact the HHA and the police, if necessary.
- Keep car keys in your hand and between your fingers, when walking to the car. This makes accessibility easier and the keys can be used as a potential weapon.
- Keep car well maintained and the gas tank filled for the whole day.
- Keep doors locked and windows at least three-quarters (3/4) closed.

SUBJECT: BODY MECHANICS TRAINING	REFERENCE #2008
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

To promote efficient use of muscles and prevent muscle strain, fatigue or injury during movement of objects or patients.

POLICY:

- All staff shall be required to attend body mechanics inservice classes to be included in orientation and annually thereafter. Inservice classes shall be provided by _____ frequently enough to update all staff per the policy. Class content for body mechanics shall include, but not be limited to, the following:
 - Incidence and causes of common work related back and other on-the-job injuries
 - Demonstration of correct ways to walk, stand, sit, stoop, lift, bend, reach and push/pull heavy objects
 - Correct transport techniques for ill or injured patients in a disaster
- Evaluation of staff body mechanics shall be accomplished through inservice post test, return demonstration, as well as on-the-job performance.

TRAINING CONTENT:

- Maintaining Proper Alignment:
 - Head:
 - Hold straight, not bending forward
 - Shoulders:
 - Keep shoulders straight, not slumped
 - Abdomen:
 - Hold in mid-position with slight hollow in the low back

SUBJECT: BODY MECHANICS TRAINING	REFERENCE #2008
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Proper Standing Posture:

- Supports musculature of back
- Increases comfort
- Conserves body energy
- Decreases fatigue
- Enhances appearance
- Knees:
 - Do not lock straight
- Feet:
 - Hold a few inches apart, with the weight evenly distributed over the foot and the outside edge of the sole

Proper Sitting Posture:

- Do not sit with legs extended in front of you. This places undue stress on your back and will increase fatigue.

Prevent Body Discomforts and Injuries by:

- Keeping in shape and active.
- Try to maintain optimal weight. Extra weight equals extra burden for your back and body.
- When lifting, lift with the legs with knees slightly bent. Do not reach and lift at the same time. Do not attempt to lift a load that is too heavy for your size and build.
- If you are required to sit for long periods of time, stand and walk erect for several minutes once an hour. Consider obtaining lumbar support device.

SUBJECT: BODY MECHANICS TRAINING	REFERENCE #2008
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- Do not lift any object over 10 pounds if you have a condition that prohibits this.
- Elevate bed or working surface to waist level and stand close to objects to be moved whenever possible.
- Carry objects close to body.
- When moving an object, slide, push or pull whenever possible.
- When Lifting Remember:
 - Lift weight with your legs, never your back
 - Place your feet in a position to give you a wide base
 - Your toes should be facing the object you intend to lift
 - Your toes should be facing the object as you set it down
 - Always keep the load close to your body
 - Most importantly, get help for loads that are awkward or appear too heavy
- Use pivot transfer procedure:
 - Face patient and spread feet for easy shifting of balance
 - Give support to heavier parts of the body
 - Hold patient close to your body for stronger support
 - Work smoothly, steadily and without sudden jerking
- Use the power in large leg muscles, bend knees keeping spine straight for lifting.
- Use mechanical aids if available, i.e., Hoyer lift.
- Adjust bed height, if possible, to level appropriate for patient care, procedures or transfer.

SUBJECT: SECURITY PLAN	REFERENCE #2009
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 5
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APPROVED BY:	REVISED:

PURPOSE:

- To identify and manage the organization’s security risks in order to achieve the lowest potential for adverse impact on security
- To promote the safety of HHA staff and patients
- To minimize the potential for workplace violence
- To deter or deny the opportunity of crime occurring

POLICY:

