

HEALTH AND SAFETY MANUAL

21 July 2009

Revised: 7/30/09

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SAFETY PROCEDURES & COMMITTEE GUIDELINES

MEMBERS:

ACGH Director, Chairperson
ADVP/CAP Staff
CAP Consumer Representative

MISSION: *The mission of the health and safety program is monitor, supervise and establish health safety guidelines for the organization, in order to maintain a healthy and safe environment for personnel and person served.*

MEETING SCHEDULE:

The committee will meet at least once quarterly or more often if the committee identifies any major health or safety concerns which require immediate action. The Alleghany County Group Homes, Inc. (ACGH) Director will assign staff to this committee. The ACGH Director will serve as chairperson for the committee and will assign responsibility to committee members to assure that all committee responsibilities are met as listed below.

REPONSIBILITY:

Quarterly safety and health inspections at ADVP using the established safety inspection list. (Attachment 1 Safety Inspection)

Quarterly review of fire drills from ADVP.

Quarterly review of consumer meetings to assure that safety issues are properly reviewed at each meeting and appropriate follow-up on concerns have been addressed.

Review of outside inspections by the fire marshal (completed annually), safety and sanitation inspection (completed annually), fire extinguisher (completed annually) and kitchen hood inspections(completed semi-annually). All external inspections shall have attached a plan of correction/follow-up form outlining how and who will complete each correction. (Attachment 4)

Review of license to insure it is up to date

Quarterly review of safety training list as provided by the Executive Director to include appropriate updated training as follows:

1. First Aid training by a certified instructor
2. CPR training by a certified instructor
3. Annual North Carolina Intervention (NCI) – behavior management

4. Fork Lift
5. Annual client rights and confidentiality
6. Annual medication administration review
7. Annual blood borne pathogen and infection control
8. Annual biohazard disposal protocol
9. Annual emergency action plan and safety checklist
10. Annual hazard communication plan
11. Annual TB tine test for all staff and consumers. If contraindicated a Statement for the individual's primary medical provider that the individual is free of any signs of symptoms of TB.
12. Initial orientation including all policies and procedures including facility orientation, accident and incident reporting,
13. Review of monthly checklist of first aid and emergency supplies.

Annual review of all safety and health planning. Review and update of policies and procedures related to health and safety.

Review of any other safety or health issues as determined by the committee & any emergencies in the last quarter, assess response and make recommendations on changes.

MINUTES & PLAN OF CORRECTION:

Quarterly development of a list of problems and concerns related to each item listed above and development of an action plan to correct identified areas of concern. This plan will address each safety or health problem individually, a responsible party for correction of each concern, and a time frame in which the concern is to be corrected. The plan will address any safety or health issues as well as training needs for staff and consumers.

Committee minutes will be documented on the Safety Committee Minutes form (attachment 2) and site inspections will be attached to the minutes each quarter. The minutes will be maintained by ACGH Director.

ATTACHMENT 1
ALLEGHANY COUNTY GROUP HOMES, Inc.
SAFETY INSPECTION CHECKLIST –Completed Quarterly by the Committee

Program inspected: _____

Key: S - satisfactory; T - additional training required, U - unsafe
For T or U scores, provide written comments on the back of this sheet.

1. General housekeeping: _____
include spills, blocked aisles, tripping hazards, house is clean, exits are not blocked
2. Falls prevention: _____
proper step ladder use, proper procedures for spills,
3. Electrical safety: _____
Frayed electrical cords, proper grounding, overloaded circuits
4. Fire safety: _____
EAP posted and understood, fire extinguishers charged, fire drills, fire equipment
5. Glue machine: _____
Proper use, guards in place
6. Shrink wrap machine: _____
Safety barriers in place
7. Fork lift: _____
Proper training credentials on operator, seat belt worn, inspections complete, proper operation
8. Proper food storage: _____
No outdated food items, freezer/refrigerator at proper temperature, proper cleaning and disinfecting
9. Emergency equipment in all vehicles: _____
First aid kit, emergency phone numbers, fire extinguisher, emergency procedures, insurance information, and cell phone on each trip in each vehicle
10. Emergency kit on each site: _____
Batteries, flash lights, battery operated radio, back-up food supply at group home
11. Vehicle Inspection: _____
Tags, inspection, tires, safety equipment
12. Emergency procedures posted clearly: _____
Emergency phone numbers, repair numbers, bomb threat checklist present

