Attachment A

INTERIM LIFE SAFETY MEASURES RISK ASSESSMENT

These criteria are used to evaluate areas in which construction renovation or repair activities are planned or in which a Life Safety Code deficiency has been identified. Considerations shall be given to the scope of operations in the area, level of staff activity, and the acuity of patient treatment in the area.

Area:_____

Project:_____

Date Assessed:_____

PFI Unique ID#:_____

Criteria	NO	YES	Findings/Comments	ILSM
1 Inspect exits and affected areas on a daily basis				
2. Providing temporary but equivalent fire alarm and detection systems for use when a fire system is impaired.				
3. Providing additional fire-fighting equipment.				
4. Using temporary construction partitions that are smoke-tight, or made of noncombustible or limited combustible material that will not contribute to the development or spread				

of fire.				
5. Increasing surveillance of buildings, grounds, and equipment, giving special attention to construction areas and storage, excavation, and field offices.				
Criteria	NO	YES	Findings/Comments	ILSM
6. Enforcing storage, housekeeping, and debris-removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level				
7. Providing additional training to those who work in the Center on the use of firefighting equipment.				
8. Conducting one additional fire drill per shift per quarter in areas where life safety is compromised.				
9. Inspecting and testing temporary systems monthly. Documenting the completion date of the tests.				
10. Conducting education to promote awareness of building deficiencies, construction hazards and temporary measures implemented to maintain fire safety.				
11. Training those who work in the Center to				

compensate for impaired structural or compartmental fire safety features				

Findings: [ ] ILSM are required [ ] ILSM are not necessary

Assessed by:_____

Attachment B

INFECTION CONTROL CONSTRUCTION PERMIT

Project Location:_____ Permit #:_____

Project Manager:_____ Project Start:_____

Permit Requested by:_____ Date:_____

Contractor:_____ Date Requested:_____

Contractor Supervisor:_____ Permit Expiration:_____

Telephone:_____

Complete this section based on the results of the ICRA Matrix

CONSTRUCTION ACTIVITY	INFECTION CONTROL PATIENT RISK GROUP
TYPE A: Inspection and Non-Invasive Activities	**GROUP I: Low Risk**
TYPE B: Small scale, short duration activities which create minimal dust	**GROUP II: Medium Risk**
TYPE C: Activity created high levels of dust, or requires demolition or removal of and fixed building components or assemblies.	**GROUP III: Medium/High Risk**
TYPE D: Major demolition and construction activities.	**GROUP IV: Highest Risk**

CLASSIFICATION

CLASS I Required Date:_____Signature:_____

CLASS II Required Date:_____Signature:_____

CLASS III Required Requires QA Committee Approval and Signatures below

CLASS IV Required Requires QA Committee Approval and Signatures below

Additional Requirements

Signatures of QA Committee

User Contact:_____ **Date:**____/____/____

Planning Supervisor:_____ **Date:**____/____/____

Architect/Planner:_____ **Date:**____/____/____

Information Technologies:_____ **Date:**____/____/____

Housekeeping:_____ **Date:**____/____/____

Occupational Health & Safety:_____ **Date:**____/____/____

Project Manager Supervisor:_____ **Date:**____/____/____

Engineer:_____ **Date:**____/____/____

Telecommunications: _____ **Date:**____/____/____

Other Personnel:_____ **Date:**____/____/____

Permit Authorized on:____/____/____

INFECTION CONTROL RISK ASSESSMENT (ICRA)

Matrix of Precautions for Construction and Renovation

Step 1:	Identify specific site of all activities, e.g. bldg, floor, patient rooms, medication room, etc.

Step 2:	Work hours: Can or will the work be done during non-patient care hours, or can the patients be relocated for the duration of the project?

