

**DISASTER  
and  
SAFETY  
POLICIES &  
PROCEDURES**

**2014**

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**TITLE: SAFETY OFFICER(S)**

**EFFECTIVE DATE: March 1, 2001**

Safety Officers of Heartland Surgery Center are:

Reva Keel, LPN-C

Anita Huddleston, Business Administrator

The Board of Managers of Heartland Surgery Center (HSC) has approved the Safety Officer(s) and delegated the authority to implement any action as outlined in the Safety Program and Policies and Procedures of the Heartland Surgery Center as the need arises for the protection of patients, visitors, employees and others.

**TITLE: SAFETY PROGRAM****EFFECTIVE DATE: March 1, 2001**

Heartland Surgery Center has established a Safety Program involving the Medical and Allied Health Staff and the employees of the Heartland Surgery Center.

It is the goal of the Heartland Surgery Center to provide the highest quality of patient care including an effective system for the promotion of safety of patients, visitors, employees and physicians.

The Clinical/Operating Committee of Heartland Surgery Center is comprised of members of the Medical Staff. They function to oversee all QI activities of Heartland Surgery Center, including safety issues. The Safety and Risk Management Sub-Committee is comprised of Heartland Surgery Center staff members representing all departments. Its membership includes the Safety Officer(s) who have been approved by the Board of Managers. This committee meets on a monthly basis and activities include the review of QI incident reports and implementation of changes as recorded/recommended by HSC Management. Focus areas of the Safety and Risk Management Committee include, but are not limited to, observance of Exposure Control Plan and OSHA Compliance, Preventive Maintenance Logs/Testing, Equipment Failure Reports, Safety, Life Safety Surveys, Security Incidents, Review of Safety Related Policies and Procedures, Review of Fire and Disaster Preparedness Plans and Drills, Review of Product, Pharmaceutical and Equipment Recall Notices and the Equipment Management Program.

The Clinical/Operating Committee meets quarterly and reviews recommendations from the Safety and Risk Management Committee and presents recommendations to the Board of Managers for approval. The Policies and Procedures of Heartland Surgery Center incorporate safety practices for every department. Each employee is required to review and be responsible for the policies and procedures of the Heartland Surgery Center.

**EMERGENCY TELEPHONE LIST (HSC)**

Director of Clinical Services	Amy James	(308)234-3352
		(308) 440-8843 Cell
Business Administrator	Anita Huddleston	(308) 234-4423
		(308) 233-0930 Cell
Medical Director	David McConnell, MD	(308)237-0498
		(308) 627-7480 Cell
Safety Officer	Reva Keel, LPN-C	(308) 233-7706 Cell
Building Services-Contract	Anderson Brothers	(308) 236-6437
Biomedical	Bio-Electronics	(402)742-8160
Police Department	Emergency	911
	Non-Emergency	(308)237-2104
Fire Department	Emergency	911
Ambulance	Emergency	911
Fire Alarm Monitoring Service	Electronic Systems, Inc.	(402) 463-0200
Fire Extinguisher	Central Fire & Safety	(308) 236-2023
American Red Cross		(308)236-5353
Medical Waste	Stericycle	(866)783-7422
Refuse/Garbage	City of Kearney	(308)233-3206
Emergency Generator	Anderson Brothers	(308) 236-6437
Vacuum Pump/Medical Gas	Anderson Brothers-weekly PM	(308) 236-6437
Vacuum Pump/Medical Gas-MTA	Testing & Verification	(913) 269-1590
Water Services	City of Kearney	(308) 233-3242
Electric	Anderson Brothers	(308) 236-6437
Medical Gas Cylinders	Matheson Linweld	(308)237-2719
Telephone Service	Frontier Communications	(800)921-8102
Computer Support	IntelliCom	(308) 237-0684
Laundry Services	Paramount Linen	(308)237-4868
Emergency Management	Buffalo County Emergency Management	(308)233-3225
Power Company	NPPD	(877)275-6773
Hospital	Good Samaritan Hospital	(308)865-7100
Hospital	Good Samaritan Hospital Plant Services Dept	(308)865-7051

**TITLE: EMERGENCY EVACUATION PLAN, POSTING OF****EFFECTIVE DATE: March 1, 2001**

Fire and Emergency Preparedness Evacuation Plans, designating the location of the fire extinguisher, exits, fire alarms and evacuation routes within Heartland Surgery Center are posted in the following locations:

1. Waiting Room
2. Pre-Op/Recovery - Nurses Station
3. Operating Rooms- Control Desk
4. Business Office

A Fire and Evacuation Plan has been devised for HSC. It is important for each employee to become familiar with the Fire and Evacuation Plan to assure the safety of the patient and his/her family and HSC personnel.

There shall be a conscientious effort made on the part of every employee to promote fire safety and prevention daily, including conducting and participating in fire drills routinely and being aware of any potential fire hazards.

A fire drill, announced or unannounced, will be held at least once quarterly. The results of these drills will be recorded and any suggested areas of improvement in performance will be forwarded to the Safety and Risk Management Committee.

**TITLE: FIRE PREVENTION****EFFECTIVE DATE: March 1, 2001**

Fire extinguishers will be maintained and checked monthly by HSC personnel and recorded on extinguisher tags. The monthly inspections are in addition to the yearly inspection conducted by contracted licensed personnel.

Smoking is not permitted in the Center for the health of staff, patients, and visitors.

No explosive agents will be used in the Center.

A fire drill will be conducted on a quarterly basis or more often as needed. These fire drills will be at random and may be unannounced. Kearney Fire Department will be given prior notification of the planned quarterly fire drills. Other disaster drills will be conducted annually. Annual Healthstream Learning includes Emergency Preparedness and Fire Safety modules.

All new HSC personnel will be in-serviced on the Fire and Disaster Preparedness Plans.

The Emergency Evacuation Plan shall be posted at various appropriate locations and hallways are equipped with lighted "EXIT" signs.

The fire alarm system and the sprinkler systems will have Preventative Maintenance performed annually by Electronic Systems, Inc. and Bamford, Inc, the corresponding contracted providers.

A written report of the fire/safety drills will be submitted in writing to the Safety and Risk Management Committee.

During the drills, if there are deficiencies, a review of the drill and the corrective action will be addressed at the next HSC staff meeting.



