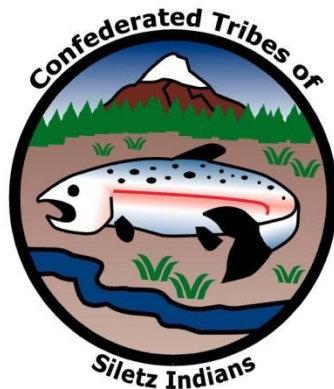


# **SILETZ COMMUNITY HEALTH CLINIC POLICY**



## **RISK MANAGEMENT**

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**PART 3  
Risk Management**

**I. IN GENERAL**

**A. Purpose**

Health care providers have a professional, economic and societal responsibility to manage the risks inherent in the profession that could lead to malpractice claims. The relationship between clinic employees and their patients is the very backbone of the practice and profession.

**B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to identify events and risks before a loss or injury occurs to patients, visitors and employees; and to assure optimal quality of care and service.

**C. Authority and Responsibility**

The authority and responsibility for the Risk Management Program is with CTSI Tribal Administration and the Tribal Safety Committee with specific responsibilities for SCHC delegated to the Health Director with assistance from the SCHC Safety/Infection Control Committee. All staff participates in the risk management program. It is crucial that potential problems be identified before a loss or injury occurs. See Part 18 COVID-19, Section 18C Accountability

**II. SAFETY PLAN**

**A. Purpose**

The safety plan provides a framework to manage clinical and non-clinical safety issues and to monitor, evaluate and reduce risks to patients, visitors and employees.

**B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to develop techniques for risk avoidance; identify and analyze potential losses; and continually identify new risks.

**C. Objectives**

The objectives of the safety plan are to reduce the risk of injury to patients, visitors and employees by:

1. Updating evacuation, fire and emergency procedures;

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2. Coordinating an effective product usage program;
3. Coordinating the development and review of programs, policies and procedures;
4. Providing regular input to renovations and construction projects, with special consideration of Life Safety Codes and issues relating to age, mental status, disabilities and handicaps;
5. Conducting regular hazard surveillance assessments of SCHC and taking action to improve safety;
6. Administering an incident reporting program, providing general and clinic-specific education and implementing administrative and engineering controls to prevent accidents;
7. Protecting against equipment failure, or user error, by monitoring preventive maintenance and inspection procedures, and providing special education and educational programs for users and maintainers of utility systems;
8. Providing a framework for the analysis and management of non-clinical safety risks through the development of a safety information collection and evaluation system based on predetermined indications and thresholds;
9. Providing general safety training to employees on a regular basis on issues consistent with industry standards and the ongoing review of information collected regarding specific safety issues;
10. Developing programs in accordance with applicable laws and regulations that address chemical, radioactive and medical hazardous materials and wastes;
11. Implementing and maintaining an emergency preparedness program by monitoring preventive maintenance and testing programs, and providing specialized educational programs for users and maintainers of utility systems; and
12. Posting safety regulations regarding equipment in all patient care and service areas.

#### **D. Authority and Responsibility for Safety Plan**

The authority and responsibility for the Safety Plan is with CTSI Tribal Administration and the Tribal Safety Committee with specific responsibilities for SCHC delegated to the Health Director with assistance from the SCHC Safety/Infection Control Committee. The Health Director or designee has the authority to take action in situations that require immediate intervention to avoid serious risk to patients, visitors and employees.

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**E. SCHC Safety/Infection Control Committee**

1. The Safety/Infection Control Committee meets monthly. Minutes are available to employees.
2. The Safety/Infection Control Committee includes the following: Safety Officer (administrative representative), Infection Control Officer, Medical Provider and a representative from maintenance, nursing, behavioral health, pharmacy and dental. One member represents SCHC at the Tribal Safety Committee meetings.
3. The Safety/Infection Control Committee monitors and promotes the Risk Management Program through training and education, in-services, inspections and updating and maintaining policies and procedures.