Step 3:

Type A	**Inspection and Non-Invasive Activities** Includes but is not limited to: ▪ Removal of ceiling tiles for visual inspection or cable installation limited to 3 tiles at a time. ▪ Painting (but not sanding) ▪ Wall covering, electrical trim work, minor plumbing, installation of telephone and computer cabling and other activities which do not generate dust or require cutting of walls or access to ceilings other than as above.
Type B	**Small scale, short duration activities that create minimal dust** Includes but is not limited to: ▪ Access to chase spaces ▪ Cutting of walls or ceiling where dust migration can be controlled ▪ Removal of sections of telephone or computer cabling ▪ **NOTE: Any Type B activity in any location when patients will not be present, and for**

	which the area can be isolated and vacated for the minimum time and cleaned to required patient standards prior to resuming operations can be classified as Type A.
Type C	**Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies** Includes but is not limited to: ▪ Sanding of walls for painting or wall covering ▪ Removal of floor coverings, exposure of large sections of ceiling spaces and casework ▪ Demolition of walls or new wall construction ▪ Minor duct work or electrical work above ceilings ▪ Major cabling activities, or removal of a complete cabling system ▪ Working with sinks that could result in the aerosolization of water ▪ Demolition, repair or construction of elevator shafts ▪ Repairing water damage ▪ Any activity which cannot be completed within a single work shift
Type D	**Major demolition and construction projects** Includes but is not limited to: ▪ Activities which require consecutive work shifts ▪ Requires heavy demolition ▪ New construction

Step 3:	Considering the answers to Step 1 and 2 and using the table above to *identify* the type of construction project activity (Type A-D).

Step 4:

Low Risk	Medium Risk	High Risk	Highest Risk
Office Areas Basement	Endoscopy Pre Op Negative Pressure Isolation Rooms	Post Anesthesia Care Unit	Operating Rooms

Step 4:	Using the table above, *identify* the Patient Risk Groups that will be affected for each area of concern. If more than one risk group will be affected, select the highest risk group that will be affected:					
Project Unit	Unit Above	Unit Below	Lateral	Lateral	Behind	Front
Risk Group	Risk Group	Risk Group	Risk Group	Risk Group	Risk Group	Risk Group

Step 5: Match the highest patient risk group (Low, Medium, High, Highest) with the planned construction type (A, B, C, D) on the following matrix to find the class of precautions (I, II, III, IV) or the level of infection control activities required.

Patient Risk Group	Construction Project Type			
	A	B	C	D
Low Risk	I	I	II	III
Medium Risk	I	II	III	III / IV
High Risk	I	II	III / IV	III / IV
Highest Risk	II	III	III / IV	IV

Step 5:	Match the patient risk group and construction project type, to *identify* the Class of infection control precaution required.

Note: When construction Activity and Risk level indicate that Class III or Class IV control procedures are necessary, the QA Committee will be convened for final approval.

Descriptions of Required Infection Control Precautions by Class.

	During Construction Project	Upon Completion
Class I	1. Execute work by methods to minimize raising dust from construction operations. 2. EPA disinfectant mist tiles and work surfaces to control dust before disturbing. 3. Immediately replace a ceiling tile displaced for visual inspection. HEPA-vac obvious dust collection.	1. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area.

Class II	1. Provide active means to prevent airborne dust from dispersing into the atmosphere. 2. EPA disinfectant mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tape. 4. Block off and seal air vents. 5. Place dust mat at entrance of exit and work area. 6. Remove or isolate HVAC system in areas where work is being performed.	1. Wipe work surfaces with disinfectant. 2. Contain construction waste before transport in tightly covered containers. 3. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area. 4. Remove isolation of HVAC system in areas where work is being performed.
Class III	1. Remove or isolate HVAC system in area where work is being done to prevent contamination of duct system. 2. Complete all critical barriers i.e., sheetrock, plywood, or plastic to seal the area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins. 3. Maintain negative pressure within work site utilizing HEPA equipped filtration units. 4. Contain construction waste before transport in tightly covered containers. 5. Cover transport receptacles or carts. Tape covering unless solid lid.	1. Do not remove barriers from work areas until completed project is inspected by the owner's Safety Department and Infection Control Department and thoroughly cleaned by the owner's Environmental Services Department. 2. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 3. Vacuum work area with HEPA filtered vacuums. 4. Wet mop with disinfectant. 5. Remove isolation of HVAC system in areas where work is being performed.

