Evergreen Residence

1305 Kings Ct. Reno, NV 89503
(775) 787-9520

PATIENT SAFETY PLAN

SAFETY COMMITTEE

Members: Comprised of the Administrator, General Manager (Patient Safety Officer) and 1 Caregiver.

Safety Committee Responsibilities:

1. Implements, maintains and monitors the safe plan of the facility.
2. Stays abreast of the state regulations.
3. Monitors the effectiveness of the facility's corrective measure and monitor the trend of injury with the staff and residents where additional safety measures need to be taken.
4. Monitors effectiveness of facility means for communicating safety and health matters to employees and ensure that the employee concerns and suggestions are being conveyed and responded by the General Manager and Administrator.
5. Ensures facility procedures for identifying and evaluating workplace hazards.
6. Review each medical incident report to ensure they are completed in thorough and timely manner and be sent to agency that needs it, like SOR.
7. Monitors effectiveness of facility procedures for correcting unsafe condition and work practices and that corrective action is completed in a timely manner.

Safety Rules and Practices to be followed at all times

Safety Rules and Practices Compliances

1. Counseling and additional training to staff.
   a. Employee was noted to be breaking a safety practice and not following proper procedure.
   b. Employee keeps on having repeated accidents which maybe similar or different accident.
2. Management shall observe that all caregivers are following the safety plan at all times.
3. Employee should be trained or retrained as appropriate if the cause of action is due to poor training.

Safety Communication

1. Management shall ensure that effective communication between the staff and residents.
2. There will be a regular meeting on a quarterly basis or if needed to discuss about safety issues or safety topics.
3. OSHA and Worker's compensation required notices are posted on the wall so staff can review any time. (Poster should be the latest version.

SAFETY COMMITTEE MEETING

1. Comprised of the Administrator, General Manager (Patient Safety Officer) and 1 Caregiver.
2. Will be held on a quarterly basis to assess the safety plan and evaluate any incidents that occur.
3. Minutes of the meeting must be documented. The safety and health issues discussed, the date of the meeting and the people who attended. This must be available for review by the other employees.
4. Conducts scheduled inspection and holds routine safety meeting.

5. Reviews all medical incident report and investigate accidents or incidents that result to injuries and unnatural death.
6. Recommends new safety policy and procedure.
7. Do inspection of the interior and exterior of the facility to ensure safety of the residents and staffs.
8. Provides safety and health training to all employees and new hires.

PATIENT SAFETY AND EMERGENCY ACTION PLAN

A. RESPONDING TO A FALL

1. Assess the resident in the event of fall. Check for any signs of pain, injury or confusion.
2. Provide first aid if needed. Check vital signs if possible.
3. Inform the Administrator, the Attending Physician, the relative or guardian and the social worker if applicable.
4. Follow the instruction from the Attending Physician.
5. Administrator will investigate and retrain the staff on patient's safety and how to avoid fall.

B. RESPONDING TO A MEDICATION ERROR

1. In the event that a medication occurs, inform the Administrator, the Primary Physician, the relative or guardian and the social worker if applicable.
2. Follow Attending Physician instruction on what to do.
3. Call 911 if needed.
4. Monitor the resident for any side effects of the medication and check vital signs if possible.
5. Administrator will investigate on what happened. Identify the type of medication error – Wrong medication, wrong dose, wrong patient, wrong frequency.
6. Do retraining to staff to avoid the incident to reoccur.

C. RESPONDING TO AN UNEXPECTED DEATH (UNNATURAL)

1. In the event of unnatural death, inform the Administrator, the Primary Physician, the relative or guardian and the social worker if applicable.
2. Call 911 if needed.
3. Administrator investigates on what, why and how it happened that result to unnatural death. All the caregivers will be talked to and must give their own statement of the incident. Administrator must find out the cause of unnatural death in collaboration with the Attending Physician.
4. Necessary actions and retraining should be done so the incident will never happen again.
5. Make necessary changes in the patient safety plan to avoid unnatural death to happen again.