**F. Information Collection, Evaluation and Reporting**

1. Information-gathering activities are coordinated by the Safety/Infection Control Committee and address various aspects of safety, life safety, equipment management and utility management.
2. Sources of information are derived from the following:
  - a. Incident, Accident, Variance Reports
  - b. Hazard surveillance of buildings and grounds
  - c. Preventive maintenance and testing data for clinical equipment
  - d. Preventive maintenance and testing data for utility systems
  - e. Information and evaluations relating to utility failures
  - f. Information and evaluations relevant to equipment failures and user errors
  - g. Reports from relevant regulatory agencies
  - h. Special or unusual occurrences relating to safety
3. Written reports summarize recommendations and actions taken to improve the safety of patients, visitors and employees. These reports are disseminated to employees through the Safety/Infection Control Committee minutes.

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## **G. Education and Training**

### 1. CTSI Orientation

- a. New employees attend the CTSI Human Resources orientation to receive initial safety training. See Part 18 COVID-19, Section 18M Employee Training and Education.
- b. A component of orientation is the CTSI Safety Manual. The manual contains general policies and procedures for:
  - i. Accident or illness
  - ii. Emergency help
  - iii. Evacuation
  - iv. Fire
  - v. Major natural disasters
  - vi. Water damage
  - vii. Power failure
  - viii. Bomb threats
  - ix. Hazardous materials
  - x. Hazard indicators
  - xi. Civil disturbance
  - xii. Violence in the workplace

### 2. SCHC Orientation

Employees are oriented about SCHC's unique requirements as a health care facility. Employees receive a copy of the Risk Management policy.

### 3. Educational Programs

- a. Employees must participate in educational programs to ensure they are trained in safety and emergency procedures.

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- b. Supervisors and managers are responsible for ensuring employees participate in the educational programs.

### **III. INCIDENT, ACCIDENT, VARIANCE REPORTS**

#### **A. Purpose**

To report to the appropriate staff or authorities accidents or incidents so that follow-up and corrective action, if warranted, is implemented.

#### **B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to use appropriate reporting to track accidents or incidents.

#### **C. Incident Report, Because We Care Form, OSHA, Worker's Compensation**

##### 1. CTSI Incident Report

For all accidents or incidents that pose a threat of injury to staff, the supervisor is responsible for completing the CTSI incident form and forwarding copies to the CTSI General Manager, Human Resources Manager, Health Director and Administrative/QI Coordinator.

##### 2. SCHC Incident Report

- a. For incidents and adverse incidents, the supervisor or employee is responsible for completing the SCHC incident form and forwarding copies to the Health Director and Administrative/QI Coordinator.

- b. Incident Defined

- i. Any clinical or non-clinical occurrence that is not consistent with the routine care or operation of the organization. Incidents may involve patients, visitors, employees, and medical or dental staff members.
- ii. Complaints or suggestions from staff not resolved through the normal chain of command.

- c. Adverse Incident Defined

- i. An unexpected occurrence during a health care encounter involving patient death or serious physical or psychological injury or illness, including loss of limb or function, not related to the natural course of the patient's illness or underlying condition.

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- ii. Any process variation for which a recurrence carries a significant chance of a serious adverse outcome.
  - iii. Events such as actual breaches in medical care, administrative procedures, or other events resulting in an outcome that is not associated with the standard of care or acceptable risks associated with the provision of care and service for a patient.
  - iv. All events involving reactions to drugs and materials.
  - v. Circumstances or events that could have resulted in an adverse event (i.e. near-miss events).
- d. Potential Hazard Exception

If potential hazards to patients, visitors and employees are identified the following ensues:

- i. A member of the Safety/Infection Control Committee or the Health Director is immediately notified.
- ii. The Safety/Infection Control Committee member immediately discusses the potential hazard with the Health Director or designee.
- iii. The identified risks are prioritized and a plan of action created.
- iv. The concerned employee sends an email to members of the Safety/Infection Control Committee if the hazard is not addressed within 24 hours.

3. Because We Care Form

Because We Care forms are submitted by the patients to congratulate staff on a good job, suggest alterations in clinic procedure, complain about a situation, or report an incident. The Because We Care is given to the Administrative/QI Coordinator or Health Director as soon as possible.

