

Greater New Orleans Surgery Center

EQUIPMENT MAINTENANCE AND SAFETY

Page 1 of 2

Reviewed: August 1, 2001;

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

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SUBJECT: Equipment maintenance and safety.

PURPOSE: To ensure safety standards in preventing injury to staff, patients or physicians.

SCOPE: All personnel.

POLICY: Equipment should be tested before use to insure that it is functioning properly. The permanent equipment in each room, i.e., suction, electrical outlets, O/R table should be tested by persons assigned to that room. However, continuing maintenance is the responsibility of all members of the staff.

PROCEDURE:

A. Equipment should be tested before use.

B. If equipment is not functioning properly, it should be reported to the Clinical Manager immediately and a "Do not use/out of service." tag attached to the equipment. The equipment should be removed from patient care areas until it is repaired. An equipment malfunction report should also be completed and given to the Clinical Manager.

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C. If a loud buzzing is heard and the red light is seen on the isolated electrical panel in the O/R, this indicates that a piece of equipment is not properly grounded. This can occur when it is being plugged into the outlet. Disconnect the equipment immediately. Following completion of the surgery, the O/R in which the signal functioned will not be used until a report has been received from biomedical that the electrical defect has been remedied.

D. The oxygen and nitrogen alarm panel located in the PACU, OR and in business office will sound a high pitched audible alarm if the oxygen or nitrogen levels go down. If this occurs, push the silent audio button to silence the alarm and call Airgas (tanks) or Ohmeda (panel) immediately. If the problem cannot be immediately resolved, notify all anesthesia personnel giving an anesthetic so they can switch from wall to machine source.

E. A relative humidity between 40-70% will be maintained to reduce the possibility of electrostatic discharge.

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Greater New Orleans Surgery Center

EQUIPMENT MAINTENANCE AND SAFETY

Page 2 of 2

- F. Any tools or equipment brought into the O/R should be first cleaned with disinfectant.
- G. Maintenance personnel will change into scrub attire including cap and shoe covers when working within the restricted areas.
- H. Equipment in each operating room is tested quarterly by biomedical and results in ohms recorded.
- I. No electrical equipment except that approved by biomedical will be used in the O/R. This includes electrical equipment that is the personal property of a surgeon.
- J. Fire extinguishers are located in prominent places within the Center. If the protective seal (plastic loop around trigger) is broken, call River City Fire Co. to have extinguisher recharged. River City Fire Co. will inspect all fire extinguishers manually, and they will be inspected visually during monthly safety checks.

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Greater New Orleans Surgery Center

EQUIPMENT MALFUNCTION REPORTING

Page 1 of 1

Reviewed: August 1, 2001;

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Implemented: August 1, 2001

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SUBJECT: Equipment malfunction reporting.

PURPOSE: To ensure safety standards and reporting that prevents injury to patient, staff, and physician.

SCOPE: All personnel.

POLICY: In the event that a piece of equipment fails to work properly, the equipment will be removed from service and a report (see attached) filed with the Clinical Manager so that necessary repairs may be made.

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PROCEDURE:

- A. Any piece of equipment that fails to work properly will be removed from service. A report will be filled out (see attached) and the Clinical Manager notified so that necessary repairs will be made.
- B. The equipment should be clearly labeled with the "Do not use/equipment out of service." tag until such repairs have been made.
- C. Any equipment suspected to be faulty should be removed from patient care. The equipment in question will be checked by the appropriate maintenance company and be readied for service before being used for patient care. If repair needs to be done, it should still be readied for service by the maintenance company before being used in patient care.
- D. In the event a patient injury occurs as a result of an equipment malfunction, a copy of the equipment malfunction report will be attached to the Risk Identification Report Form and sent to the corporate office in Nashville.
- E. In addition, equipment/device malfunctions involving patient injury will be reported to the FDA under the guidelines of the Medical Device Reporting Act.

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EQUIPMENT MALFUNCTION REPORTING FORM

I. EQUIPMENT IDENTIFICATION:

Equipment Name/Manufacturer _____
Model #: _____ Serial # _____

II. EMPLOYEE FILING REPORT:

Name _____
Date of Report _____

III. PROBLEM INFORMATION:

Date Malfunction Occurred _____
Reported Verbally To _____
Description of Problem/Malfunction

IV. FOLLOWUP:

Forward Reporting Form to Clinical Manager at once.