**TITLE: LOCATION OF FIRE SYSTEMS and MEDICAL GAS CONTROL VALVES****EFFECTIVE DATE: March 1, 2001**

The following are the locations for the different systems used in fighting a fire within HSC:

**1. FIRE ALARM PULL BOXES**

There are 3 Red Fire Alarm pull boxes located within HSC. An "FP" on the attached map designates the fire alarms.

**2. FIRE EXTINGUISHERS**

There are 13 fire extinguishers located within HSC. A "FE" designates these on the attached map.

**3. FIRE ALARM SYSTEM**

Activation of the sprinkler system would activate the fire alarm system.

**4. SPRINKLER SYSTEM**

A sprinkler system is installed throughout the facility.

**5. MEDICAL GAS CONTROL VALVES**

- a. Vacuum line main shut-off is located in the Mechanical Room.
- b. Oxygen, Nitrogen and Nitrous Oxide and main shut-off are located in the Gas Cylinder Room.

*The Medical Gas Shut Off Valves for HSC are located outside of each OR and a monitor panel is located on the wall across from the Post- op (1) bays.*

**TITLE: FIRE AND EVACUATION PLAN****EFFECTIVE DATE: March 1, 2001****The following steps should be initiated when a fire or smoke is discovered:**

1. If a patient is directly near the fire or smoke scene, remove the patient from the area.
2. If applicable, close the door to the area that contains the fire.
3. Walk quickly to the nearest fire alarm pull box (see map) and pull lever down.
4. Go to the nearest telephone, call the Business Office at extension "221" and notify the person of the location of the fire. (Example: **CODE RED - RECOVERY ROOM**) He/she will notify the other areas of the Building.
5. The Business Administrator or his/her designee will contact the Fire Department; confirm the fire report has been received and report the location of the fire.
6. Obtain a fire extinguisher from the nearest firebox and proceed to extinguish the fire if possible. The employee should make no effort to contain a fire if there is possibility of an impending explosion.
7. Shut down any oxygen source open except for those that may be in use on a patient. (Example: If a fire is located in the Recovery Room, shut off all oxygen.) **DO NOT** tamper with oxygen sources which are flowing into the Operating Room in which a patient is receiving oxygen unless told to do so by the anesthesia provider.
8. Upon arrival of the Fire Department (notified automatically when the fire box lever is pulled) the Business Administrator or his/her designee will relinquish control to the Fire Department Captain or his designee.

**SPECIFIC INSTRUCTIONS: Business Office Personnel**

1. Business Office Personnel should be prepared to systematically evacuate visitors and patients in the waiting room area (check restroom facilities) if an evacuation order is given.
2. Exit HSC and report to your manager.

**TITLE: FIRE AND EVACUATION PLAN (Cont'd) Page 2****EFFECTIVE DATE: March 1, 2001****SPECIFIC INSTRUCTIONS: All Center Personnel**

1. Close all internal doors.
2. Assist in systematic evacuation of patients from Pre-Op, Recovery and Post-Op areas.
3. Assist in systematic evacuation of patients from Operating Rooms.
5. Check restroom facilities for other individuals who need to be evacuated.
6. Exit the building and report to your supervisor.

**SPECIFIC INSTRUCTIONS: Business Administrator or his/her designee  
(Coordinating with Medical Director)**

1. Notify physicians of fire/smoke.
2. Assess severity of fire or smoke.
  - a. The decision to evacuate will be made by the Business Administrator or his/her designee. Ultimate authority for this decision will rest with the Fire Department.
  - b. If there is a large amount of smoke of an undetermined origin, evacuation will be carried out.
  - c. If the fire is out of control or the possibility of an explosion exists, immediate evacuation will be initiated.
  - d. If an evacuation route is blocked by either fire or smoke, move patients to a place of safety or evacuate through another route immediately.
3. Assign tasks to personnel.
4. Assure that all evacuation routes are clear.
5. Assure that all exit doors are clear.
6. Assure that all individuals are out of the building.
7. Shut down any oxygen source/medical gas source except for those that may be in use on a patient. **DO NOT tamper with oxygen sources in areas in which a patient is receiving oxygen unless given permission by the Medical Director or Anesthesia Provider.**

**TITLE: FIRE AND EVACUATION PLAN (Cont'd) Page 3****EFFECTIVE DATE: March 1, 2001****COMMAND POST**

The Command Post will be in the Waiting Room at the Receptionist desk.

The Business Administrator or his or her designee will be stationed in this area during a Dr. RED. All personnel not directly involved with patient care or in fighting the fire will report to the Command Post for instructions and assignments.

The Business Administrator or his/her designee will receive condition reports give all orders related to evacuation, patient safety, etc. Authority to control the fire will be relinquished to the Fire Department upon arrival. A report will be given to the Fire Department of fire nature, location and status of all individuals evacuated from the building.

**FIRE IN THE BUILDING:**

1. The building fire alarm panel is located in the front entrance corridor.
2. Upon the event of an alarm on the panel, the monitoring company (Buffalo County Emergency Management) will dispatch the fire department.
3. Business Office Personnel at the Command Post will then, using the telephone paging system, indicate to all persons in the building as follows: "**Code RED**" (the alarm origination area as displayed on the panel).
4. **If it is a false alarm :** Business Office Personnel at the Command Post will silence the alarms and "**Code Red; All Clear**" will be announced.
5. **If it is an actual emergency:** Business Office Personnel at the Command Post will announce further instructions as appropriate.
6. At this point, HSC will follow the above noted fire and evacuation procedures.

**FIRE AND EVACUATION DRILL MINUTES Report Completed by:**

Drill Date: \_\_\_\_\_ Location of Fire: \_\_\_\_\_

Time Elapsed: \_\_:\_\_ AM/PM to \_\_:\_\_ AM/PM

Was the Business Administrator notified of the drill and its location?

Yes No Comments: \_\_\_\_\_

Was the "Fire Drill" announced with location identified, promptly and clearly over the intercom system?

Yes No Comments \_\_\_\_\_

Was the Fire Department notified?

Yes No Comments: \_\_\_\_\_

Did the alarm ring clearly with no malfunctions?

Yes No Comments: \_\_\_\_\_

Were fire extinguisher responsibilities carried out promptly?

Yes No Comments: \_\_\_\_\_

Were the fire exits cleared of obstructions before the alarm?

Yes No Comments \_\_\_\_\_

Were all fire doors closed for the evacuation drill?

Yes No Comments: \_\_\_\_\_

Were corridors and restrooms checked to assure all personnel had evacuated?

Yes No Comments: \_\_\_\_\_

Were patients and visitors evacuated promptly and in an orderly fashion?