- _____ HHA has implemented a security plan to protect the safety of staff and patients. The plan is reviewed at least annually and updated as necessary.
- The HHA’s security plan is an integral part of the organizationwide Quality Assessment and Performance Improvement (QAPI) Program.
- The Safety Director/Risk Manager shall be responsible for ensuring that monthly departmental risk assessments are completed and submits monthly risk assessment summary reports to the QAPI Committee for review, evaluation and development of a plan of action, if necessary.
- Local law enforcement staff conduct security surveys of the HHA’s facilities at least annually and more often if necessary.
- All HHA staff receive safety and security training during orientation, annually and as needed.
- All applicants for employment shall undergo a background screening, and when required by law a drug screening, prior to being offered employment with this HHA.
- The HHA reserves the right to inspect purses, packages and materials of staff and/or visitors when deemed necessary.

SUBJECT: SECURITY PLAN	REFERENCE #2009
DEPARTMENT: HOME HEALTH	PAGE: 2 OF: 5
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	REVISED:

PROCEDURE:

- Staff and visitors, including staff members' family members and former staff, are to enter and exit the HHA offices through the main door only.
- HHA staff vehicles shall bear HHA identification, i.e., decals
- Office/Staff Safety:
 - All HHA staff, including contract staff, shall be provided with photo identification (ID) nametags with first names only. These nametags should be worn at all times during working hours. Patients should be instructed that only those HHA staff wearing such tags be allowed to enter the patient's home.
 - Visitors to this HHA, including staff members' family members and former staff, must sign a register/log when entering and exiting the HHA offices.
 - Visitors, including staff members' family members and former staff, should wait in the office reception area until an HHA-authorized person arrives to meet them and/or accompany them through the offices. Any visitor purses, packages and materials may be subject to search before the visitor is allowed access to the HHA office. Visitors shall be issued a "Visitor ID" nametag.
 - Nametags are to be surrendered when:
 - A staff member leaves the organization
 - A visitor leaves the physical premises
 - Security codes and locks are changed when a staff member in possession of security codes and/or keys leaves the organization.
 - Emergency telephone numbers for security, fire and police departments shall be posted at each telephone in the HHA offices.
 - Medical supply rooms as well as any other rooms or cupboards that are not in continuous use shall be kept locked. The key shall be in the possession of one designated individual during work hours. A designated staff member shall check all rooms within the HHA at the end of the day.

SUBJECT: SECURITY PLAN	REFERENCE #2009
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- Hallways and elevators within the HHA's physical premises shall be equipped with corner view mirrors.
- All doors leading to the outside shall be locked from the outside with an appropriate deadbolt lock or equipped with a key-pad lock. To allow easy exit from the inside, these doors are equipped with a fire department-approved crash bar and/or alarm.
- Entry doors shall be locked at all times and equipped with a buzzer and intercom system for notification that someone wishes to enter the premises.
- The receptionist's area shall be equipped with a silent alarm.
- Staff telephone numbers are not to be divulged to anyone, including staff members' family members.
- Staff complete a domestic violence assessment questionnaire at the time of orientation and annually thereafter.
- Names, addresses and telephone numbers, along with physical description/ photographs, if available, of individuals (i.e., staff family members, former staff, patients/patient family members) who might pose a safety risk to any staff member of this HHA are posted by each telephone within the HHA facilities. These individuals are not to be permitted access to the HHA.
- A regularly scheduled hazard survey shall be conducted as per the HHA policy and procedure.

Safety In The Community:

- All field staff should communicate their visit schedules to the Clinical Supervisor as early as possible the day they are scheduled to visit patients. Staff should also contact the office when they have completed their visits and whenever there is a change in the sequence in which patients will be seen.
- Any HHA staff visiting patients shall be provided with accurate and clear written directions to patients' homes and should call the patient/family before making the visit.
- Staff automobiles should be kept in good mechanical condition with sufficient fuel for the day's travel.