4. Occupational Safety and Health Administration (See Part 18 COVID-19, Section 18H Occupational Health)

- a. In case of a serious employment accident, a report must be called into the Occupational Safety and Health Administration at 1-800-321-6742 if any of the following occurs:
  - i. Any occupational accident, which is fatal to one or more employee;



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- ii. Any occupational accident that results in the inpatient hospitalization of three or more people, agency and non-agency people included;
  - iii. Any occupational illness, which results in death; or
  - iv. Any occupational accident involving both Federal and non-Federal employees, which results in a fatality or the hospitalization of five or more such employees.
- b. Accidents not immediately reportable, but which result in death within six months of the date of the accident, shall be reported within 48 hours of the time the employer became aware of the death.
5. Worker's Compensation

In the case of an injury to an employee, the Tribe's Worker's Compensation injury reporting form is completed by the supervisor and employee, in addition to the CTSI incident reporting form. This should thoroughly and accurately describe how the injury occurred. The Tribe's Worker's Compensation injury reporting form along with a copy of the incident report is sent to the CTSI Human Resources Manager with a copy to the Health Director. All visits to the emergency room or a medical provider are documented and maintained at the CTSI Human Resources Department.

**D. Reporting and Processing SCHC Incident Reports and Because We Care Forms**

1. SCHC Incident Report
- a. The SCHC Incident Report includes the following components:
    - i. Nature of the incident
    - ii. Plan of correction or preventive measures to decrease the likelihood of the incident occurring in the future, or determine that no opportunities for correction or prevention exist.
    - iii. Identification of the employee responsible for implementation, oversight, measuring effectiveness of the plan of correction or preventive measures and establishing the time line for completion.
  - b. The Administrative/QI Coordinator ensures the appropriate department performs a thorough analysis of the issue cited in the SCHC Incident Report in order to identify factors that underlie variance in performance. A determination is made as to the potential for loss, damage or injury and the type of action necessary.

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- c. The incident reports are reviewed monthly and quarterly by the Planning/QI Committee. Results of the review process are documented in the quarterly report to the Siletz Tribal Council.
2. Because We Care
- a. The investigation memorandum includes the following components:
    - i. Substantiation of issue
    - ii. Corrective action
    - iii. Categorization of issue
  - b. The Administrative/QI Coordinator ensures the appropriate department performs a thorough investigation of the issue cited in the Because We Care.
  - c. The Because We Care forms are reviewed monthly and quarterly by the Planning/QI Committee to monitor trends and outcomes. Results of the review process are documented in the quarterly report to the Siletz Tribal Council.

**E. Potential Liability**

If potential legal liability is indicated and a CTSI incident report has not been filed, the Administrative /QI Coordinator notifies the Health Director, CTSI General Manager and Human Resources Manager. Further analysis or investigation continues under the advice of the General Manager and the Tribe's legal advisor.

**IV. FIRE SAFETY**

**A. Purpose**

To reduce the risk of harm to patients, visitors and employees during a fire or threat of fire.

**B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to prepare staff for immediate and appropriate response to a fire or threat of fire.

**C. Orientation, Training, Drills, In-Services**

- 1. Employees are oriented at the time of employment about the fire procedures embodied in the CTSI Safety Manual.

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2. Employees participate in annual fire extinguisher training. In the event of a fire, it is preferred that staff with current fire extinguisher training operate the fire extinguisher.
3. Emergency drills are held a minimum of four times a year including one CPR and one natural disaster drill.
  - a. Drills are conducted for two reasons: to allow employees to practice how they will respond to an event and to reinforce safety education.
4. Appropriate in-service will be held pertaining to safety.
5. In-services and drills are documented in the Safety/Infection Control binder and referenced in the Safety/Infection Control Committee minutes.

## **V. FIRE EXTINGUISHERS**

### **A. Purpose**

To reduce the risk of harm to patients, visitors and employees during a fire or threat of fire.

### **B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to maintain and use fire extinguishers appropriately.

### **C. Types, Inspection, Training, Using**

#### 1. Types

Fire extinguishers are the A-B-C type that can be used for all fires. There is also a Halon fire extinguisher especially for computer equipment in the server room.