Yes No Comments: \_\_\_\_\_

Were all entrances to HSC cleared for the Fire Department?

Yes No Comments: \_\_\_\_\_

Visual check of all (5) fire sprinkler valves performed "Key locked open"

Yes No Comments: \_\_\_\_\_

Need(s) for training identified: \_\_\_\_\_

Performance of participants:            Good            Fair            Poor

Employees in Attendance: \_\_\_\_\_

**TITLE: FLAME RETARDANCY STATEMENTS**

**EFFECTIVE DATE: March 1, 2001**

Heartland Surgery Center complies with State regulations for certain flame-retardant items (listed below) and to maintain a copy of the Statement of Flame-Retardancy on file with the Business Administrator:

- Cubicle Curtains (Pre-Op and Post-Op)
- Furniture
- Floor Coverings

**TITLE: DISASTER PREPAREDNESS PLAN SUMMARY****EFFECTIVE DATE: March 1, 2001**

1. A Disaster Preparedness Plan has been implemented for HSC in the event of a disaster of such magnitude that casualties, injuries and/or property damage can be expected. The Plan is intended to provide an organized list of priorities so that the effects of a disaster may be minimized.
2. Each new employee will be in-serviced on the Disaster Preparedness Plan. At least on an annual basis, HSC will conduct an in-service and/or drill.
3. A copy of the Disaster Preparedness Plan is accessible on each HSC desktop in the Shared Documents folder (HSC Policies and Procedures, Section D).
4. If a disaster occurs during hours of operation, the employees will follow the general procedures outlined in the plan and the policy for the specific emergency that are located in this section.
5. If a disaster occurs **after hours**, the Business Administrator or his/her designee will initiate the disaster employee calling list. Each person will call the next person on the list and so forth until everyone has been called. An alternative method of communication would be a group text to all employees from the Business Administrator or the Director of Clinical Services. The Business Administrator maintains a current employee census.
6. If HSC closes due to the emergency, the Business Administrator and/or her designee will be responsible for calling all physicians and contract services. The Director of Clinical Services will contact all patients scheduled for that day.
7. If a disaster occurs, the Business Administrator or his/her designee will contact the local office of Emergency Management (308/233-3225). The Director of Emergency Management coordinates with state and national authorities as needed. A duty officer is on call 24/7 at the aforementioned number.

**TITLE: DISASTER PREPAREDNESS PLAN****EFFECTIVE DATE: March 1, 2001**

The following Disaster Preparedness Plan outlines the steps followed to promote order in the event of a disaster involving HSC.

**TYPES/EXAMPLES OF DISASTERS:**

1. Fire
2. Explosion
3. Bomb Threat
4. Utility Failure
5. Riots, Civil Disturbances
6. Loss of Communications
7. Medical Gas Incidents
8. Hazardous Material Spills

(The above list is not intended to be inclusive. One or more of the above events may occur simultaneously.)

**ACTIVATION**

1. **FIRE:** See Fire and Evacuation Plan.
2. **EXPLOSION:** HSC clinical staff should call "extension 221" and business office personnel at the Command Post will page all areas over the telephone paging system. This procedure should be used if there is an incident involving medical gas leaks as well.
  - a. If a fire occurs, follow steps outlined in the Fire and Evacuation Plan.
  - b. In addition, all patients and visitors should be systematically, quickly but calmly evacuated to the parking lot away from the building. Exception: Patients who are not easily removed from the building (those having procedure at the time, etc.) will be moved according to the direction of the Medical Director.



**TITLE: DISASTER PREPAREDNESS PLAN (Cont'd) Page 2****EFFECTIVE DATE: March 1, 2001****ACTIVATION (continued)**

- c. Staff members will assure that their areas are completely evacuated (including restrooms) and that all electrical apparatus' are disconnected, time permitting. HSC staff will assure that they are in a dry environment before unplugging any electrical device.
- d. Business Administrator or his/her designee will contact the Police/Fire Department by dialing "911".
- e. No one should re-enter the building until the person in charge declares the facility safe for re-entry.

**3. BOMB THREAT:** When the individual receives a call for a bomb threat, there are several steps to follow:

- a. Keep the caller on the phone by talking as long as possible. The staff member should ask questions such as: "What type of bomb is it?" "What does the bomb look like?" "Where did you plant the bomb?" "Why did you plant a bomb?" Many times the caller may even respond with his first name or his location, but reserve this question until last since he/she may become frightened and hang up the phone.
- b. While you are asking these questions, listen for background noises, i.e., railroad train, "phone booth" sound, shopping mall announcements, etc.
- c. It is important that as soon as the staff member realizes he/she has a bomb threat caller on the phone, he/she should signal another staff member to call "911" to report the call so that help may be summoned. This staff member should also telephone Frontier at 800-921-8102 to start tracing the call immediately. Dial \*69 to attempt to determine the phone number used by the bomb threat caller. If a bomb threat is received, the staff member will immediately notify the Business Administrator or his/her designee. "CODE GRAY" will be announced over the paging system.
- d. Notify the Medical Director.
- e. The Medical Director will make the decision to activate the Internal Disaster Plan as outlined above under Section 2 - "Explosion".
- f. Do not touch or move any suspicious packages.

**TITLE: DISASTER PREPAREDNESS PLAN (Cont'd) Page 3****EFFECTIVE DATE: March 1, 2001**

- g. No one should re-enter the building until the facility is declared safe for re-entry by Emergency Personnel.

**4. UTILITY FAILURE:**

- a. In the event of an electrical failure, HSC is equipped with a back-up auxiliary generator that is activated by a power failure. Should this system fail as a back up, HSC personnel should be aware that no electrically operated equipment is functioning. In the event of an emergency generator failure, the Business Administrator or his/her designee will be responsible for reporting the failure to Anderson Brothers, the contracted building services provider and notifying NPPD.
- b. Should there be a water supply failure, the Business Administrator or his/her designee will be responsible for reporting the problem to Bamford Plumbing and/or Anderson Brothers, the contracted sprinkler system and plumbing service providers. The City of Kearney should be notified of any main water supply issues.

**5. CIVIL DISTURBANCE/RIOTS:**

- a. In the event of a civil disturbance during normal business hours which threatens the security or normal operation of HSC, the Business Administrator or his/her designee will be responsible for notifying the Police Department by dialing "911".
- b. HSC will engage in protection of the employees, patients and visitors by utilizing the Police Department. Patients, visitors and employees will be discouraged from leaving HSC without police protection and encouraged to remain inside until police protection becomes available.

