

MENNONITE VILLAGE POLICY & PROCEDURE

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Part I: ACCIDENT PREVENTION AND SAFETY COMMITTEE

Policy: It is the policy of Mennonite Village to protect the safety and health of our staff and residents. We have established a safety and health program that will prevent on-the-job injuries and illnesses. We are all responsible for creating and maintaining a safe workplace. A Safety Committee has been established to make safety recommendations to management.

Safety Committee Procedure: The committee consists of staff and managers from all areas of campus. Members are volunteers who are interested in workplace safety. If the committee lacks volunteers, members may be appointed. The committee meets monthly. Minutes of meetings are posted across from the Beauty Shop with the legal notices. The charge of the committee is to: define safety problems and remove obstacles to accident prevention; conduct safety inspections; identify hazards and recommend corrective actions; help identify staff safety training needs; and establish accident investigation procedures.

Part II: COMMUNICATION OF HAZARDOUS MATERIALS

Staff have the right to know of hazards present in their jobs. The following policy is to ensure that staff are aware of hazardous chemicals and know where to access necessary information.

1. Container labeling. The Central Supply Coordinator will verify that all containers received for use are clearly labeled as to contents, name and address of manufacturer, and hazard warnings. The Central Supply Coordinator will ensure that each chemical has an accurate and complete Material Safety Data Sheet (MSDS) and will file and maintain the MSDS for all campus chemicals. The supervisor in each department will ensure that all secondary containers are labeled appropriately. Staff who receive direct deliveries of hazardous chemicals are responsible for forwarding the MSDS to the Central Supply Coordinator and for verifying the product container label.
2. MSDS. Copies of MSDS for all chemicals used by this facility are kept in the Central Supply Office, North Nurses Station, Central Nurses Station, and the Quail Run Medication Room. Copies of MSDS for chemicals used in a department are also kept in that department. Staff may review these at any time.

3. List of Hazardous Chemicals. A list of all hazardous chemicals is kept in each MSDS book and is updated by the Central Supply Coordinator when new MSDSs are added.
4. Training. During New Employee Orientation, training will be provided regarding this policy. Each new employee will also be trained by his/her supervisor regarding the chemicals in his/her department. The training shall include:
 - a) An overview of the Hazard Communication Standard, 29 CFR 1910.1200.
 - b) Chemicals used in this facility.
 - c) Location of the written Hazard Control Program.
 - d) Methods and observation techniques used to determine the presence of hazardous chemicals in the workplace.
 - e) How to minimize or eliminate exposure to these hazardous chemicals through work practices and personal protective equipment.
 - f) Steps taken by Mennonite Village to minimize exposure to any chemicals.
 - g) Emergency procedures if exposure occurs.
 - h) Location of MSDS file and inventory list of potentially hazardous chemicals.
5. Exposure. Should exposure to a hazardous chemical occur, staff should consult the MSDS for proper medical treatment, or call 9-1-1 in cases of emergency. Procedures for reporting an on-the-job injury shall also be followed. (See Part IV, page 3)

Part III: GENERAL SAFETY RULES

Staff are responsible for performing their duties in a safe manner. Supervisors are responsible for ensuring that staff are trained on safe procedures, hazard identification, and safety equipment, and for ensuring that staff are performing their duties safely. Failure to follow safety procedures will lead to disciplinary action, up to and including termination.

All staff are required to do the following:

1. ASK if you are unsure about safety procedures.
2. Wear all personal protective equipment needed for your job.
3. Use proper body mechanics when performing transfers or other strenuous tasks.
4. Always use a gait belt when performing transfers. Wear your gait belt so it is easily accessible.
5. For direct care staff, follow the residents' care plans. If a care plan indicates a two-person transfer, you must get help.
6. Avoid practical jokes and horseplay. This behavior can cause serious injury.
7. Report all unsafe conditions or practices to your supervisor or the Safety Committee.
8. Confine smoking to off campus or in employee's personal vehicle.
9. Keep work areas neat and orderly to prevent slipping and tripping accidents.
10. Know the location of fire extinguishers. If you use a fire extinguisher, notify the supervisor so the extinguisher can be re-filled.
11. Follow emergency procedures in the Disaster Manual in cases of fire, power outage, bomb threat, flood, etc. The Disaster Manual is located in all nurses' stations and managers' offices.
12. Obey all traffic regulations, including seat belt usage, when operating company vehicles.
13. Do not clean or repair any machinery unless it has first been shut off, disconnected from the power source, and the controls are locked/tagged out.
14. Dispose of biohazard materials only in marked containers.
15. Dispose of flammable materials (e.g., oily rags or combustible chemicals) only in fire-resistant containers.