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Label equipment with "out of service" tag and remove from service

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EQUIPMENT OUT OF SERVICE

DATE _____ INITIALS _____

EQUIPMENT BROKEN _____

SPECIFIC PROBLEM: _____

REPAIR PERSON CALLED AND WILL BE IN ON:

-PLEASE PLACE IN PLAIN VIEW ON BROKEN EQUIPMENT-

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FACILITY SAFETY CHECKLIST

Page 1 of 1

Reviewed: August 1, 2001;

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SUBJECT: Facility safety checklist.

PURPOSE: To maintain the physical plant and overall environment in a safe manner to protect the well-being of both patients and staff.

SCOPE: All personnel.

POLICY: A facility safety checklist will be done on a monthly basis, and results will be reported quarterly at the Medical Advisory/Governing Board meetings.

PROCEDURE:

- A. Facility Safety Checklist will be completed by safety officer or designee on a monthly basis.
- B. Defects will be reported to the administrator or designee, addressed and corrected.
- C. Reports will be filed in the Fire/Safety Book.
- D. Quarterly reports will be completed, reported at the Medical Advisory/Governing Board meeting, and filed in the Fire/Safety Book.

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Greater New Orleans Surgery Center

FIRE PREVENTION

Page 1 of 1

Reviewed: August 1, 2001;
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Implemented: August 1, 2001

SUBJECT: Fire prevention.

Fire extinguishers will be maintained and checked monthly by the Surgery Center personnel.

"NO SMOKING" signs will be posted at all entrances of the Surgery Center. Smoking is not permitted in the Surgery Center for the health of staff, patients and visitors.

No explosive agents will be used in the Surgery Center.

Fire drills will be conducted on a quarterly basis. These fire drills will be at random and may be unannounced. All new Surgery Center personnel will be in-serviced on the Fire and Disaster Plan.

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

All smoke detectors will be checked annually by the contracted company.

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IMPROVEMENT/RISK
MANAGEMENT
FIRE AND SAFETY CHECK

SIGNATURE _____
DATE _____

1. Parking lot and surrounding ground checked for any potential hazards: Yes No
2. Fire extinguishers visually inspected: safety seal intact and within current date/initialed x 6: Yes No
3. Electrical outlets and switches intact: Yes No
4. Electrical cords in good condition: Yes No
5. Equipment used for patient contact has been checked out by the biomedical department and is evidenced by a sticker with the date: Yes No
6. Soda lime containers on the anesthesia machines are good: Yes No
7. Hallways and doorways are kept free from furniture and clutter so as not to impede traffic through those areas if immediate evacuation is necessary: Yes No
8. All doors close with a positive latch: Yes No
9. All exit doors fully lighted and accessible: Yes No
10. Floors dry and free from indication of water leaks: Yes No
11. Ambu bags available and in assigned storage and in good condition: Yes No
12. Wheels on the stretchers and O/R tables are in locked position at all times: Yes No
13. Furniture free of breaks and legs sturdy: Yes No
14. Carpets inspected for any evidence of snags or tears that would catch the heel of a shoe: Yes No

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Greater New Orleans Surgery Center

GENERAL SAFETY PRACTICES

Page 1 of 4

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

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SUBJECT: General safety practices.

PURPOSE: To ensure safety standards to prevent hazards or injury to staff, patients and visitors.

SCOPE: All personnel.

POLICY: The guidelines used in applying safety standards in providing patient care in the Surgery Center should be universally applicable to all patients, allowing a certain flexibility to use nursing judgment and decision.

PROCEDURE:

A. Monitoring:

Safety at the Surgery Center is assessed and promoted in a number of ways including but not limited to:

1. Employee Inservice Education
2. Performance Improvement
3. Employee Complaints
4. Observance of Exposure Control Plan/Bloodborne Pathogens-OSHA
5. Observance of the Right-to-Know Law/MSDA-OSHA
6. Preventative Maintenance of Equipment
7. BioMedical Testing of Equipment
8. Equipment Failure Reports
9. Radiology Safety
10. Life Safety Surveys
11. Review of Safety Related Policies and Procedures
12. Review of Fire, Disaster, and Emergency Preparedness Plans.
13. Medical Waste and Hazardous Waste Management
14. Facility safety checks.