SUBJECT: SECURITY PLAN	REFERENCE #2009
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- Purses, nursing bags and medical supplies should be kept in the locked trunk of the car, out of sight of passersby.
- When driving, keep purses, cellular telephones and other valuable items on the floor, not on the passenger seat.
- Only those items that are crucial for the tasks of the particular day should be on the staff member's person.
- Before exiting the automobile, the immediate area should be surveyed to make sure there is no one around that might cause personal harm. Should staff feel at all uneasy, they should not exit the automobile. Staff should drive to a safe area that has a telephone or use a cellular telephone, and call the HHA office, as well as the police to request an escort if necessary.
- Car doors should always be kept locked when driving and when exiting the automobile.
- Cars should be parked facing the street in a well-lit area as close to the patient's home as possible and secured with a deterrent device.
- Visits into unsavory areas such as drug areas should be scheduled as early in the day as possible.
- Staff should be alert to the surrounding areas.
- Staff should familiarize themselves with the physical layout of the patient's home. Escape routes for the patient and staff should be identified.
- Information about potentially unsafe patient residences, i.e., animals in the home, history of violence, substance abuse, gang violence, should be documented in the patient's record and communicated to all healthcare team members. Staff will be provided with an escort, i.e., law enforcement, when necessary.

SUBJECT: SECURITY PLAN	REFERENCE #2009
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Patient Safety:

- Patient information, including patients' names, is not to be divulged to anyone who does not have a "need to know".
- Patient information, including patients' names, is not to be displayed within the HHA office and is to be protected at all times both within the HHA facilities and in the community, as per HHA policy, in compliance with the Health Insurance Portability and Accountability of 1996 (HIPAA).
- The home environment of patients receiving care, treatment and/or services from/through this HHA is assessed for patient and HHA staff safety risks, as per HHA policy.
- Patients receiving care, treatment and/or services from/through this HHA are assessed for the risk of abuse, as per HHA policy.

Any and all potential or actual unsafe situations or safety risks are to be reported to Administration.

SUBJECT: SECURITY EDUCATION	REFERENCE #2010
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POLICY:

- All _____HHA staff regularly assigned to home care shall receive security education and training during orientation, annually and as needed in the following areas:
- General safety measures
 - Personal safety measures
 - The assault cycle
 - Aggression and violence predicting factors
 - Characteristics of aggressive and violent people
 - Verbal and physical maneuvers to diffuse and avoid violent behavior
 - Strategies to avoid physical harm
 - Workplace violence prevention practices
 - Substance abuse
 - Sexual harassment

SUBJECT: WORKPLACE VIOLENCE PREVENTION POLICY	REFERENCE #2011
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 3
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POLICY:

- The organization adheres to zero-tolerance for workplace violence, verbal and nonverbal threats and related actions.
- Violent workplace conduct, whether committed by managerial, supervisory, non-supervisory personnel or patients and/or their family or caregivers is prohibited.
- The Threat Assessment Team, comprised of the CEO, Administrator and members of the Safety Committee, shall assess the organization's vulnerability to workplace violence and develop a corrective plan of action.

DEFINITION

- Workplace violence is defined as:
 - Knowingly or intentionally touching another person in a rude, insolent or angry manner;
 - Engaging in a course of conduct involving repeated or continuing verbal, non-verbal or physical harassment of another person that would cause a reasonable person to feel frightened, intimidated, threatened or terrorized;
 - Knowingly or intentionally communicating a threat to another person with the intent that the other person engage in conduct against his/her will or that the other person be placed in fear of retaliation for a prior lawful act;
 - Tampering with, vandalizing, damaging or destroying organization property, including the organization's computer or voice communication systems, or the property of other personnel.