Part IV: STAFF RESPONSIBILITIES WHEN INJURED ON THE JOB

If you are injured on the job, you have the following responsibilities:

1. Notify supervisor immediately.
2. Complete "Occurrence Worksheet."
3. If doctor visit is needed, complete 801 form.
4. A drug & alcohol test must be completed for every incident or accident that occurred while operating heavy equipment or a motorized vehicle.
5. Submit all doctor's slips to supervisor or HR within 24 hours.
6. Attend all doctor appointments and follow doctor's orders.
7. Report for work (regular or light duty) when assigned.
8. Let your supervisor or HR know of any changes in your phone or address.
9. Call in promptly if you cannot report to work for any reason.

Supervisors/charge nurses have the following responsibilities when a staff member is injured on the job:

1. Make sure staff member completes "Occurrence Worksheet."
2. Complete "Investigator" form and submit it to Human Resources with the staff member's "Occurrence Worksheet."
3. If doctor visit is needed, send staff member to Human Resources to complete 801 form or have staff member complete 801 form and send completed form to Human Resources.
4. Comply with doctor's restrictions when staff member returns.
5. Keep staff member busy when on light duty – assign and review tasks.
6. Keep staff member active as part of the team – avoid isolation.
7. Report any problems to Human Resources.

PART V: BLOOD-BORNE PATHOGENS/HEPATITIS B

Blood-borne pathogens: Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) are major infectious health hazards (blood-borne pathogens) in the health care industry. We are required by law to inform you of your job-related risks in relation to these viruses. We are also required to establish procedures and provide tools and equipment to limit and prevent the potential for exposure.

Methods of transmission: HBV and HIV are not easily transmitted. They are not viruses that can be passed by casual contact, fecal, oral, or airborne routes, or by contaminated food or drinking water. These viruses have been isolated from blood, semen, saliva, urine, tears, vaginal secretions, cerebral spinal fluids, breast milk, and amniotic fluids, but only blood and blood products, semen, vaginal secretion, and possibly breast milks have been directly linked to transmission. Although other fluids have not been shown to result in infection, all body fluids and tissues need to be regarded as potentially contaminated with HBV and HIV and treated as if they were infectious. Both HIV and HBV appear to be incapable of penetrating intact skin, but infection may result from infectious fluids coming into contact with mucous membranes or open wounds (including unapparent wounds) on the skin.

Protecting yourself: If a procedure involves a potential for skin contact with blood or mucous membranes, then the appropriate barrier to skin contact should be worn, i.e., gloves. If there is a potential for splashing/splatter of blood or fluids, face shields or surgical masks and protective eyewear should be worn. Because viruses may often be carried by residents unknowingly, and because confidentiality issues surround resident care, it is important to use standard precautions (gloves and hand-washing) when the potential for fluid exposure exists. Staff should consult the "Infection Control Handbook" available at the nurses' stations for further information.

Your job: Exposure or potential exposure is to be classified by work-related tasks. Look for your job in the categories below:

Category I: Tasks that involve exposure to blood, body fluids, or tissues. The normal work routine involves repeated contact with blood or body fluids.

Standard precautions are to be used by staff in Category I jobs (see “Infection Control Handbook”). Laundry Aides should use gloves and aprons when handling soiled linens from laundry barrels. Housekeepers must use gloves when potential for contact with body fluids exists (e.g., cleaning restrooms or resident rooms). All staff should also use eye protection if splatter may potentially occur.

Category I staff may receive the Hepatitis B vaccine free of charge.

Examples of Category I Jobs:

RN	Laundry Aide
LPN	Housekeeper
CMA	Resident Assistant
CNA	Building Maintenance Worker
Caregiver	

Category II: Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require occasional unplanned Category I tasks. The normal work routine does not involve exposure, but exposure may be required as a condition of employment.

Examples of Category II Jobs:

Instructor	Home Care Manager
Dietary Staff	Activity Director and Aide
Restorative Aide	

When working at any Category I tasks, staff must use appropriate barrier precautions (see Category I).

Category III: Tasks that involve no exposure to blood, body fluids, or tissues, and Category I tasks are not a condition of employment.

Examples of Category III Jobs:

Administrator
Chaplain
Medical Records
Office Worker
Grounds Worker
Social Service Staff
Beauty Shop Staff
Volunteer
Central Supply Coordinator

First Aid: To prevent exposure when administering CPR or Heimlich Maneuver for choking, staff must use gloves for finger sweep of mouth, and a mask with a one-way valve.

Exposure Procedure: An “exposure” is defined as a contact between your blood and/or mucous membrane (e.g., a wound, nose, mouth, or eyes) with the blood of another. An example of an exposure would be a needle stick or a splash of blood into an open cut.

If you sustain an exposure, report it to your supervisor IMMEDIATELY. Timely treatment is important for your health!