#### 2. Inspection

- a. Fire extinguishers are inspected monthly to ensure they are properly charged, in place, serviceable and ready to use at any time. Fire extinguishers not properly charged or missing from the designated place are reported to the Health Director or Administrative Assistant for charging or replacement.
- b. Fire extinguishers are inspected annually by a local fire department or other qualified inspector.

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### 3. Training

- a. Fire extinguisher training is provided annually for employees.
- b. When using a fire extinguisher remember PASS:

**P:** Pull the pin

**A:** Aim at the base of the fire

**S:** Squeeze the handle

**S:** Sweep from side to side at the base of the fire

### 4. Using Fire Extinguishers

- a. Employees must be trained before using the fire extinguishers.
- b. There must be a clear escape route before using the fire extinguisher. If there is not a clear escape route, then evacuate.

## **VI. EVACUATION AND SAFE ZONES**

### **A. Purpose**

To ensure the safe and appropriate evacuation or relocation of patients, visitors and employees in the event of specified emergencies.

### **B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) that all employees are trained in appropriate evacuation, relocation or assistance needed procedures.

### **C. Orientation**

Employees are oriented at the time of employment about the evacuation policy and procedure embodied in the CTSI Safety Manual and the SCHC Risk Management policy.

### **D. Zones**

The clinic has three zones - Ground, 1<sup>st</sup> Floor, 2<sup>nd</sup> Floor

### **E. Designated Safe Areas**

#### 1. Internal

If there is a lock down, safe rooms are identified in yellow, on the evacuation plan, as follows:

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- a. Ground Floor: 5 designated safe rooms
  - b. First Floor: 11 designated safe rooms
  - c. 2nd Floor: 8 designated safe rooms
2. External

If there is a fire or other evacuation, safe areas are located in the following:

- a. Reception Area Exit: Across Gwee-Shut Road on the cemetery road.
- b. Back of Building Exit: Yurt (road leading past Behavioral Health entrance.)

## **F. Paging Codes**

1. If there is a concerning situation, the observing employee alerts the floor monitor if possible. The floor monitor or employee uses paging codes to immediately alert employees about the situation.

2. The paging codes are as follows:

MONITOR NEEDED: Floor monitors to area of concern.

CODE RED: Evacuate building and report to external evacuation site.

CODE YELLOW: Lock down and report to the closest safe area internally.

CODE BLUE: Medical employees report with crash cart to area of concern.

CODE DR. STRONG: Assistance needed to lift or move patient.

CODE SILVER: Exit the building and hide as quickly as possible until you are informed the building is cleared. A Code Silver is called when there is someone in the building who is an active shooter or a person with a weapon who intends to seriously harm or end another person's life.

## **G. Notifications**

1. Civil Disturbance: Notify floor monitor by phone or PAGE "Monitors to (location)"
2. Dangerous Person: Notify floor monitor by phone or PAGE "Code YELLOW at (location)"

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3. Bomb Threat: Notify floor monitor by phone or PAGE "Monitors to (location)". If decision is made to evacuate building then PAGE "Code RED"
4. Natural Disaster (earthquake, tornado, power outage, water damage): Follow directions of floor monitor.
5. Active Shooter or Person With a Weapon: PAGE "Code Silver at (location)"

## **H. Floor Monitors**

### 1. Selection

Floor monitors and alternates are selected by the Safety/Infection Control Committee.

### 2. Area of Responsibility

The floor monitors are assigned a specific zone and area that is closely located to their office or work area.

### 3. Communication

a. The floor monitors communicate with each other using walkie-talkies (SCHC is Channel **10** on walkie-talkie).

b. A walkie-talkie is located in each of the following areas:

- i. Reception
- ii. Nursing Station
- iii. Business Office
- iv. Optometry
- v. Behavioral Health
- vi. Pharmacy
- vii. Administration
- viii. Dental

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4. Assessment of Potentially Dangerous Situation

If a floor monitor is contacted in person, by phone or by paging "Monitor Needed", the monitor:

- a. assesses the situation to determine if evacuation is required, or
- b. confers with other floor monitors to determine a course of action.