Employees of the Surgery Center should feel free to bring any question, complaint, or concern to the attention of the Safety Officer(s).

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Greater New Orleans Surgery Center

GENERAL SAFETY PRACTICES

Page 2 of 4

B. General safety:

1. Patients:

- a. For patient safety during the stay in the Surgery Center during any transport, the side-rails must be up on the stretcher. Exceptions are made only when physician, nurse, or family member is in immediate contact with the patient.
- b. Wheelchairs and/or stretchers will be:
 1. In proper working order.
 2. Have wheels locked when a patient is lifted out of or assisted into or out of.
- c. Restraints are used to prevent patient from harming himself or others or to facilitate treatment only if:
 1. Ordered by physician or pending order by physician.
 2. Properly applied to insure comfort as well as safety.
 3. Nurse has accepted the act as a nurse action priority in order to perform life-saving measures which might conceivably affect patient morbidity.
 4. Safety straps will also be applied to patients brought to the operating room. These straps will attach to the O/R table and be placed comfortably over the patient's upper thigh. (Exception - Lithotomy position. Safety straps will be placed around leg crutches and patient's thighs.) Velcro safety straps are also placed around arm boards and patient's forearm to assure the arms are secure.
- d. Identification:
 1. Identification bands will be given to all patients.
 2. Information contained on the arm band will include:
 - a. Last name
 - b. First name.
 - c. Physician's name.
 - d. Date of service.
 - e. Medical Record #.
 - f. Date of birth.
 - g. Age.
- e. Those patients who may not be left alone include:
 1. Patients who have been given preop medications.
 2. Patient who have not fully recovered from anesthesia.
 - f. Patients will be monitored closely during their operative course for any signs of adverse reactions.

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Greater New Orleans Surgery Center

GENERAL SAFETY PRACTICES

Page 3 of 4

2. General environment should be:
 - a. Safe.
 - b. Clean.
 - c. Free from clutter.
 - d. Properly lighted.
3. Disposal of wastes:
 - a. Containers for urine, feces or vomitus will be emptied immediately unless there is a reason to save a specimen for analysis.
 - b. Waste receptacles in each operating room will be emptied after each case.
4. Electrical safety precautions include:
 - a. Use of grounded equipment.
 - b. Three-pronged plugs.
 - c. Intact insulation on electrical cords.
 - d. No saline bottles or other fluids placed on top of machines.
 - e. Spilled liquid or body fluids to be washed or wiped dry immediately.
 - f. No overloading of circuits; line isolation will be monitored.
 - g. Electrical equipment will be tested by the biomedical engineer prior to use.
 - h. Preventive maintenance checks will be done on electrical equipment. A log will be kept of the tests and results.
5. Emergency electrical system: Lighting and electrical equipment in the patient care areas is on an automatic transfer switch to an emergency generator.

Flashlights are located in PACU, OR's, Clinical Manager's Office, the business office, Administrator's Office to augment the emergency lighting.

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6. Safety in-services will be a part of the regularly scheduled annual meetings for the Surgery Center.

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C. Reporting:

1. Daily by use of:
 - a. PI reports
 - b. Occurrence reports
 - c. Grievance reports
 - d. Verbal reports to Clinical Manager or Administrator.
2. Monthly by:
 - a. Staff safety checks
 - b. Quarterly safety checks
3. Follow-through with:
 - a. Performance Improvement Council which is comprised of Surgery Center staff members representing all departments.
 - b. Medical Governing/Advisory Board on a quarterly basis. They function to oversee all activities including safety issues, QI, risk management, adverse drug reactions, and postoperative infections.

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Greater New Orleans Surgery Center

GENERAL SAFETY PRACTICES

Page 4 of 4

D. Routine maintenance checks:

Including but not limited to:

1. Daily:

- a. Log of temperature and humidity checks in O/Rs.
- b. Refrigerator temperature log in PACU, Pharmacy.
- c. Defibrillator check in PACU.