Class IV	1. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 2. Complete all critical barriers i.e., sheetrock, plywood, or plastic to seal the area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins. 3. Maintain negative pressure within work site utilizing HEPA equipped filtration units. 4. Seal holes, pipes, conduits, and punctures appropriately. 5. Construct anteroom and require all personnel who pass through the room so they can be vacuumed using a HEPA vacuum cleaner before leaving the work site or they can wear cloth or paper coveralls that are removed each time they leave the construction site. 6. All personnel entering the work site are required to wear shoe covers. Shoe covers will be changed each time the worker exits the work area. 7. Do not remove barriers from work areas until completed project is inspected by the owner's Safety Department and Infection Control Department and thoroughly cleaned by the owner's Environmental Services Department.	1. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 2. Contain construction waste before transport in tightly covered containers. 3. Cover transport receptacles or carts. Tape covering unless solid lid. 4. Vacuum work area with HEPA filtered vacuums. 5. Wet mop with disinfectant. 6. Remove isolation of HVAC system in areas where work is being performed. 7. Clean or replace HVAC filters and verify appropriate ventilation parameters for the area have been re-established. 8. Flush the main water system to clear dust contaminated lines if affected. 9. Commission space as indicated.

Step 6:	Identify issues related to: Ventilation, plumbing, electrical in terms of the occurrence of probable outages.	
	IMPLEMENT ELEMENT	**METHOD**
	☐ Water Isolation	_____
	☐ Noise Impact	_____
	☐ Vibration Impact	_____
	☐ Generator Failure	_____
	☐ Fuel Shortage/Restriction	_____
	☐ Transportation Failure	_____
	☐ Natural Gas Failure	_____
	☐ Water Failure	_____

	☐ Sewer Failure_____ ☐ Steam Failure_____ ☐ Nurse Call Failure_____ ☐ Telephone Failure_____ ☐ Telemetry Failure_____ ☐ Public Address Failure_____ ☐ O_2 Failure_____ ☐ Medical Air Failure_____ ☐ Nitrogen Failure_____ ☐ N_2O Failure_____ ☐ CO_2 Failure_____ ☐ Medical Vacuum Failure_____ ☐ HVAC Failure_____ ☐ Hazmat Exposure_____ ☐ Asbestos Exposure_____ ☐ Structural Damage_____ ☐ Natural Gas Failure_____

Step 7:	Identify containment measures, using prior assessment. What type of barriers? (e.g., solid wall barriers); Will a HEPA filtration be required?
(Note: Renovation/construction area shall be isolated from the occupied areas during construction and shall be negative with respect to surrounding areas.)	

Step 8:	Consider potential risk of water damage. Is there a risk due to compromising structural integrity? (e.g., wall, ceiling, roof)

Step 9:	Work hours: Can or will the work be done during non-patient care hours?

Step 10:	Do plans allow for adequate number of isolation/negative airflow rooms?

Step 11:	Do plans allow for the required number and type of hand washing sinks?

Step 12:	Does the infection control staff agree with the minimum number of sinks for this project? (Verify against AIA guidelines for types and areas)

Step 13:	Does the infection control staff agree with the plans relative to clean and soiled utility rooms?

Step 14:	Plan to discuss the following containment issues with the project team. (e.g., traffic flow, housekeeping, and debris removal – how and when.)

SURGERY CENTER OF RENO

Section Appendix Medication Management
Policy: Medication Management
Subject: Adverse Drug Reaction
Effective Date: 2-06 **Review / Revision: 2-07, 2-08, 4-09, 3-10, 3-11, 3-12, 3-13, 3-14, 3-15, 3-16, 3-17, 3-18, 3-19, 3-20, 3-21, 3-22**

POLICY:

All suspected adverse reactions to medications will be reported to the physician responsible for the patient and Clinical Managers. The Consulting Pharmacist and the QI Committee will also be notified of the occurrence.