SUBJECT: WORKPLACE VIOLENCE PREVENTION POLICY	REFERENCE #2011
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PROCEDURE:

- Every employee shall be responsible to report any potential or actual act of threat or violence occurring in the workplace to his/her immediate supervisor.
- The supervisor shall complete a report of the incident and submit a copy to the CEO/Director of Professional Services/Director/Administrator and the Human Resources/Personnel Director.
- All complaints regarding workplace violence shall be investigated promptly by the Corporate Compliance Officer or his/her designee.
- Retaliation against any employee for filing a complaint or participating in an investigation is strictly prohibited.
- Any employee who files a complaint that is demonstrated to be falsified and/or capricious shall be subject to disciplinary action.
- Witnessed acts of violence are to be reported to the local law enforcement agency by dialing 911.
- Any employee who has threatened harm or has been witnessed perpetuating violence in the workplace shall immediately be suspended pending completion of the investigation.
- The employee who was the victim of the workplace violence shall receive counseling and medical treatment, if necessary.
- The employee reporting the incident as well as the victim, shall receive a response to the report within three (3) working days of receipt of the report. If the report remains unanswered, the employee has the right to appeal to management.
- Following an act of violence, the victim must complete the organization Accident/Incident report form. This form shall be processed per organization policy and procedure.

SUBJECT: WORKPLACE VIOLENCE PREVENTION POLICY	REFERENCE #2011
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- The Corporate Compliance Officer shall review the results of the investigation with the Director of Human Resources/Personnel and submit a written report to the CEO and Governing Body.
- Any employee who was found to have threatened harm or perpetrated violence in the workplace shall be evaluated regarding the need for counseling or disciplinary action. The employee shall be suspended pending the outcome of the investigation and resolution.
- If any patient, family member or caregiver who is found to have threatened harm or perpetrated violence against the organization or any of its representatives:
 - The patient's physician shall be notified immediately by the supervisor.
 - A case conference shall be held involving all team members involved in the patient's care.
 - A plan of action shall be developed and implemented which may involve immediate appropriate discharge of the patient if the safety of organization personnel cannot be assured.
- The report of the occurrence shall be presented to the Safety Committee and a plan of correction shall be developed and implemented to improve work relationships and/or environmental safety.

STAFF SAFETY INFORMATION FORM

This form is for use by staff who wish to provide a safety suggestion or to report an unsafe workplace condition or practice. Turn in completed form to Safety Officer.

Description of Unsafe Condition or Practice:

Causes or Other Contributing Factors:

Suggestion for Improving Safety:

Has this matter been reported to the Area Supervisor? Yes No

Staff Member's Name (optional):

Department: _____ Date: _____

Staff are advised that use of this form, or other reports of unsafe conditions or practices, is protected by law. It would be illegal for the employer to take any action against staff in reprisal for exercising rights to participate in communications involving safety.

The employer will investigate any report or question as required by the Injury and Illness Prevention Program Standard and advise the staff member who provided the information, or the workers in the area, of the employer's response.

SUBJECT: EMPLOYEE PHOTO IDENTIFICATION BADGE	REFERENCE #2013
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 1
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POLICY:

All HHA staff, including contracted staff, are required to wear employee photo identification badges while on duty, displaying the staff member's first name, job title and department.

PROCEDURE:

- The employee photo identification badge will be produced by the Human Resources Department for all new hires, name changes, title changes and interdepartmental transfers.
- The laminated employee photo identification badge shall be distributed to the staff member.
- If the employee photo identification badge becomes damaged or worn, it will be replaced by the Human Resources Department.
- Employee photo identification badges shall expire every five (5) years from the date of issue and be reissued to the staff member at that time.
- Upon termination of employment, the staff member is required to return his/her photo identification badge to the department manager or supervisor, who will then forward it directly to the Human Resources Department.
- All sales representatives, repair persons, service persons, contractors shall pick up a temporary identification badge from _____ before beginning servicing in the facility.
- _____ HHA shall accept photo identification badges issued by a university/college for students performing their clinical rotation at this HHA.

SUBJECT: HAZARDOUS MATERIALS AND WASTE PLAN	REFERENCE #2014
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

Establish policies and procedures, to develop and implement a staff information and training program, so that all staff will have the knowledge necessary to perform their work safely with or around any materials or substances that could potentially be hazardous.