2. Weekly:

- a. Emergency generator testing for 5 minutes

3. Quarterly:

- a. Emergency generator testing - automatic shutdown, meter check of water, oil, battery level, fuel, volts, amps, panel check of visual and audible alarms logged. Any unplanned power interruptions are also logged.

4. Monthly:

- a. Exit light check - all areas.
- b. Fire pull station check.
- c. Autoclave drain check.

5. Annual:

- a. Emergency generator - run full load 90 minutes.

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Greater New Orleans Surgery Center

HAZARDOUS COMMUNICATIONS POLICY

Page 1 of 4

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

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SUBJECT: Hazardous communications policy.

PURPOSE: The following written hazard communication program has been established by the Surgery Center to:

- A. Reduce potential risk of exposure to hazardous waste and chemicals.
- B. Provide a safe environment for employees and patients.
- C. Reduce liability for improper handling of infectious waste.

SCOPE: All personnel.

POLICY: The Hazard Communications Program teaches the hazardous nature of the substances with which you work, proper and safe handling procedures, and the steps you must take to protect yourself from harm in the workplace.

OSHA requires each employee to read the Hazard Communication Standard. The Safety Officer is charged with overall responsibility for the Hazard Communication Program.

PROCEDURE:

A. Labeling:

- 1. Hazardous chemical containers must be labeled.
 - a. Clearly as to its contents.
 - b. With the appropriate hazard warnings, such as "flammable", "explosive", "eye irritant".
 - c. Listing the name and address of the manufacturer.
- 2. Chemicals which are not in the original container require labels. A label must be affixed to the outside of the container and clearly note:
 - a. The chemical identity of the material.
 - b. The name and address of the manufacturer.
 - c. The hazards associated with its use.

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Greater New Orleans Surgery Center

HAZARDOUS COMMUNICATIONS POLICY

Page 2 of 4

- d. Clearly print this information on labels and cover them with clear waterproof tape for permanency.
- e. A photocopy of the original may be used as a label for an unmarked bottle. This prevents transcription errors if it can be practically done without defacing the original label.
- f. If chemical materials are transferred into a temporary container, i.e., the container is only for immediate use, no labels are required for the portable container.

B. Material Safety Data Sheets (MSDS):

1. Copies of MSDSs for hazardous chemicals to which the Center employees may be exposed will be kept in a book in the 'Soiled Utility' room.
2. MSDSs will be available for review to any employee during the day. Copies will be available upon request to the Clinical Manager or Administrator.
3. MSDS will prevail if a difference exists between the label information and the MSDS. If there is any question as to whether a chemical is hazardous, presume that it is.

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C. List of Hazardous Chemical Substances:

An inventory listing of the Hazardous Chemicals is available in the front of the MSDS book located in the 'Soiled Utility' room.

D. Drugs and Medications:

1. Certain drugs defined by the Food, Drug and Cosmetics Act are considered to be hazardous chemicals and, therefore, require an MSDS.
2. In general, if a drug is listed in the Physician's Desk Reference (PDR), it does not require an MSDS.

E. Employee Training and Information:

During orientation (within the first 30 days), each new employee will review the Hazardous Communication Program including:

1. Chemicals and their hazards in their work areas.

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Greater New Orleans Surgery Center

HAZARDOUS COMMUNICATIONS POLICY

Page 3 of 4

2. How to lessen or prevent exposure to these hazardous chemicals.
3. What the company has done to lessen or prevent workers' exposure to these chemicals.
4. Procedures to follow if they are exposed to these chemicals.
5. After reviewing this information, each employee will sign a form stating that they have reviewed the written material outlined above and received the safety training.
6. Before any new hazardous chemical is introduced into the center, each employee will be given information in the same manner as above. The Clinical Manager will be responsible for seeing that MSDSs on the new chemical are available.
7. At least annually, training will be conducted on Hazardous Materials used at the Center. Attendance is mandatory for all employees.
8. Employees have the right to:
 - a. Know the characteristics of the toxic substances in the work place.
 - b. Obtain a copy of the "Material Safety Data Sheet" for each listed toxic substance to which they are, have been, or may be exposed.
 - c. Refuse to work with a listed toxic substance under specified circumstances if they are not provided a copy of the Material Safety Data Sheet for that substance within 5 of your working days after making a written request to the employer.
 - d. Receive further information about the properties and hazards of listed toxic substances from the Toxic Substances Information Center.
 - e. Be protected against discharge, discipline, or discrimination for having exercised any of these rights.
9. For additional information:

Toxic Substances Information Center
Louisiana Department of Labor & Employment
Division of Workers' Compensation
Bureau of Industrial Safety & Health

F. Disinfectants:

Surfaces contaminated with spilled or leaked biohazardous waste will be cleaned with a solution of industrial strength detergent to remove visible soil and will be disinfected. A chemical germicide that is registered by the Environmental Protection Agency as a disinfectant and a tuberculocidal is used to recommended dilutions.

G. Spill clean-up procedures:

1. Contain the spills with paper towels, then use Biohazard Spill Kit to absorb the spill.

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Greater New Orleans Surgery Center

HAZARDOUS COMMUNICATIONS POLICY

Page 4 of 4

2. Put on utility gloves for extra protection if exam gloves seem too light to protect you from the acid or other corrosive materials.
3. Consult the MSDS of the spilled material for cleanup instructions or warnings. Evacuate the area of people if dangerous fumes are possible. Ask for assistance from others to keep patients and personnel away.
4. Put more absorber onto the spill, if necessary, to covert the liquid into a manageable solid material.
5. Spill Kits are located beneath the sink in the PACU, the OR Corridor, mop closet and soiled utility room.

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Greater New Orleans Surgery Center

HOUSEKEEPING IN THE OPERATING ROOM

Page 1 of 3

Reviewed: August 1, 2001;
8/1/03, 6/24/08, 03/05/09
Implemented: August 1, 2001,
03/05/09

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SUBJECT: Housekeeping in the operating room.

PURPOSE: To maintain a safe environment for patients and personnel by decreasing or eliminating bacteria, preventing transmission of infectious organisms, controlling vermin and achieving an aesthetically pleasing operating room suite.

SCOPE: Nursing/housekeeping personnel.

POLICY: Every person employed by Greater New Orleans Surgery Center is responsible for maintaining a safe clean environment.

PROCEDURE:

A. General information:

1. Damp dusting is the only type of dusting allowed in the operating room. Brooms, non-treated dust mops and brushes are not to be used in the operating room.
2. Personnel are to use disposable gloves during cleaning.
3. Solution diluted according to manufacturers instructions for cleaning.
4. Trash and soiled linen is encased in specified bags after each procedure and as necessary in other areas, tied securely, then taken to the trash and linen room for disposal. Cleaning service will make routine trash disposal in dumpster.

B. Procedure for cleaning between cases:

1. Used paper and trash are put in plastic bags in room. Used linen is placed in laundry bag hamper outside of room. At the end of the case, bags are tied and then placed in appropriate trash room and/or laundry bins.
2. Knife blades, needles and other sharps are placed in biohazard box in room at end of case. When these are 3/4 full, they are closed and placed in biohazard bin in biohazard room. The biohazard bin is picked up as needed by the Medical Waste Company.
3. Furniture and equipment are wiped down with disinfectant solution. Leaving the disinfectant solution on the surface for time required to kill as per product instructions.
4. Floors are mopped with disinfectant solution.
5. Dirty instruments are taken to soiled utility for washing and decontamination.

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HOUSEKEEPING IN THE OPERATING ROOM