- 6. **LOSS OF COMMUNICATIONS:** In the event of a power failure, the emergency generator provides power to operate vital activities. In the event of a failure of the generator, communications with outside entities would be necessary. Radio information can be obtained by use of the battery-operated radios located in the Business Office, pre-op bay 1 or the men's restroom. Battery-operated flashlights will also be kept on hand at the facility for use. Availability of any cellular phone should also be considered as an alternative communication system.

**TITLE: DISASTER PREPAREDNESS PLAN (Cont'd) Page 4****EFFECTIVE DATE: March 1, 200****7. HAZARDOUS MATERIAL INCIDENTS ON I-80**

- a. In the event of an incident involving hazardous waste, no one is to leave the building until dictated by Emergency Personnel.
- b. Close and secure all windows and doors.
- c. Have all staff, patients and visitors don a mask.
- d. Move patients and visitors to safe area designated by Emergency Personnel.
- e. If dictated by the Emergency/Fire Department, initiate evacuation procedures.

8. **EVACUATION AND RELOCATION OF PATIENTS:** The specific type of disaster and the conditions in and around the facility will dictate whether or not the evacuation, transfer or relocation of patients will be necessary. A Transfer Agreement is in place with Good Samaritan Hospital in the event a patient needs acute care. Coordination with the Emergency Management Office at 308/233-3225 may be necessary. The Business Administrator and/or her designee and the Medical Director, in conjunction with local authorities, will make the final decision as to the disposition of patients. In the event of a citywide disaster, the Emergency Management Director will announce steps to be taken to allocate resources by priority need and the means by which this will be accomplished.

**EMERGENCY RESOURCES**

The following is a list of resources, which may be needed during a disaster and should be utilized by the person in charge of the Disaster Preparedness Plan:

1.	Contracted Building Services	Anderson Brothers	308-236-6437
2.	Rationing of Water Supply	City of Kearney	308-233-3206
3.	Chaplain	GSHS	308-865-7100
4.	Center Personnel Roster	See Disaster Preparedness Plan	
5.	Fire Department		308-237-2104
6.	Police Department		308-237-2104
7.	GSHS Plant Services Department		308-865-7051
8.	Buffalo County Emergency Management Director		308-233-2335

**DISASTER PREPAREDNESS PLAN  
DRILL MINUTES**

Date: \_\_\_\_\_ Time Elapsed: \_\_\_\_\_:\_\_\_\_\_ to \_\_\_\_\_:\_\_\_\_\_

Type of Disaster: \_\_\_\_\_

Announced by: \_\_\_\_\_

Description of Events:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Command Post Location: \_\_\_\_\_

Drill Stimulation Included:

Maintaining Life Support

Notifying Authorities

Locating Emergency Supplies

Patient/Visitor Evacuation

Performance of Participants: \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Need(s) For Training Identified: \_\_\_\_\_

Employees in Attendance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report Completed By: \_\_\_\_\_



HEARTLAND SURGERY CENTER  
**EMPLOYEE CALLING LIST**

SECTION D

**Administration**

David McConnell MD (308) 627-7480 cell  
(308) 237-0498 home

Anita Huddleston (308) 233-0930 cell  
(308)234-4423 home

Amy James (308)440-8843 cell  
(308) 234-3352 home

**Director of Clinical Services: Amy James (308) 440-8843 Cell**

Shannon Davis  
(308) 440-9088

Kylee Brandt  
(308) 440-2253

Kelly Ostergard  
(308) 930-0663

Jill Mathis Leber  
(402) 742-6083

Lori Hansen  
(308) 627-4735 cell  
(308) 237-9059 home

Melissa Prasch  
(308) 440-1254 cell  
(308) 234-3869 home

Kristin Belgum  
(308) 995-3815 home  
(308) 627-7701 cell

Lana Peister  
(308)627-6438

Dave Tighe  
(308) 627-4327 cell  
(308) 893-4505 home

Dawn Dulitz  
(308) 440-1948 cell  
(308) 233-5880 home

Heather White  
(308) 627-4714

Ashley Gustafson  
(970) 597-0672 cell  
(970) 597-0672 home

Brenda Kahle  
(308) 440-0831 cell  
(308) 237-0683 home

Lisa Kinnan  
(308) 440-2536

Paige Kreycik  
(308) 520-0159

Chas Cavenee  
(308) 440-1943

Jenna Breitreutz  
(308) 469-6522

Nicole Schuster  
(308) 216-0919

Tina Goodenberger  
(308) 237-1728

Isabelle Boyll  
(308) 440-7970

Jill Debban  
(308) 293-2106 cell  
(308) 237-9079 home

Beth Houser  
(308) 440-1791 cell  
(308) 236-7065 home

Paige Rosenthal  
(308) 293-2966

**Business Administrator: Anita Huddleston (308) 233-0930 Cell**

Jennifer Ortgiesen  
(308) 991-7984 cell  
(308) 478-5365 home

Juleen Arehart  
(308) 528-0264 cell  
(308) 478-5802 home

Hannah Moats  
(308) 440-5767

Jody Jones  
(308)440-2264

Reva Keel  
(308) 233-7706

Shauna Kuszak  
(308) 293-5097

Loralee Sandoval  
(308) 440-9216

Bridget Jones  
(308) 627-8138

Danell Will  
(308) 627-3612

Jocelyn Fausch  
(308) 708-0892

Kelli Carey  
(308) 390-0851

Abby Henderson  
(308) 293-7792

Patty Seevers  
(308) 233-9925

Rebecca Kauk  
(308) 222-0102

Mary Robinson  
(308) 293-6294

Amanda Stones  
(308)440-2307

Mitzi Carter  
(308) 530-8496

Courtney Wozniak  
(308) 440-1118

Jenna Shandera  
(402)681-8207

Pam Leet-King  
(308) 233-0770 cell  
(308) 236-2047 home

Shannon Gregory  
(308) 240-0915 cell  
(308) 237-0831 home

Lacy Nokes  
(308) 440-7370

**TITLE: TORNADO SAFETY PRECAUTIONS PLAN****EFFECTIVE DATE: March 1, 2001****TORNADO**

**WHAT IS A TORNADO?** A tornado is a violent storm with whirling winds up to 300 mph. This short-lived storm is the most violent of all atmospheric phenomena and the most destructive over a small area.