POLICY:

- _____ HHA staff shall be notified of any hazardous substances in the workplace and their potential exposure to the substance.
- Procedures for disposal of hazardous substances shall be conducted in accordance with federal, state and local regulations.

PROCEDURE:

- The Risk Manager shall be responsible for:
 - Identifying hazardous substances in the workplace, including patient's environment.
 - Developing a list of all materials and substances present, which may include cytotoxic medications, medical gasses, blood and blood-soaked items, gas and oil.
 - Collaborating with the Safety Director to develop policies and procedures that identify the proper methodology for disposing of hazardous substances.
 - Obtaining a copy of the Safety Data Sheet (SDS) from either the suppliers or the manufacturers of the substances.
 - Displaying prominently in the workplace - binders containing Safety Data Sheets (SDS) of substances used in and around the workplace.
 - Conducting periodic training programs so that staff will have the knowledge necessary to perform their safely with or around any materials or substances that could be potentially hazardous.
 - Keeping all Safety Data Sheets (SDS) current. Reviewing and obtaining updated Safety Data Sheets (SDS) from manufacturers and/or suppliers of hazardous substances.

SUBJECT: HAZARDOUS MATERIALS AND WASTE PLAN	REFERENCE #2014
DEPARTMENT: HOME HEALTH	PAGE: 2 OF: 3
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APPROVED BY:	REVISED:

STAFF TRAINING AND EDUCATION:

- Hazardous substances information and training shall be provided for each staff member during orientation and whenever necessary.
- Information or training should subsequently be provided to each staff member prior to assignment to any work area in which the staff member has not received previous information and training.
- Staff should be furnished with an explanation of what a Safety Data Sheet (SDS) is, either in written form or through a training program.
- Staff who may be exposed to a hazardous substance should be furnished with information on the contents of the SDS for that hazardous substance, or equivalent information either in written form or through training programs. This information shall include as a minimum:
 - Any health hazards known to be associated with exposure to the hazardous substance(s)
 - Proper instructions for handling
 - Necessary personal protective equipment or other safety precautions necessary to prevent or minimize exposure to the hazardous substance(s)
 - Emergency procedure to be followed for:
 - Spills
 - Fire
 - Disposal
 - First Aid
- Training programs shall be conducted periodically as required; at a minimum, such programs shall be conducted on an annual basis. As new staff enter the work place, training in regard to hazardous materials and waste management specific to staff job responsibilities shall be the responsibility of the department manager. Records of staff member attendance shall be maintained in the Education/Administration Department and in each staff member's personnel file as per the Employee Education Policy.

SUBJECT: HAZARDOUS MATERIALS AND WASTE PLAN	REFERENCE #2014
DEPARTMENT: HOME HEALTH	PAGE: 3 OF: 3
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SDS UPDATING:

Whenever a new or revised SDS is received, such information shall be provided to staff on a timely basis, not to exceed 30 days after receipt.

REPORTING:

Any unusual occurrence involving hazardous materials should be reported to the Supervisor and Safety Director/Risk Manager immediately. The unusual occurrence is documented and forwarded to the Quality Assessment and Performance Improvement (QAPI) Committee for discussion and follow-up.

SUBJECT: ANTINEOPLASTIC WASTE MANAGEMENT	REFERENCE #2015
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

- Describe procedures for the identification, storage and handling and disposal of antineoplastic wastes.
- Ensure those wastes are handled and disposed of in accordance with the Environmental Protection Agency (EPA) regulations.
- Ensure that there is minimal risk to patient, family, staff, public and the environment.

GENERAL INFORMATION:

- Antineoplastic wastes are defined as those antineoplastic chemicals that remain in containers, tubes, vials or are wastes due to accident or spillage.
- All persons required to handle antineoplastic agents, wastes or materials shall be provided with appropriate orientation, equipment and on-the-job training.