Page 2 of 3

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6. Sponges, drapes, catheters and other disposable items that are used and heavily soiled with patient blood or other secretions are placed in biohazard red bag in room, tied, and placed in biohazard bin in biohazard room at end of each case.
- C. Terminal cleaning:
1. Wipe down O/R furniture and equipment with disinfectant solution at start of each morning and at end of each case. Leaving the disinfectant solution on the surface for time required to kill as per product instructions.
 2. Wipe down O/R light and arm with disinfectant solution at start of each morning.
 3. Mop floors with disinfectant solution between cases.
 4. Spot clean walls and lower vents with disinfectant solution between cases as needed.
 5. Once a month, all O/R cabinets will be cleaned inside and out with disinfectant solution, and supplies will be checked for out-dates and replaced as needed.
- D. Terminal cleaning of O/R and remaining facility by cleaning service (if used):
1. Wipe down equipment as needed throughout center with disinfectant solution.
 2. Mop floors, hallways throughout Center with disinfectant solution.
 3. Spot clean walls with disinfectant solution.
 4. Wipe down sinks and horizontal surfaces with disinfectant solution.
 5. Clean bathrooms.
 6. Empty trash, tie bags, remove all trash in facility and place in appropriate trash bin outside.
 7. Tie and carry linen to decontamination area and place in appropriate bin.
 8. Clean and maintain floors per floor care policy.
- E. Cleaning equipment before storing:
1. Any equipment taken outside of the O/R is cleaned with disinfectant solution and returned to proper storage area.
 2. Equipment used in a room is wiped down with disinfectant solution at the end of the case and returned to proper storage area.
 3. Equipment in room is wiped down with disinfectant solution at least once a month or as needed throughout the day.
- F. All other areas.
1. Scrub areas shall be cleaned thoroughly on a daily basis, including the scrub sinks and shelves above the scrub sinks. Masks, caps, and scrub brushes will be restocked on a daily basis.

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Greater New Orleans Surgery Center

HOUSEKEEPING IN THE OPERATING ROOM

Page 3 of 3

2. Main corridors, workrooms, recovery and preop areas, shall be wet-mopped daily with the disinfectant solution.
3. The floors shall be stripped clean, refinished, and machine polished at least annually or more often as needed.
4. Soiled linen and trash shall be removed daily.
5. Garbage and linen containers will be cleaned on the interior and exterior using a disinfectant solution at least weekly or more often as needed.
6. The hopper in the Soiled Utility Room shall be cleaned at least daily or more often as needed using the disinfectant solution.
8. Windows will be cleaned at least monthly or more often as needed.
9. The nursing personnel in each area should check each morning to see that their area has been cleaned. Patient bathrooms, dressing room, and floor areas should be clean and neat.
10. Stretchers should be wiped down with disinfectant solution between patients and the stretcher remade with linen by the nursing personnel.

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18

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Greater New Orleans Surgery Center

KEY CONTROL

Page 1 of 1

Reviewed: August 1, 2001;

8/1/03, 6/24/08, 05/01/09

Implemented: August 1, 2001

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SUBJECT: Key control/issuance.

PURPOSE: To ensure that the facility is secured.

SCOPE: Staff.

POLICY: Keys will be issued to assigned personnel by the Administrator to ensure the facility is secure.

PROCEDURE:

- A. Master keys will be issued to the Administrator and will be locked in a key cabinet inside the administrators office.
- B. Keys to enter the surgery center will be issued to personnel assigned by the Administrator and will be documented in their personnel files.
- C. Narcotic keys will be available to preop and PACU nurses, Administrator and Clinical Manager. The narcotic keys are in the possession of a designated RN or LPN at all times.
- D. Narcotic keys are to be locked up in the safe each night.

Deleted: nurse manager

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Greater New Orleans Surgery Center

LINEN PROCESSING

Page 1 of 1

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/01/09~~

Implemented: August 1, 2001

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SUBJECT: Linen processing.

PURPOSE: To ensure that clean and dirty linen is processed properly and separately.

SCOPE: All nursing personnel.

POLICY: Linen used at the Center will be commercially laundered and processed.

GENERAL

- COMMENTS:
- A. The only reusable linen at the center is:
 - 1. Surgical scrub attire including jackets and lab coats.
 - 2. Bath towels, wash cloths, blanket, sheets and pillow cases.
 - 3. Patient gowns.
 - B. Other items are disposable.

PROCEDURE:

- A. Used linen:
 - 1. Soiled linen is discarded in bags provided by the Linen company or yellow biohazard bags placed in hampers in the patient care areas.
 - 2. Soiled linen is collected daily in patient care areas and lounges by personnel, then placed in cart marked "linen" in the soiled linen room.
 - 3. Contracted personnel pick up soiled linen from the soiled linen area weekly.
- B. Clean linen:
 - 1. Clean linen is received in wrapped packages from the laundry and placed on wire rack cart in receiving area by laundry personnel.
 - 2. Surgical attire is placed on shelves in locker room by laundry personnel.