**TORNADO FACTS:** Tornadoes travel at an average speed of 30 miles an hour, but they can range up to 70 mph. While most tornadoes travel from southwest to the northeast, their direction can be erratic and change suddenly.

Hail may or may not precede a tornado; the portion of a thunderstorm adjacent to large hail is often the area where strong to violent tornadoes are most likely to occur.

Most tornado damage is caused by wind; however, most injuries and deaths result from flying debris. Although most tornadoes occur during the mid-afternoon or early evening hours, (3PM - 7PM), they can occur at any time, with little or no warning.

The key to survival is advance planning. While tornadoes can occur at any time of the year, they are the most frequent during April, May and June.

**TORNADO WATCH:** A tornado watch means weather conditions are favorable for the formation of tornadoes in or near your area. If a tornado watch is posted, listen to the radio or television for information regarding weather conditions.

Also, you should watch the sky, especially in the south and southwest. If revolving, funnel-shaped clouds are noted, contact your local police department, sheriff's office or weather service.

**DO NOT USE THE TELEPHONE TO GET INFORMATION AND ADVICE, RELY ON THE TELEVISION AND RADIO!!**

**TORNADO WARNING:** A tornado warning means that a tornado has actually been sighted in your area. This is not the time for opening windows, getting in the car to travel to safety or call the authorities for information on what to do.

**TITLE: TORNADO SAFETY PRECAUTIONS PLAN (Cont'd) Page 2****EFFECTIVE DATE: March 1, 2001**

**WHAT TO DO:** If a tornado warning is issued, it means a tornado has been spotted in your area. Take shelter immediately! Take action to protect yourself from being blown away, struck by flying objects, or injured by flying debris. At HSC, the safest places are the interior rooms of the center, men's restroom near employee lounge and Pre-op bays 1 and 2.

**AVOID THESE ACTIONS IF A TORNADO WARNING IS ISSUED:**

1. **DON'T PANIC.**
2. **DON'T WORRY ABOUT OPENING WINDOWS.** Studies have shown that opening windows to relieve pressure might actually do more harm than good, so leave the windows alone and close the doors leading to the hallway.
3. **DON'T USE THE TELEPHONE FOR INFORMATION.** Rely on the television and radio.

**WHAT TO DO: GENERAL**

1. If patients are present, move them to a designated "Safe" area. The safest places include interior rooms, Pre-op bays 1 & 2, and the men's restroom.
2. Keep the radio and television tuned in to emergency channels. There are battery operated radio's located in the cupboard in the Business office, Pre-op 1 and in the men's restroom.
3. Close all doors to the procedure rooms and operating rooms.
4. Turn off all oxygen and gas supplies if no patients are anesthetized. Use the portable Oxygen tanks if possible.
5. Place your body in a squatting position.
6. Place your hands over your head and neck.

**TITLE: TORNADO SAFETY PRECAUTIONS PLAN (Cont'd) Page 3****EFFECTIVE DATE: March 1, 2001****WHAT TO DO - BUSINESS OFFICE STAFF:****Announce over the paging system “we are in a tornado warning, take cover”**

- 1) Move all visitors/families to safety. Instruct them to place their body in a squatting position and place hands over your head and neck.
- 2) Keep radio and television tuned to emergency channels.
- 3) Close all doors in the business office and hallways.
- 4) Place your body in a squatting position.
- 5) Place your hands over your head and neck.
- 6) Do not move the business office computers, copy and fax machines.

**WHAT TO DO - OPERATING ROOM /RECOVERY STAFF:**

- 1) Move all patients to safety, if surgery is being performed, finish as quickly and safely as possible.
- 2) Make sure all doors to the Operating Room suites are closed.
- 3) Make sure all oxygen and gas supplies are turned off if **no patients are anesthetized. Use the portable Oxygen tanks if possible.**
- 4) Place your body in a squatting position.
- 5) Place your hands over your head and neck.
- 6) Move any major pieces of equipment into the interior corridor.
- 7) Move all Recovery Monitors to the interior corridor.

**WHAT TO DO – BUSINESS ADMINISTRATOR:**

- 1) Notify physicians in the building of tornado warning.
- 2) Assess severity of tornado and notify appropriate resources for available help.
- 3) Assign tasks for personnel to do.
- 4) Assure all evacuation routes are clear.
- 5) Assure all EXIT doors are clear.
- 6) Assure all patients, family and staff are safe or are safely evacuated.

**ALL STAFF:**

Follow the Evacuation Plan and Fire and Evacuation Plan.

Revised: 4-2010 by amh



**TITLE: "CODE" LISTINGS**

**EFFECTIVE DATE: March 1, 2001**

The following definitions of terms will be used in the Center:

1. "Code Red" = Fire
2. "Code Yellow" = Tornado Warning
3. "Code Blue" = Patient Emergency (Cardiac Arrest)
4. "Code Grey" = Bomb Threat

**TITLE: FLOOD DISASTER PROCEDURE PLAN****EFFECTIVE DATE: March 1, 2001**

**HSC is not located in a Flood Plain.** However, if any flooding should occur, the staff will follow this policy.

The Flood Disaster Plan will be used in conjunction with the Disaster Preparedness Plan. The employees at the Center will follow the Evacuation Plan outlined in Disaster Preparedness Plan - notify 911.

In the event that flooding takes place during hours that the center is closed, the Business Administrator or his or her designee will notify each employee, physician, and patient on the following day of procedure of any cancellations.

Based on where the flooding has occurred within HSC, patients and visitors should be moved to a dry and safe area. If there is not a safe place within HSC, they should be moved to the area designated by the Emergency Management Director. (308/233-2335)

Business Office personnel will be responsible for assuring family members safety by evacuating them to a location deemed safe by the Business Administrator and the Medical Director. They will also be responsible for shutting down the computer system and business office equipment and moving the equipment to a safe, higher level.

The OR/Recovery Staff will be responsible for systematically evacuating patients to a place deemed safe by the Business Administrator and/or Medical Director. Secondly, responsible for unplugging electrical equipment and moving equipment, if possible, to a safe and higher area to prevent damage. Staff must always assure that they are in a dry environment before unplugging any device.

**ADMINISTRATOR or his/her designee:**

- 1) Notify Medical Director of flooding situation.
- 2) Communicate with Medical Director concerning safe evacuation of patients, family and staff.
- 3) Communicate with Fire Department/Rescue Squad concerning safety of building before allowing staff to return inside building.
- 4) Notify contracted Housekeeping services on clean-up needs of building.
- 5) Notify Anderson Brothers, the contracted building services, concerning the safety of electrical components of building and the safe use of water systems and drinking water.
- 6) Notify Biomedical Service concerning any damaged equipment and to evaluate any questionable equipment before use.
- 7) Remove any combustible debris from the building area.