The supervisor is to follow the following procedure in cases of potential blood exposure:

1. Immediately administer appropriate first aid and have the nursing supervisor on duty evaluate the injury. If it is a needle stick exposure, cleanse the area thoroughly with soap and water; apply a sterile dressing if needed. If it is a mucus exposure such as the eye or mouth flush the area completely with clean water.
2. Contact the Director of Nursing for interview to determine appropriate follow-up. 541-704-4225.
3. Fill out the both the *Employee Occupational Exposure Incident Report* and the *Accident Investigation for Bloodborne Pathogen Exposure* with the injured worker.
4. If receiving medical treatment have the injured worker and the top “Worker” portion of the enclosed 801 form: *Report of Job Injury or Illness*.
5. If the employee refuses to see a physician after the exposure, be sure he/she signs the enclosed *Denial of Medical Follow-Up* form.
6. If the employee declines the hepatitis vaccine after the exposure, be sure he/she signs the enclosed *Statement of Declination* form.
7. Explain that the physician will ask the employee for permission to draw blood for baseline testing.
8. Return ALL the forms in the packet to Human Resources.
9. Inform the employee that he/she will be contacted as soon as possible by Human Resources for further follow-up.

Vaccine: A vaccine for HBV is available to Category I staff free of charge. The vaccine must be given in three doses. The second dose is given 1 month after the first dose. The third dose is given 6 months after the first dose. All three doses are needed to provide immunity. Please indicate on the last page of this policy whether you accept this vaccine or not. If you indicate that you wish to have the vaccine, the Infection Control Nurse will administer it to you. You must return for ALL THREE doses.

If you decline the vaccine now and later want to accept the vaccine, notify the Infection Control Nurse. You can then receive the vaccine free of charge.

The vaccine provides immunity to HBV. The length of time that you will sustain this immunity varies by individual. You may ask your physician to perform a “titer” after you receive the vaccine series to see if you are immune. We will repeat the series if you are not immune. It is also recommended that you ask your physician to take a “titer” of your blood approximately 5 years after you receive your third vaccine and every 5 years thereafter. This titer will indicate whether you still have immunity. If the physician’s test indicates that you no longer have immunity, the facility will repeat the vaccine for you, at your request, free of charge. Contact the Infection Control Nurse to obtain the vaccination.

PART VI: NEEDLE STICK SAFETY AND PREVENTION

Mennonite Village has a committee of managerial and non-managerial staff to annually evaluate and implement safety engineered sharp devices and/or needleless systems to reduce employees’ occupational exposure.

Supervisors are responsible for the education and training of their employees on how to use safety engineered sharp devices and/or needleless systems.

Employees are responsible for using work practice controls that reduce the likelihood of occupational exposure by altering the manner in which tasks are performed. For example, proper hand washing, proper disposal of contaminated objects, procedures used to minimize splashing, spraying and splattering of blood or other infectious materials, and eating and drinking in designated areas in the workplace. Please reference Exposure Control Plan located at nurses’ stations, Mennonite Home office, front desk, and Quail Run Medication Room.

Any employee’s failure to practice needle stick safety and prevention will lead to disciplinary action, up to and including termination.

In the event you sustain an exposure, follow the exposure procedures outlined above in Section V: Blood-Borne Pathogens/Hepatitis B.

PART VII:

Staff Receipt Form -- Section I – All Staff

I have received and reviewed the Mennonite Village Safety Policy. I understand my responsibilities for working safely and for reporting injuries. I understand the facility’s policy regarding hazardous chemicals.

Signature

Date



Staff Receipt Form – Section II –

I have been informed of the symptoms and modes of transmission of blood-borne pathogens, including Hepatitis B Virus (HBV). I know about the facility's infection control program and understand the procedures to follow if an exposure incident occurs.

I have been informed of the method of administration, the risks, complications, and expected benefits of the vaccine. I understand that the facility is not responsible for any reactions caused by the vaccine.

As a Category I employee, (RN, LPN, CMA, CNA, Caregiver, Resident Assistant, Laundry, Housekeeping Staff, Building Maintenance Worker)

I understand that Mennonite Village will provide the vaccine to me free of charge upon hire. If I decline the vaccine now and want it later, it will also be provided free of charge. If my physician indicates that a titer has shown that I need another course of the vaccine, this will also be provided by Mennonite Village free of charge.

As a Category II or III employee, (see page 4), I have been offered the HBV vaccine at my own expense.

I have been offered the HBV vaccine within 10 days of beginning my employment at Mennonite Village. I have marked my choice below:

- I accept receiving the HBV vaccine.**
- I decline receiving the HBV vaccine at this time.** I understand that by declining the vaccine, I continue to be at risk of contracting HBV, a serious disease. I understand that if I change my mind, I can obtain the vaccine at a later date.
- I have had the HBV vaccine in the past and would like a Titer.**

Vaccine Record (RN to complete if staff member accepts vaccine):

	Staff Initial	Date	Given By
First dose			
Second dose (1 month after 1 st dose)			
Third (final) dose (6 months after 1 st dose)			
Titer (1 month after final dose)			

Print Name/Department/Contact phone # for vaccination scheduling

Signature _____ Date _____

Return this form to Human Resources