STORAGE AND HANDLING:

- All antineoplastic admixtures must be placed in a ziplock bag labeled "CAUTION-CHEMOTHERAPY DRUG". This outer bag shall be delivered along with the proper drug information to the nurse responsible for administering the agent(s). A spill kit is dispensed with the chemotherapy drug.
 - All antineoplastic admixtures shall be labeled with actual dose, diluent, date and time of preparation, recommended rate of administration, preparer's name, patient's name and location.
 - Labeled bags must have injection port sealed before being dispensed from the pharmacy.
 - Before opening ampules, care shall be taken to insure that no liquid remains in the tip of the ampule. A sterile gauze sponge shall be wrapped around the neck of the ampule while opening.
 - Vials shall be vented with a filter needle to eliminate internal pressure or vacuum.

SUBJECT: ANTINEOPLASTIC WASTE MANAGEMENT	REFERENCE #2015
DEPARTMENT: HOME HEALTH	PAGE: 2 OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

- Syringes and IV sets with Luer-Lok fittings shall be used.
- Filter needles (5 micron) shall be used to remove particulate matter and glass fragments from solutions provided in ampules prior to final admixture preparation.
- Final drug measurement shall be performed prior to removing the needle from the stopper of the vial.
- Special care must be taken in priming IV sets. The distal tip cover must be removed before priming. Priming shall be performed into a sterile gauze sponge, which then is disposed of appropriately.

Disposable gloves shall be worn for all procedures involving antineoplastic drugs. Double-gloving is recommended.

- Hands shall be washed with a suitable disinfecting solution thoroughly before and after gloving.
- Care must be taken to avoid puncturing gloves and possible self-inoculation.
- All potential contaminated garments or gloves shall not be worn outside the work area.

DISPOSAL:

All antineoplastic agents, wastes or materials shall be disposed of in special containers identified with a biohazard sign.

NOTE:

See MCN Healthcare's [Compounded Sterile Preparation - USP 797 Compliance Manual](#) for additional policies and procedures.

SUBJECT: CHEMOTHERAPY LIQUID SPILLS	REFERENCE #2016
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

Protective equipment shall be worn by HHA staff when cleaning a chemotherapy spill.

PROCEDURE:

- Put on gown, face mask, eyewear and both pairs of gloves before initiating clean-up. Make sure elastic cuffs of gown fit over gloves.
- Use spill kit supplied by Pharmacy.
- The spill kit shall be routinely checked to assure that all required materials are present and in usable condition.

SUBJECT: FIRE SAFETY PLAN	REFERENCE #2017
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

To promote the safety of HHA staff and patients in the event of a fire.

POLICY:

- All staff employed by _____ HHA are informed of the HHA's fire safety plan, the locations of exits and fire extinguishers at orientation and on an annual basis thereafter.
- This HHA conducts quarterly fire drills, at least 50% of which are unannounced, to familiarize staff with safety and evacuation procedures. In addition, equipment, i.e., fire extinguishers, fire alarms, lighting systems are tested regularly to assure proper function.
- Emergency lighting and power is available in all work areas. Emergency lighting and exit signs are checked monthly. Fire extinguishers checked monthly by safety director.
- All patients of the HHA should be instructed in fire safety during admission to the HHA. These instructions should be reinforced when new treatment modalities, i.e., oxygen are added.

PROCEDURE:

- The proper response to fire or smoke is R.A.C.E.

R = Rescue victims immediately from fire or smoke area.

A = Pull fire alarm station and call emergency number to give exact location.

C = Contain the smoke or fire by closing all doors to rooms and corridors.

E = Extinguish the fire (when it is safe to do so).

- The receptionist should:
 - Call the fire department
 - Announce the fire over the HHA communication system as “CODE RED” and repeat three (3) times

SUBJECT: FIRE SAFETY PLAN	REFERENCE #2017
DEPARTMENT: HOME HEALTH	PAGE: 2 OF: 4
APPROVED BY:	EFFECTIVE:
	REVISED:

- The Administrator or his/her designee should direct the Fire Department to the fire area.
- The Patient Care Services Director should:
 - Supervise the evacuation of staff and/or visitors
 - Check restrooms and conference/meeting rooms
 - Complete a head count after everyone has exited the building

General Instructions For All Staff:

- Turn off all electrically operated equipment, except lights.
- Engineering staff will shut off air conditioning and ventilation systems.
- Keep telephone lines clear for fire control.
- Do not use elevators.
- Make sure all fire, corridor and room doors are closed.
- Clear all corridors and exits of unnecessary traffic and obstructions.