D. RESPONDING TO ELOPEMENT

1. When one of the residents eloped, inform the Administrator, the Primary Physician, the relative or guardian and the social worker if applicable.
2. Call 911 if needed.
3. Look for the resident in the neighborhood.
4. Administrator investigates the situation, how and why it happened. Also, find out where the resident might go.
5. Make necessary changes in the patient safety plan to avoid elopement of the residents like additional security in the facility.

E. RESPONDING TO SUICIDE, ATTEMPTED SUICIDE, SELF HARM

1. When one of the residents committed/attempted suicide or harm her/himself, inform the Administrator, the Primary Physician, the relative or guardian and the social worker if applicable.
2. Call 911 if needed.
3. Administrator investigates the situation how and why it happened.
4. Make necessary changes in the safety plan to avoid suicide or self harm to happen in one of the residents.
5. Encourage residents to verbalize their feelings and let them know that the caregivers are always available when they need someone to talk to.

6. Counseling should be offered to the residents who are feeling to commit/attempt suicide or harm one self.

F. RESPONDING TO SEXUAL ABUSE, PHYSICAL ASSAULT, PHYSICAL RESTRAINT

1. When one of the residents had sexual abuse, physical assault, physical restraint, inform the Administrator, the Primary Physician, the relative or guardian and the social worker if applicable.
2. Call 911 if needed.
3. Administrator investigates the incident - what, how and why it happened. The resident will be talked to in private and statement from each staff about the incident will be taken.
4. Take necessary action and retraining for the staff.
5. Make appropriate changes in the patient safety plan to avoid these things to happen to the residents.

G. RESPONDING TO A FIRE

Note: Performed by facility employees

1. Call 911
2. Activate the nearest fire alarm pull station.
3. Clear anyone in immediate danger.
4. Evacuate quietly and calmly using the nearest emergency exit – See floor plan or look for the Exit sign.
   - Stay low for smoke and heat rises
   - Feel doors for heat before opening, keep it close if it's hot.
   - Report to pre-designated area outside the facility – infront of the facility near the mailbox
5. Confine the fire by closing all doors and windows to the area.
6. Extinguish the fire if it is safe to do so. Remember the word PASS.
   - Pull the safety pin
   - Aim the nozzle at the base of the fire
   - Squeeze the trigger handle
   - Sweep from side to side

7. Follow the instruction of the emergency personnel and do not re-enter the building until authorized to do so.

H. RESPONDING TO A NATURAL DISASTER

Note: Performed by facility employees

1. Assess the situation.
2. Determine timeline of possible event, if applicable.
3. Ensure that the environment is safe for both the staff and residents.
4. Evacuate if needed to a safe location if necessary and applicable.
5. There should be a predetermined location for assembly – infront of the facility near the mailbox
6. Take appropriate precautions – Stay away from windows, glass doors and anything that may fall during an earthquake.
7. Seek shelter under a desk or table for earthquake and severe storms
8. Stay safe inside until the event stops.

I. RESPONDING TO VIOLENT THREAT

Note: Performed by the facility employees.

1. Assess the situation
2. Call 911 for help if needed.
3. Ensure the environment is safe for the residents and staff.
   Assemble in the pre-determined location – infront of the facility near the mailbox.

GENERAL WORKPLACE SAFETY

- **No Smoking** – Smoking is prohibited inside the facility except in the designated area, outside the patio or building. Keep the ashes in the ash tray.

- **Personal Protective Equipment** – Isolation gown, mask, face shield, gloves and hair net must be worn if there is active case of Covid-19. Gloves should be used every time when handling residents for infection control.
- **Reporting of Incidents** – no matter how minor must be reported promptly to relatives, social workers, facility administrator and resident's physician.
- **Proper Work Clothing** – Wear scrub suit and closed toe shoes. Must look presentable and clean at all times.
- **Housekeeping** – employees are required to keep the interior and exterior of the facility clean at all times.
- **Proper Lifting Techniques** – Always use proper lifting techniques when lifting or assisting residents.
- **Emergency Evacuation Procedure** – Employees should know the emergency evacuation exits, their responsibilities and actively take part in the drills and actual evacuation of the residents.