**TITLE: SEVERE HOT & COLD WEATHER PROCEDURE PLAN****EFFECTIVE DATE: March 1, 2001**

This plan will be used in conjunction with the Disaster Preparedness Plan. When evacuation is required, the employees of the **HEARTLAND SURGERY CENTER** will follow the Evacuation Plan as outlined in the Disaster Preparedness Plan.

In the event that severe hot or cold weather occurs during the hours that HSC is closed, the Business Administrator or his/her designee will initiate the disaster employee calling list and follow those procedures.

In the event that severe hot or cold weather occurs during operating hours - the following duties are to be initiated:

**BUSINESS ADMINISTRATOR:**

- 1) Responsible for notifying staff, patients and surgeons of any cancellations.
- 2) Responsible for notifying Anderson Brothers, the contracted building services, of any insufficient facility maintenance issues.

**BUSINESS OFFICE PERSONNEL:**

- 1) Assure family members are kept safe and comfortable.
- 2) Monitor TV and radio for updated weather reports and notify Business Administrator of any changes.

**DIRECTOR OF CLINICAL SERVICES:**

- 1) Obtain next day's surgery schedule with phone numbers for communication in case of need for cancellations.

**OR STAFF:**

- 1) Assure patients are kept safe and comfortable.
- 2) Assist recovery room personnel with patient care and discharge.
- 3) Notify Director of Clinical Services or his/her designee of any OR equipment failures, who in turn will notify the Biomedical Service.
- 4) Keep Director of Clinical Services or his/her designee informed of the progress and the completion time of your assigned case.
- 5) Notify the Business Administrator or his/her designee in the event you experience insufficient HVAC usage, if emergency generator is on, etc.

**TITLE: SECURITY - MEASURES TO PREVENT VIOLENCE IN THE WORKPLACE****EFFECTIVE DATE: March 1, 2001**

Unrealistic expectations, frustration with the healthcare delivery system, internal or external stresses and other factors all may lead to threats, harassment and even violence against healthcare providers, including HEARTLAND SURGERY CENTER staff members. Actions such as threatening phone calls or notes, stalking and violence must be recognized as a reality in today's society.

HEARTLAND SURGERY CENTER has implemented the following as attempts to deter potential violence and protect employees, visitors and/or patients from danger:

1. Provision of adequate lighting for entrances, exits and in parking areas for employees and visitors.
2. Provision of motion security system and key pad access at all perimeter doors except the patient entrance. It does not have key pad access and is unlocked during hours of operation.
3. Reporting mechanisms for individuals to voice complaints (grievance process) so that they may be effectively and quickly resolved.
4. Management is committed to fair and quick to resolution to any complaints from employees. The HEARTLAND SURGERY CENTER Compliance Program for employees and all medical and allied health staff serves as a tool for implementation and adherence to our corporate compliance standard and code of conduct. The Compliance Program is introduced during new employee orientation and during the credentialing appointment and reappointment process for Medical and Allied Health staff.
5. Using courtesy in patient account collections and assuring that collection agencies retained by the HEARTLAND SURGERY CENTER are committed to the provisions of the Fair Debt Collection Practices Act.

**ZERO TOLERANCE**

If an employee engages in any violence or threatens any violence in the workplace, his/her employment will be terminated. No suggestion or joking of violence will be tolerated.

"Violence" includes any physical harm, shoving, pushing, harassing, intimidating, coercing, brandishing weapons and threatening or talking about engaging in these activities.

**WEAPONS**

Heartland Surgery Center prohibits the possession of weapons by any employee on the property. Weapons include: guns, knives, explosives and any item with the potential to inflict harm.

**REPORTING VIOLENCE**

All employees are responsible for reporting violence. Employees are encouraged to report any incident that may involve a violation of this policy to your supervisor. All reports will be investigated and information will be kept confidential.

**TITLE: SECURITY - WORKPLACE VIOLENCE**

**EFFECTIVE DATE: May 2001**

**SUGGESTIONS**

1. Stay calm. Staying calm may give the appearance that you are in control. If you appear to be losing control, this may aggravate the situation.
2. Do not focus on the weapon, if there is one. Try to focus on the person and they may focus on you and not their weapon.
3. Communicate. Try to engage the person in conversation or get permission from them to step back and increase the distance between them and you.
4. Plan an escape route.
5. Don't try to disarm or physically restrain the person unless no escape route exists and there is no other alternative.
6. Call 911 if necessary.

**TITLE: BIOTERRORISM RESPONSE PLAN****EFFECTIVE DATE: May 19, 2005**

In the event of a biological attack or warning of, the following directives will be implemented immediately:

1. An all staff alert will be paged overhead via the telephone system.
2. The Business Administrator or his/her designee will notified and will direct all activities and operations of HSC ***in accordance with guidelines and directives being issued by local or national authorities through the office of Emergency Management (308/233-2335).***
3. The surgery center will be placed into a **STAND BY** status. All surgery not in progress will be delayed until the situation is assessed.
4. Use of the phone system will be limited to emergency use only.
5. The Business Administrator or his/her designee will designate a staff person in the business office to be the Communications Coordinator.
  - a. **Duties of the Communications Coordinator**
    1. The Communications Coordinator will turn on the local radio station KQKY 106 FM and turn on the TV in the lobby to NTV Channel 13.
    2. Obtain a cell phone.
    3. Monitor, report and update HSC Management as needed.
6. The Business Administrator and his/her designee(s) will also account for all staff members, patients, visitors and any other person at HSC. Patient ID bands will be applied to all persons.
7. The Medical Director or his designee will assess all patients for level of recovery.
8. The Director of Clinical Services or his/her designee will unite patients with family members present if the patient's physical condition is appropriate.
9. The Safety Officer will lock all doors to control access into the building. Anyone entering the building must sign in and his or her physical address documented.
10. The Safety Officer(s) or his/her designee will determine what if any measures need to be taken with the building facility services (specifically the HVAC System).
11. All staff members will remain at HSC to provide care to the patients until the Business Administrator or his/her designee releases them.
12. HSC will remain on a stand by status until the authorities give the all-clear notification.
13. The Business Administrator or his/her designee will keep all staff members, patients and families updated on current information.