5. Calling a Code

The floor monitor who is calling a code is also responsible for calling or delegating another employee to call:

- a. 9-911
- b. Tribal Administration (Channel **22** on Walkie-Talkie)

6. Evacuation

During an evacuation the floor monitors:

- a. Ensure that all staff and patients are out of the floor monitor's designated area including the restrooms.
- b. Place an "Evacuated" sign on the door handle.
- c. Close all doors and windows as time permits, especially fire doors.
- d. Secure money, safe and records as time permits.
- e. Assess if help is needed for disabled or handicapped employees/patients.
- f. Do a head count.
- g. Communicate with other floor monitors.
- h. Keep staff and patients informed and maintain order.
- i. Communicate when "All Clear."
- j. Follow through with incident reports and appropriate debriefing.

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## **VII. LOSS OF UTILITIES, POWER, WATER, HEATING, AND COOLING**

### **A. Purpose**

To reduce the risk of harm to patients, visitors and employees during interruptions in power, water and other utilities.

### **B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to manage interruptions in utilities for the safety of patients, visitors and employees.

### **C. Orientation**

Employees are oriented at the time of employment about the power failure procedures embodied in the CTSI Safety Manual.

### **D. Loss of Utilities**

1. If there is a loss of utilities (if the generator does not supply electrical power), SCHC closes, patients are sent home and appointments are canceled.
2. SCHC ensures safe evacuation in the event standard utility functions are lost during the hours of operation.

### **E. Loss of Power**

1. Within seconds of a power outage, the back-up generator fully supplies SCHC with power.
2. All computers are plugged into a battery back-up surge protector that prevents loss of computer function during the transition time.
3. Major exits are lighted with battery back-up and receive regular maintenance.

### **F. Medical and Dental Clinics**

1. In the event of a cardiac arrest during a loss of utilities, the battery-operated defibrillator is used and the patient transported to a nearby primary care facility. Other medical examinations are terminated and rescheduled.
2. In the Dental Clinic, invasive procedures can be terminated without the use of power by the use of the battery operated suction device on the emergency crash cart and emergency lighting in the department. Other procedures are terminated and rescheduled.



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**G. Loss of Water**

Not critical to SCHC operations if there is loss of utilities.

**H. Loss of Heating and Cooling**

1. In general, not critical to SCHC operations if there is loss of utilities.
2. The negative pressure room (airborne isolation room) is not functional without the HVAC system.

**VIII. SUPPLIES AND HOUSEKEEPING**

**A. Purpose**

To maintain a safe and secure work environment, all staff members are required to perform daily housekeeping and safety surveillance.

**B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to reduce the occurrence of incidents from hazards such as obstructions, infectious wastes and materials and flammable or combustible substances and materials by constant observation of the work environment. See Part 18 COVID-19, Section 18L Supplies and Inventory Management

**C. Responsibilities**

1. It is the responsibility of every employee to:
  - a. Maintain good housekeeping practice at all times to ensure the care, services and safety of both patients and staff.
  - b. Place any and all debris in appropriate waste containers.
  - c. Maintain the storage of all linens, supplies and equipment in proper containers.
  - d. Ensure all entrances and exits are free from obstructions at all times.
2. Employees are expected to use and maintain all supplies and equipment in a conservative and non-wasteful manner. All excessive and unnecessary uses of water, electricity, medical supplies, office supplies and equipment are to be avoided.
3. A minimum two week supply for normal operation is maintained at all times. The responsible employee facilitates replenishment and storage of supplies.

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**IX. HAZARD SURVEILLANCE INSPECTIONS**

**A. Purpose**

To prevent possible loss of life and property through routine inspections.

**B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to conduct quarterly hazard surveillance inspections to prevent possible loss of life and property due to lack of appropriate safety measures.

**C. Orientation**

Employees are oriented at the time of employment about the hazardous materials and hazard indicators procedure embodied in the CTSI Safety Manual.

**D. Inspection**

1. The Safety/Infection Control Committee facilitates inspection, observation of possible dangerous situations, corrective action and reporting of the situation.
2. Corrective actions are forwarded to the Administrative/QI Coordinator for follow through. The Health Director has responsibility and authority for taking corrective action.
3. The report is maintained in the Safety/Infection Control binder and referenced in the Safety/Infection Control Committee minutes.