13. All medications and treatments are in date: _____

14. Other: _____

List and rate any other areas that affect safety

Inspector: _____ Date: _____

Document specific problem for T and U

ref. #

Responsible party: _____ **Completion date:** _____

Responsible party: _____ **Completion date:** _____

Responsible party: _____ **Completion date:** _____

Responsible party: _____ **Completion date:** _____

Responsible party: _____ **Completion date:** _____

Responsible party: _____ **Completion date:** _____

Responsible party: _____ **Completion date:** _____

ATTACHMENT 2
SAFETY COMMITTEE MINUTES

Date: _____

Members Present: _____

-
1. Review site inspections.
 2. Develop a plan to correct problems or concerns. Write the plan on the back of each inspection form.
 3. Review ADVP fire drills and list concerns below:
All fire drills are completed per policy – yes or no (circle)
 4. Review minutes from consumer meetings and list concerns below:
All consumer meeting address safety and health issues – yes or no (circle)
 5. Review inspection folder and list concerns below: yes or no (circle)
All inspections are completed per policy – yes or no (circle)
 6. Review staff training and health spread sheet as provided by the Executive Director:
All training and health issues are up to date: yes or no (circle)
 7. Date of current license _____ up to date: yes or no (circle)
 8. All consumers have had an annual TB tine test yes or no (circle)
 9. All consumers have had a physical examination prior to admission: yes or no (circle)

Concerns _____

Trends _____

Plan of corrections on any concerns not addressed on the safety inspection checklist:

Emergencies reviewed for the past quarter: Cause, Trends, analysis of emergency

Action required: _____

Annual Review of Safety Policy and Procedure: Date completed last _____

List of suggested policy and procedure revisions: _____

Signature: _____

ACGH Director

ATTACHMENT 3

FIRST AID AND EMERGENCY SUPPLY CHECKLIST

COMPLETED MONTHLY

Date: _____

_____ **Flashlight with extra batteries (all vehicles and ADVP)**

Use the flashlight to find your way if the power is out. Do not use candles or any other open flame for emergency lighting.

_____ **Battery-powered radio**

News about the emergency may change rapidly as events unfold. You also will be concerned about family and friends in the area. Radio reports will give information about the areas most affected.

_____ **First Aid Supplies (vehicles and ADVP)**

Minimum of the following:

(20) adhesive bandages, various sizes.

(1) 5" x 9" sterile dressing.

(1) conforming roller gauze bandage.

(2) triangular bandages.

(2) 3 x 3 sterile gauze pads.

(2) 4 x 4 sterile gauze pads.

(1) roll 3" cohesive bandage.

(2) germicidal hand wipes or waterless alcohol-based hand sanitizer.

(6) antiseptic wipes.

(2) pair large medical grade non-latex gloves

Adhesive tape, 2" width.

Anti-bacterial ointment.

Cold pack.

Scissors (small, personal).

Tweezers.

CPR breathing barrier, such as a face shield

_____ **Tools and Supplies**

- Emergency blankets.
- Paper plates and cups, plastic utensils
- Non-electric can opener.

_____ **Other information in Vehicles**

Emergency information

Emergency Procedures

Emergency flairs or signs

Fire Extinguisher

Cell phone on each trip

Completed forms are to be turned in the first of each month to the Director & the director will present this information quarterly to the Safety Committee.

Inspectors Signature & Title: _____

ATTACHMENT 4
EXTERNAL INSPECTION FOLLOW-UP DOCUMENTATION

Address each problem or concern as listed on each inspection report. Develop a plan of correction in an objective form. Assign a responsible staff to oversee the correction. Document completion dates.

1. _____

Goal/Objective/Action: _____

Responsible Party: _____

Date of Completion: _____

2. _____

Goal/Objective/Action: _____

Responsible Party: _____

Date of Completion: _____

3. _____

Goal/Objective/Action: _____

Responsible Party: _____

Date of Completion: _____

4. _____

Goal/Objective/Action: _____

Responsible Party: _____

Date of Completion: _____

5. _____

Goal/Objective/Action: _____

Responsible Party: _____

Date of Completion: _____

6 _____

Goal/Objective/Action: _____

Responsible Party: _____

Date of Completion: _____

7. _____

Goal/Objective/Action: _____

Responsible Party: _____

Date of Completion: _____

8. _____

Goal/Objective/Action: _____

Responsible Party: _____

Date of Completion: _____

9. _____

Goal/Objective/Action: _____

Responsible Party: _____

Date of Completion: _____

10. _____

Goal/Objective/Action: _____

Responsible Party: _____

Date of Completion: _____

See additional safety and health information in each programs policy and procedure manual and in the remaining sections of this manual.