HEARTLAND SURGERY CENTER is not a participant in the local citywide disaster response unit. If the situation requires, the Business Administrator or his/her designee will respond to the requests or directives made by the local authorities or Good Samaritan Health Systems after all patients have been accounted for, assessed and treated and are in the second stage of recovery. The local authority is the ***office of Emergency Management (308/233-2335). The Director of Emergency Management coordinates with state and national authorities. A duty officer is on call 24/7 at the aforementioned number.***

**TITLE: BIOTERRORISM RESPONSE PLAN****EFFECTIVE DATE: May 19, 2005**

If directed by local authorities or Good Samaritan Hospital to accept patients, the Medical Director has the final authority. *Heartland Surgery Center does not have the resources to care for critically ill patients, patients requiring ventilation, massive blood loss or shock.* Any accepted patients will be identified and identification bands applied. The pre-op nurses will utilize the pre-op screening form and if allergies are identified, apply an allergy band. *Any patient who was not a patient at HSC prior to the disaster or attack will be confined to the Pre op Area or in the procedure rooms.*

**BOMB THREAT SCRIPT**

**Remember: REMAIN CALM**

Time of Call	Date of Call / /	Call Received at what #	Person Receiving Call
--------------	---------------------	-------------------------	-----------------------

Exact Words of Caller: \_\_\_\_\_

**Voice Type (Circle all that apply):**

- |                                 |  |                                   |                                  |                                 |
|---------------------------------|--|-----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Excited       | <input type="checkbox"/> Calm     | <input type="checkbox"/> Stutter | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Female | <input type="checkbox"/> Giggling      | <input type="checkbox"/> Stressed | <input type="checkbox"/> Rapid   | <input type="checkbox"/> Lisp   |
| <input type="checkbox"/> Accent | <input type="checkbox"/> Disguised     | <input type="checkbox"/> Slow     | <input type="checkbox"/> Nasal   | <input type="checkbox"/> Deep   |
| <input type="checkbox"/> Child  | <input type="checkbox"/> Broken Speech |                                   | <input type="checkbox"/> Slurred |                                 |
| <input type="checkbox"/> Angry  |  |                                   |                                  |                                 |

Approximate age of caller: \_\_\_\_\_ If voice familiar, who does it sound like? \_\_\_\_\_

**Background Noise (Circle if heard):**

- |                 |               |           |        |
|-----------------|---------------|-----------|--------|
| Music           | Water         | Typing    | Cars   |
| Children/Babies | Birds         | PA System | Trucks |
| People Talking  | Machine Noise | Airplanes | Other  |

Describe all background noises. Be specific:

**Ask Caller:**

- When is the bomb going to explode? \_\_\_\_\_
- Where is the bomb? \_\_\_\_\_
- What does the bomb look like? \_\_\_\_\_
- What kind of bomb is it? \_\_\_\_\_
- What makes it explode? \_\_\_\_\_
- How can we stop it from going off? \_\_\_\_\_
- Did you place the bomb? Yes No Why?
- Whom do you represent? \_\_\_\_\_
- Will you call again? Yes No Why? \_\_\_\_\_
- Where are you calling from? \_\_\_\_\_
- What is your address? \_\_\_\_\_
- What is your name? \_\_\_\_\_

Call reported to: Administration Physician Police Fire Department  
*(Adapted from Bureau of ATF Materials)*



**TITLE: CHEMICAL SPILL PROCEDURE****EFFECTIVE DATE: March 1, 2001****PURPOSE**

To prevent exposure of personnel to hazardous chemicals.

**RESPONSIBLE**

Safety Officer(s)

Medical Director

Director of Clinical Services

**PROCEDURE:**

1. Stop source of spill if possible.
2. Immediately provide maximum ventilation.
3. Avoid excessive inhalation of vapor or contact with skin.
4. Don personal protection: gloves, gown, respirator and shoe covers,
5. Place spill signs at the perimeter of the spill area.
6. Use absorbent pillows and powder (kept in the decontamination and radiology rooms) Uniformly over liquid spill allowing 10-15 minutes for absorption and solidification.
7. Use scoop to lift encapsulated material into spill bag.
8. Remove personal protection and place into bag.
9. Tie off spill bag using a single knot.
10. Place two (2) "Contains Chemical - (i.e. Formaldehyde)" caution labels on bag.
11. Notify staff housekeeper for terminal cleaning of the area.
12. Properly dispose of encapsulated materials according to institutional procedures and local, state, and federal regulations. **(In Nebraska, all chemical pillows may be placed in landfill)**
13. Any liquid chemical used at HSC may be dumped into the sanitary sewage system.
14. Keep spill signs in place until area has been cleaned.

**TITLE: CHEMICAL SPILL PROCEDURE (Cont'd) Page 2**

**EFFECTIVE DATE: March 1, 2001**

**PROCEDURE: continued**

14. Complete Occurrence Report.
15. If chemical spill is too large to control, isolate the area and call "911." The fire department will respond to a chemical spill that is out-of-control. Kitty litter is stored in the receiving area. This may be used to control a large chemical spill.

**TITLE: BLOOD SPILL PROCEDURE**

**EFFECTIVE DATE: March 1, 2001**

**PURPOSE**

To prevent exposure of personnel to possible infectious disease.

**RESPONSIBLE**

Medical Director  
Safety Officer(s)  
Director of Clinical Services

**PROCEDURE**

1. HSC will use "Oxivir" disinfectant cleaner. (this will kill infectious organisms within 60 seconds. See product information.)
  2. Use appropriate PPE.
  3. Wipe up spill with Oxivir wipe.
  4. Allow to dry for several minutes.
  5. Discard soiled wipes and gloves.
  6. Wash hands thoroughly.
- 
1. Report to Safety Officer and Director of Clinical Services if possible employee contamination occurred.

# Employee Safety Quiz

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Heartland Surgery Center Safety Officer is \_\_\_\_\_.
2. List the locations of all **13** fire extinguishers at HSC.
3.
 