**X. EQUIPMENT SAFETY**

**A. Purpose**

To ensure all equipment meets standards of safety and use before being placed into service.

**B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to inspect fixed and non-fixed equipment for integrity and electrical safety before being placed into service.

**C. Inspections**

1. The employee who is responsible for operation of the equipment conducts the inspection. Maintenance inspects when there is not an assigned employee.

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2. Inspections and calibrations of medical equipment are performed and recorded by the employee responsible for the equipment with recommendation from the equipment manufacturer. Maintenance records are maintained in the same area as the equipment.
3. Safety inspections are performed by the equipment operator on the frequency schedule recommended by the equipment manufacturer.
4. Safety/Infection Control Committee inspects equipment on a quarterly basis to ensure regularly scheduled maintenance is performed.
5. Any discrepancies observed by employees (e.g., frayed cords, etc.) are reported to a member of the Safety/Infection Control Committee or the Health Director. The equipment is removed from use until it is repaired.
6. Potential hazards are given immediate attention to ensure the care and safety of patients and staff.

## **XI. EQUIPMENT MALFUNCTIONS**

### **A. Purpose**

The purpose of this policy is to ensure malfunctioning equipment is impounded in the event of injury or a possible threat of injury.

### **B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to remove hazardous equipment from patient, staff and visitor areas.

### **C. Injury or Illness**

1. If there is an injury resulting from malfunctioning equipment the following will ensue:
  - a. Immediately discontinue using the equipment.
  - b. Immediately notify the Health Director or designee following the event.
  - c. Follow the normal incident reporting procedure.
  - d. Refrain from relocating the equipment unless it disrupts clinic activity. The Health Director or designee must authorize relocation after photographs are taken.
  - e. Refrain from attempting to correct malfunctioning equipment.

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2. The Health Director or designee determines the appropriate person to inspect the equipment.
3. The Health Director or designee investigates and evaluates the incident and notifies the vendor or manufacturer as required.
4. The Health Director and supervisor receive immediate notice if a patient, visitor or employee experiences a serious illness, injury or death as a result of an equipment malfunction.
  - a. A serious illness or injury is defined as:
    - i. life-threatening in nature;
    - ii. resulting in permanent impairment of a body function or a body structure; or
    - iii. requiring immediate medical or surgical intervention of a body function or a body structure.
5. A reportable event occurs if faulty equipment caused or contributed to a death, injury or serious illness of a patient, visitor or employee.
6. Any malfunctioning equipment that poses a hazard to patients, visitors and employees is removed from use until properly serviced:
  - a. Unsafe equipment is immediately removed from service and tagged as "Malfunctioning Equipment."
  - b. The tagged equipment is relocated to an area designated by the Health Director or designee.
  - c. The service representative is contacted and repair made before the equipment is placed back in use.

## **XII. EXTENSION CORDS**

### **A. Purpose**

The use of electrical extension cords and adapters are regulated in order to prevent possible shock or burn to patients or employees.

<b>SILETZ COMMUNITY HEALTH CLINIC</b>	
Program	Administration
Policy	Risk Management
Date Approved	05/12/99
Date Revised	08/05/06; 05/02/09; 08/06/11; 05/05/12; 11/20/15; 12/21/18; 06/18/21; 01/21/22; 6/17/22

**B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to reduce the risk of fire, electrical interruption and hazards to patients, visitors and employees through the inappropriate use of extension cords.

**C. Proper Use**

1. Employees may use a heavy extension cord if it:
  - a. is used on a temporary basis;
  - b. is not a substitute for fixed wiring;
  - c. is unplugged from the wall at the end of each day;
  - d. has an Underwriters’ Laboratory (UL) label or meets UL standards;
  - e. is located outside of traffic areas to avoid creating a tripping hazard; and
  - f. is not plugged into power strips.
2. Equipment requiring a three-prong plug will not be operated from an extension cord unless the cord has the appropriate ground wire, plug, and receptacle.