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Deleted: 3. Sterile reusable linen gowns with draping towels and clean reusable linen gowns are brought by laundry personnel and placed in appropriate area by O/R personnel.¶

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20

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Greater New Orleans Surgery Center

LOCATION OF FIRE SYSTEMS

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Page 1 of 1

Reviewed: August 1, 2001;
8/1/03, 6/24/08, 05/01/09
Implemented: August 1, 2001

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SUBJECT: Location of fire systems.

PURPOSE: To provide staff with the knowledge of location of equipment to fight fires.

SCOPE: All personnel.

POLICY: The staff at the Surgery Center will become acquainted with the location of equipment to fight fires.

PROCEDURE: The following are the locations for the different systems used in fighting a fire in the Surgery Center:

A. Fire alarm pull boxes:

Red Fire Alarm pull boxes are located approximately five (5) feet from the floor. They are designated on the [attached map](#).

B. Fire extinguishers:

There are 5 fire extinguishers located throughout the building. They are as follows: main hallway front (admin ofc), OR corridor, back hallway (clinic), kitchen, Lobby (clinic) .

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1. Extinguishers are checked monthly and recorded on tags on extinguishers.
2. Areas surrounding extinguishers are kept clean.
3. Extinguishers are checked by contracted agency once a year.

C. Smoke alarms/detectors:

Smoke alarms/detectors are located throughout the facility.

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Greater New Orleans Surgery Center

PHYSICAL FACILITY MAINTENANCE

Page 1 of 1

Reviewed: August 1, 2001

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Implemented: August 1, 2001

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SUBJECT: Physical facility maintenance.

PURPOSE: To maintain the physical plant and overall environment in a safe manner.
To protect the well being of both patients and staff.

SCOPE: Clinical Manager, Administrator.

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POLICY: Administrator and/or Clinical Manager will oversee parties responsible for physical facility maintenance.

Deleted: nurse manager

PROCEDURE:

- A. Maintain outside grounds of the facility. This includes pavements, parking lot and lawn - including the exterior of facility.
- B. Maintain interior of building - including fixtures, finished and unfinished surfaces.
- C. Maintain equipment and arrange for service calls for any outside contractors.
- D. Maintain monthly walk throughs.

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Greater New Orleans Surgery Center

POSTING OF EVACUATION PLAN

Page 1 of 1

Reviewed: August 1, 2001

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Implemented: August 1, 2001

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SUBJECT: Posting of evacuation plan.

PURPOSE: To provide visual aids to staff, physicians, patients, and visitors to assist in proper evacuation routes when needed.

SCOPE: All personnel, physicians, patients, visitors.

POLICY: When evacuation of staff, physicians, patients, and visitors is necessary, the proper routes will be used.

PROCEDURE:

A. Evacuation plans designating evacuation routes in the Surgery Center are posted in the following locations:

Lobby, PACU, OR corridor, Clinic, Kitchen, Rental Space

B. Format of posted signs

1. Two routes of egress for evacuation will be illustrated on each evacuation plan.

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23

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Greater New Orleans Surgery Center

LOUISIANA RIGHT TO KNOW LAW

Page 1 of 2

Reviewed: August 1, 2001

~~8/1/03, 6/24/08, 05/001/09~~

Implemented: August 1, 2001

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SUBJECT: Louisiana Right to Know Law.

Louisiana has adopted a List of Toxic Substances which may be in your work place. Under Louisiana Right-to-Know Law, the employer must:

1. Inform employees of the listed toxic substances in their work place.
2. Make available upon employee's written request a form called a "Material Safety Data Sheet" which explains the properties and hazards of each listed toxic substance to which they are, have been or may be exposed to in the work place.
3. Provide instructions within the first 30 days of employment and at least annually thereafter on the adverse health effects of each listed toxic substance with which they work, how to use each of these substances safely and what to do in case of an emergency.
4. Notify the local fire department of the characteristics and location of each listed toxic substance regularly present in the work place.