1. _____	5. _____	9. _____
2. _____	6. _____	10. _____
3. _____	7. _____	11. _____
4. _____	8. _____	12. _____
		13. _____
4. According to the OSHA regulations either all or designated employees must be trained on the use of the fire extinguishers. Which HSC employees does this include?
  - a. Anita and Amy
  - b. Reva
  - c. Everyone
5. In the case of a fire evacuation, the designated meeting place for all HSC employees is:
  - a. In the lounge
  - b. The sidewalk outside the lounge door
  - c. The lobby
  - d. The front parking lot
6. Duraprep is commonly used at HSC. Is it considered flammable? Yes No  
 What is HSC’s policy regarding Duraprep use? \_\_\_\_\_
7. Heartland Surgery Center has a “zero tolerance” policy regarding workplace violence and/or harassment. True False
8. According to HSC’s Equipment Management Program policy, equipment that has malfunctioned is to be:
  - a. Immediately removed from service and tagged "Out of Order" or "Repair Required".
  - b. An occurrence report is completed
  - c. An Equipment Malfunction Report is completed
  - d. The Safety Officer(s) and/or Director of Clinical Services is notified
  - e. All of the above
9. Which of the following is not a type of PPE?
 

a. Respirator	c. Gloves
b. Hand sanitizer	d. Goggles

## Employee Safety Quiz (pg 2)

10. Where is the designated "Safe" area to move to during a Tornado Warning, according to the HSC policy & procedures?

\_\_\_\_\_

11. Where would you find the Bomb Threat script?

\_\_\_\_\_

12. Patient & Employee injuries are reported when?

\_\_\_\_\_

How? \_\_\_\_\_

Who to? \_\_\_\_\_

## OSHA Training Quiz

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. The purpose of OSHA regulations is to ensure the health & safety for \_\_\_\_\_.
  - a. Employers
  - b. Employees
  - c. Patients
  
2. According to OSHA, eyewash solutions must be located within 10 seconds' travel distance of the place where hazardous chemicals or materials are being poured or used. If you were exposed to a chemical while working in preop or postop, where is the closest eyewash solution?  
\_\_\_\_\_.
  
3. It is crucial to the exposure prevention program not to overfill the sharps containers. To avoid overfilling sharps containers, OSHA recommends:
  - a. Use sharps containers with transparent windows that allow you to see when they are full
  - b. Open sharps containers periodically to check if they are full
  - c. Place containers at a height where you can visually check them before attempting to insert any additional sharps
  - d. Both a and c
  
4. OSHA regulations require that facilities display a current job safety poster. Where is the poster located at HSC? \_\_\_\_\_
  
5. The focus of OSHA's Bloodborne Pathogens Standard is to reduce the risk of exposure to Hepatitis B, HIV, and other diseases for \_\_\_\_\_.
  - a. All patients
  - b. All healthcare workers
  - c. The general public
  
6. Where can you find the HSC's Exposure Control Plan for Bloodborne Pathogens?
  - a. In the MDS book
  - b. In Tina's office
  - c. In the HSC's Policies & Procedures
  
7. OSHA's hazard communication standard requires HSC to inform employees of the potential health hazards associated with exposure to chemicals used or stored in the workplace. Where would you find a list of the hazardous chemicals we have at HSC?
  - a. In the HSC Policies & Procedures
  - b. In the MDS book
  - c. In Amy's office

## OSHA Training Quiz (pg 2)

8. Ergonomic hazards have become an important aspect of OSHA's workplace inspections. Circle all examples that are ergonomic hazards at HSC.
- Pushing patients on carts
  - Cranking your neck while talking on the phone
  - Making lateral transfers of patients from one bed to another
  - Moving linen bags
  - Typing
9. To prevent injuries from patient lifting, OSHA recommends that employers:
- Minimize all manual patient lifting
  - Allow families to perform care giving activities
  - Eliminate manual lifting whenever possible
  - Both a & c
10. The *minimum* PPE that must be worn when performing a task that puts you a risk for exposure to an infectious agent is
- Gloves
  - Mask
  - Gown
11. OSHA uses the term, "Engineering Controls," to refer to [controls that isolate or remove the bloodborne pathogens hazard from the workplace]. An example at HSC is:
- Sharps containers
  - Needleless IV systems
  - Self-sheathing needles
  - All of the above
12. OSHA has established occupational exposure limits to protect employees from the harmful effects of ionizing radiation. An example of ionizing radiation exposure at HSC is which of the following?
- Taking care of cancer patients who have received radiation treatments
  - Working with portable x-ray equipment

How do we monitor radiation exposure at HSC?

- By keeping track of the number of cases that use xray or fluoroscopy
- By employees wearing radiation ID badges
- The xray & fluoroscopy machines keep track of it

## OSHA Training Quiz (pg 3)

13. An employee who fails to fully fasten the lead apron while attending a patient during a fluoroscopy procedure may be exposed to scatter radiation because he or she has:
  - a. Used the PPE improperly
  - b. Selected the incorrect type of PPE
  - c. Selected a defective apron
  
14. OSHA's Walking & Working Surface Standard is to protect employees from injuries caused by slips, trips, and falls. An example of a walking & working hazard you could encounter at HSC is \_\_\_\_\_, which cause more than half of all nonfatal falls on a level surface.
  - a. Tripping over your shoe strings
  - b. A poorly maintained floor
  - c. A wet floor





**FIRE WATCH POLICY**

**EFFECTIVE DATE: March 1, 2011**

**PURPOSE:** To provide a mechanism for monitoring the building for potential or actual fire and smoke conditions during fire protection system shutdown or operational failure.

**PROCEDURES:**

**I IMPLEMENTATION**

A In the event that the fire alarm system or sprinkler system must be shut down or is out of service during operational hours, the fire watch policy will be initiated.

B Upon notification of a system outage that is anticipated to last more than four hours in a 24 hour period, HSC will initiate the following fire watch procedures:

1. HSC will contact the Kearney Volunteer Fire Department (911) to alert them to the condition in accordance with the HSC Fire and Evacuation Plan, Section D of HSC Policies and Procedures.
2. The Safety Officer(s) will be the individuals conducting the fire watch.
3. During the patrol, the fire watch should not only be looking for fire, but make sure that the other fire protection features of the building such as egress routes and any other fire protection systems are available and functioning properly.
4. Fire watch inspection will be performed periodically at random times as determined by the Safety Officer(s) and documented on the Fire Watch Inspection-Documentation Sheet.

C If a fire or smoke condition is identified, RACE will be initiated and the fire watch will contact the Kearney Volunteer Fire Department (911) to initiate response to the Fire and Evacuation Plan, Section D of HSC Policies and Procedures.

**II CLOSEOUT**

A When the involved system(s) is restored to normal operation, the Safety Officer(s) will contact the Kearney Volunteer Fire Department (911) and state that the fire watch activities are concluded.

B The Safety Officer(s) will close out the Fire Watch Inspection-Documentation form. The fire watch documentation is placed in the Safety Book for record-keeping.