**XIII. PERSONALLY OWNED ELECTRICALLY OPERATED EQUIPMENT**

**A. Purpose**

To ensure personally owned, electrically operated equipment is not on SCHC premises unless authorized by the Health Director.

**B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to reduce the risk of fire, electrical interruption and hazards to patients, visitors and employees through the inappropriate use of electrical equipment.

**C. Inspection by Maintenance**

1. Maintenance inspects personally owned, electrically operated equipment for obvious defects or hazards based on the following criteria:
  - a. Underwriters’ Laboratory (UL) label.

<b>SILETZ COMMUNITY HEALTH CLINIC</b>	
Program	Administration
Policy	Risk Management
Date Approved	05/12/99
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- b. Undamaged cord and plug (i.e., cord not taped or covered, plug intact and without conductors showing, no cracks or breaks in cord or plug).
- c. Undamaged case or body of the item (cracked, chipped or broken) and no exposed metal or electrical parts.
- d. Location of item in an appropriate place for use without causing a tripping hazard.
- e. Interference with the employee's job performance or the job performance of other employees.

#### **XIV. CTSI MAINTENANCE WORK ORDER REQUEST**

##### **A. Purpose**

To request assistance from the CTSI Maintenance Department.

##### **B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to coordinate work orders with the CTSI Maintenance Department.

##### **C. Contacting the CTSI Maintenance Department**

1. CTSI's work order form is used to request assistance from the maintenance department.
2. The work order form is completed by the Health Director, designee or the SCHC maintenance employee.
3. The work order form is sent to the maintenance supervisor.
4. If there is an emergency or other extreme situation the Health Director or designee will request immediate assistance from the maintenance supervisor, by phone or pager.

#### **XV. INFORMATION SYSTEMS FOR HEALTH CLINIC**

##### **A. Purpose**

To protect patient and department data, computer equipment and premises.

<b>SILETZ COMMUNITY HEALTH CLINIC</b>	
Program	Administration
Policy	Risk Management
Date Approved	05/12/99
Date Revised	08/05/06; 05/02/09; 08/06/11; 05/05/12; 11/20/15; 12/21/18; 06/18/21; 01/21/22; 6/17/22

## **B. Policy**

It is the policy of the Siletz Community Health Clinic (SCHC) to follow the rules embodied in the CTSI Operations Manual and the CTSI Personnel Manual and to coordinate with the Information Systems staff in meeting specific needs of the clinic in order to protect patient data, computer equipment and networks, and access to specified locations.

## **C. The CTSI Operations Manual and Personnel Manual**

SCHC adheres to Sections 2.047, 2.049 through 2.052, and 2.056 of the CTSI Operations Manual and Sections 2.828 of the Personnel Manual.

## **D. Siletz Community Health Clinic Additional Policies**

1. Each employee, student, contractor, volunteer or guest who is authorized by CTSI policy to be granted access to SCHC data or computer networks is required to read and sign a Computer Access Agreement which delineates rules for secure access, protection of the network and data, and password security. A copy of this agreement is maintained by Information Systems staff for the duration of the time that person is granted access plus seven years.
2. Access to specified areas of the clinic is controlled by a security system using badges. This system is managed by the CTSI Information Systems section. Staff is granted access only to the areas required to perform their duties with appropriate days and times scheduled. Pharmacy is protected by a physical deadbolt system in addition to the badge system. The clinic's Information Systems Server Room and the Information Systems Office are not to be accessed by any non-Information Systems staff other than those authorized by the Health Director or designee. Clinic Information Systems staff maintains a current list of the specific access groups.
3. Access to Indian Health Service (IHS) servers and websites requires additional training as directed by IHS Security staff.
4. To prevent the loss of critical data, systems are maintained to back up patient records and other clinic data daily to secure servers including a secure off-site server and/or to an encrypted hard drive which is taken off-site.
5. Orientation forms and checklists are used for new and returning staff, volunteers and students to train and inform each person in the various programs and use of computers, phones and other computer-related equipment.
6. When access is to be terminated through a Personnel Action or the end of volunteer or contractual work, Information Systems staff will follow CTSI rules and terminate access to any non-CTSI websites or systems per existing agreements.