Evacuation:

- If evacuation is required, expect to fully cooperate with the evacuation, under the direction of any of the following persons:
 - Fire Department
 - Administrator on duty
 - Clinical Supervisor

SUBJECT: FIRE SAFETY PLAN	REFERENCE #2017
DEPARTMENT: HOME HEALTH	PAGE: 3 OF: 4
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	REVISED:

- Staff Safety Guidelines:
 - ◆ Do not panic; listen to and follow instructions.
 - ◆ Evacuate the building when instructed to do so.
 - ◆ Touch doors before opening; do not open hot doors; do not break windows.
 - ◆ Do not attempt to salvage items or to retrieve personal belongings.
 - ◆ Do not return to the building until instructed to do so.

Fire Prevention In The Home:

- As part of the patient's comprehensive assessment, the patient's home shall be evaluated for safety hazards, including fire. The evaluation shall include:
 - The location of doors and windows
 - Alternate escape routes
 - Smoke alarms
 - Access to fire extinguishers
 - Fire Department's number
 - Use of oxygen
 - Smoking
 - Equipment

SUBJECT: FIRE SAFETY PLAN	REFERENCE #2017
DEPARTMENT: HOME HEALTH	PAGE: 4 OF: 4
APPROVED BY:	EFFECTIVE:
	REVISED:

- Patients and family shall be instructed in the dangers of oxygen, smoking in bed and electrical equipment hazards.
- A home evacuation plan shall be developed in the event of a fire or disaster, calling into consideration any bedridden or immobile patients.
- The use of smoke detectors shall be encouraged.

FIRE DRILL EVALUATION FORM

Date: _____ Time: _____ Shift: _____ Alarm Set Off By: _____

Sprinkler
 Pull Box
 Smoke Detector
 Phone

Area Involved: _____

Scenario: _____

FACILITY RESPONSE

Number of staff at scene: _____ Observers and their locations: _____

(In lieu of observing all areas of the building, an organization observes locations outside the fire origin's smoke compartment to the extent necessary to ensure all aspects of the HHA's fire plan has been evaluated.)

	Yes	No
Fire procedure observed by staff in involved area:	<input type="checkbox"/>	<input type="checkbox"/>
Fire procedure executed calmly, smoothly and efficiently:	<input type="checkbox"/>	<input type="checkbox"/>
Staff well aware of fire-safety rules and procedures:		
• Use and functioning of fire alarms (where available)	<input type="checkbox"/>	<input type="checkbox"/>
• Transmission of alarms (where available)	<input type="checkbox"/>	<input type="checkbox"/>
• Containment of smoke and fire (physically demonstrated where appropriate or able to state how to effectively contain smoke and fire)	<input type="checkbox"/>	<input type="checkbox"/>
• Transfer to areas of refuge (able to state where refuge area is and how patients/visitors/injured staff would be safely transferred)	<input type="checkbox"/>	<input type="checkbox"/>
• Fire extinguishment (able to demonstrate use of fire extinguisher or state proper use of P A S S)	<input type="checkbox"/>	<input type="checkbox"/>
• Knowledgeable of specific fire-response duties related to work area	<input type="checkbox"/>	<input type="checkbox"/>
• Able to state role in building evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Fire doors closed:	<input type="checkbox"/>	<input type="checkbox"/>
Equipment moved from hallways:	<input type="checkbox"/>	<input type="checkbox"/>
Fire Response Team responded:	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time for team to respond to the scene:	_____	
Responded with correct extinguisher (A, B, C, K):	<input type="checkbox"/>	<input type="checkbox"/>
Fire protection equipment functioned appropriately:	<input type="checkbox"/>	<input type="checkbox"/>
Emergency number utilized when calling operator to report fire:	<input type="checkbox"/>	<input type="checkbox"/>
Paging procedure correct:	<input type="checkbox"/>	<input type="checkbox"/>
Shutoffs (air circulating, air conditioning, and oxygen in fire area):	<input type="checkbox"/>	<input type="checkbox"/>
Patient records removed:	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation procedure discussed:	<input type="checkbox"/>	<input type="checkbox"/>