Employees have the right to:

1. Know the characteristics of the toxic substances in the work place.
2. Obtain a copy of the "Material Safety Data Sheet" for each listed toxic substance to which they are, have been or may be exposed to.
3. Refuse to work with a listed toxic substance under specified circumstances, if they are not provided a copy of the Material Safety Data Sheet for that substance within 5 of your working days after making a written request to the employer.
4. Receive instruction within the first 30 days of employment, and at least annually thereafter on the adverse health effects of each listed toxic substances with which they work in the work place, how to use each substance safely and what to do in case of an emergency.
5. Receive further information about the properties and hazards of listed toxic substances from the Toxic Substances Information Center.
6. Be protected against discharge, discipline or discrimination for having exercised any of these rights.

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24

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Greater New Orleans Surgery Center

LOUISIANA RIGHT TO KNOW LAW

Page 2 of 2

For additional information:

**Toxic Substances
Information Center
Department of Labor & Employment Security
Division of Workers Compensation
Bureau of Industrial Safety & Health**

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Greater New Orleans Surgery Center

SECURITY CONTROL

Page 1 of 1

Reviewed: August 1, 2001

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Implemented: August 1, 2001

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SUBJECT: SECURITY CONTROL

PURPOSE: To ensure that the facility is secured when closed.

SCOPE: Key pad numbers will be issued to GNOSC personnel

POLICY: The Surgery Center will have security control by Total Electronics Alarm Company.

PROCEDURE:

- A. Personnel are not to give their pass number to anyone else.
- B. It is the responsibility of the personnel who are issued the key pad numbers to read and familiarize themselves with the procedure. It is the responsibility of the last person leaving the building to make sure the alarm system has been turned on and is working.

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26

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Greater New Orleans Surgery Center

SMOKING

Page 1 of 1

Reviewed: August 1, 2001

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SUBJECT: Smoking.

PURPOSE: To provide a safe environment for all individuals who enter the facility.

SCOPE: All personnel, physicians, patients and visitors.

POLICY: There will be no smoking permitted within the interior of the building.

PROCEDURE:

- A. No smoking is permitted within the interior of the building. Any individual found not adhering to this policy will be escorted outside of the building.
- B. Receptacles for disposing of smoking articles are provided on the outside of the building.

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PERFORMANCE IMPROVEMENT/RISK MANAGEMENT
FIRE AND SAFETY CHECK

SIGNATURE _____ DATE _____

- | | | | |
|-----|--|-----|----|
| 1. | Parking lot and surrounding ground checked for any potential hazards: | Yes | No |
| 2. | Fire extinguishers visually inspected: safety seal intact and within current date/initialed x 6: | Yes | No |
| 3. | Electrical outlets and switches intact: | Yes | No |
| 4. | Electrical cords in good condition: | Yes | No |
| 5. | Equipment used for patient contact has been checked out by the biomedical department and is evidenced by a sticker with the date: | Yes | No |
| 6. | Soda lime containers on the anesthesia machines are good: | Yes | No |
| 7. | Hallways and doorways are kept free from furniture and clutter so as not to impede traffic through those areas if immediate evacuation is necessary: | Yes | No |
| 8. | All doors close with a positive latch: | Yes | No |
| 9. | All exit doors fully lighted and accessible: | Yes | No |
| 10. | Floors dry and free from indication of water leaks: | Yes | No |
| 11. | Ambu bags available and in assigned storage and in good condition: | Yes | No |
| 12. | Wheels on the stretchers and O/R tables are in locked position at all times: | Yes | No |
| 13. | Furniture free of breaks and legs sturdy: | Yes | No |
| 14. | Carpets inspected for any evidence of snags or tears that would catch the heel of a shoe: | Yes | No |
| 15. | All patient pull cords are within reach of the patients and in working order: | Yes | No |
| 16. | Code alarms tested and working: | Yes | No |
| 17. | Several O ₂ small "E" tanks are kept in reserve for an emergency, 1 per anesthesia machine, 1 on crash cart, 4 spares: | Yes | No |
| 18. | Two each of nitrogen small "E" tanks are kept in reserve for equipment: | Yes | No |
| 19. | Exit light check (all areas) | Yes | No |
| 20. | Fire pull station check (all areas) | Yes | No |

4.