FIRE DRILL EVALUATION FORM (continued)

CRITIQUE

Would the smoke and fire have been contained?

Did staff know the organizational fire protocol?

Did staff recognize their areas of responsibility related to their position and work site?

Could patients have been protected or transferred?

FOLLOW-UP

Actions Taken: _____

What opportunities for improvement were identified? _____

What type of actions are required to achieve identified improvements? _____

Officer Conducting Drill: _____

Comments: _____

SUBJECT: UTILITY SYSTEMS MANAGEMENT PLAN	REFERENCE #2019
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

- To maintain and sustain a proactive approach of utility systems evaluation, thereby minimizing the risks of utility systems failures.
- To evaluate the appropriateness of utility systems in patients' homes when equipment is being used for care, treatment or services in order to promote the achievement of positive patient outcomes and reducing the risk of adverse outcomes.

POLICY:

- _____ HHA has established and monitors a utilities management plan which assesses, identifies and minimizes the risk of utility failures, thereby promoting a safe, controlled and comfortable work environment within the HHA's facility.
- This HHA conducts regularly scheduled inspections of the HHA utility systems.
- This HHA has evaluated the following utilities systems issues to ensure adequate backup systems are in place in the event of a power failure:
 - Backup electrical requirements to support the computer system and day-to-day operations
 - An emergency communication system to continue communication with staff and patients
 - Adequate heating and air conditioning so that medical gases and medications are stored safely
 - An adequate supply of water for handwashing and the cleaning of equipment or an alternate nonwater-based method for cleaning hands and equipment
 - Emergency power for alarm systems is required by the Life Safety Code.
 - Emergency power for exit route and exit sign illumination is required by Life Safety Code.

SUBJECT: UTILITY SYSTEMS MANAGEMENT PLAN	REFERENCE #2019
DEPARTMENT: HOME HEALTH	PAGE: 2 OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

- When equipment will be used in the patient’s home, the HHA assesses whether the patient’s utility systems are compatible and safe for use for the care, treatment or services provided. The following will be evaluated on an ongoing basis during the time of service:
 - Electrical outlets, extension cords, space heaters, heating pads, etc., if used
 - Grounding, cord condition, exposure to liquids and circuit overload when equipment to be used requires electricity
 - Electrical requirements for specific equipment, i.e., ventilators, oxygen concentrators, infusion pumps
 - Battery condition and battery charge
 - Telephone services
 - Environmental requirements for specific equipment
- This HHA ensures that back-up systems for equipment being used in patients’ homes is available if necessary and appropriate, i.e., power generators, additional charged infusion pump battery packs.

SUBJECT: EMERGENCY BACKUP FOR REFRIGERATED MEDICATIONS	REFERENCE #2020
DEPARTMENT: HOME HEALTH	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- _____ shall ensure that emergency backup for medications requiring refrigeration or freezing is available at all times.
- _____ shall maintain the following in the medical equipment inventory as appropriate:
 - A list of all refrigerators and freezers storing medications in the facility, including location of this equipment
- An emergency backup plan shall be developed and implemented for all medication refrigerators and freezers. The emergency backup plan shall include, but is not limited to:
 - Emergency power
 - Battery-based indoor generator
 - A written plan describing how refrigeration/freezing of medications shall be continued in the event emergency backup is needed.