Definition:

Adverse drug reaction (abbreviated ADR) is a term to describe the unwanted, negative consequences associated with the use of medication(s). ADR is a subset of an adverse incident.

PROCEDURE:

A. The licensed nurse will verify with the patient any allergies in the PreOp, OR, and PACU area and will document no known allergies (NKA). In the PACU area, the licensed nurse may need to reference the patient's chart for status of allergies.

B. The nurse will notify the responsible or attending physician immediately of any suspected adverse drug reaction(s), and document the event in the patient's medical record, including but not limited to the signs and symptoms of the reaction. The responsible or attending physician(s) will treat the patient accordingly, to control and/or manage the signs and symptoms of the ADR.

C. The nurse will notify the Clinical Manager and submit a completed incident report and an Adverse Drug Reaction Report. The Clinical Manager will complete the FDA Med Form and forward it to the appropriate agency and complete any other process as required by other external regulatory agencies. See Adverse Drug Reaction Report following this policy.

D. The Clinical Manager will conduct a thorough investigation and analysis of the adverse drug reaction by auditing the chart, interviewing staff members caring for the patient in regards to medications, and consulting with the attending physician and Consulting pharmacist.

E. The Clinical Manager will submit the incident report and the results of the investigation and analysis with potential improvements in processes or systems that would tend to decrease the likelihood of such incidents in the future, or determine that no such improvement opportunities exist to the QI Committee and to the GB.

Who Should Know This Policy

☒All licensed Nurses ☒Clinical Managers ☒Medical Director ☒Administrator
☒ Contracted Pharmacist

The following positions are responsible for the accuracy of the information contained in this document:

☒Governing Board ☒Administrator ☒Medical Director ☒Clinical Managers
☒Contracted Pharmacist ☒ Director of Nursing

REFERENCE: Appendix: Medication Management: Adverse (drug) reactions – Medicare standard 416.48 (a) (1)

SURGERY CENTER OF RENO

Section Appendix Medication Management
Policy: Medication Management Plan
Subject: Medication Management Plan
Effective Date: 2-06 **Review / Revision: 2-07, 2-08, 4-09, 3-10, 3-11, 3-12, 3-13, 3-14, 3-15, 3-16, 3-17, 3-18, 3-19, 3-20, 3-21, 3-22**

POLICY:
The SCOR has a Medication Management Plan to promote patient safety, implement the federal and state regulations for medication procurement, distribution, prescribing, administering, storage of medications, and documentation. The SCOR has an agreement with a licensed registered pharmacist for his/her consulting services.

PROCEDURE:
A. The Consulting pharmacist will perform and include but not limited to the following:
1. Monthly audit visits to include medications use and documentation, narcotic audit fallouts with chart audit, record tracking of all medication transactions so receipt and disposition of any drug may be readily traced, inspection of medication as noted on inspection form, outdated medication, inventory and all matters pertaining to the use of drugs. in SCOR. These visits must be documented.
2. Monthly evaluation of the effectiveness of the Plan from audits.
3. Biennial (every two years) inventory audit of DEA controlled substances.
4. Help establish and review policies and procedures which are consistent with the federal and State policies and procedures for storage and dispensing of drugs to patients in SCOR and for the destruction of expired or contaminated drugs at SCOR.
5. Monitor completeness of annual competencies on IVCS with verification of aseptic technique, on Malignant Hyperthermia, and other pertinent drug topics.
6. At minimum, annually reviews the drug formulary of SCOR.
7. Present and assist with the development and implementation of patient safety activities such National Patient Safety Goals for Medication Management.
8. Assist to secure medication resources as needed and recommends needed reference sources.

B. The MEC and GB will identify in writing the Medication Management Nurse. The Medication Management Nurse is responsible for the control of dangerous drugs and controlled substances in the absence of a full time pharmacist at SCOR. The Medication Management Nurse is also responsible to report to the MEC and GB any recommendations or needed implementation the pharmacist makes in relation to the results of audits or the standards of safety for any matter pertaining to the use of drugs.

C. The licensed nursing staff will abide by SCOR policies and procedure for the safe management of medications and report any adverse reaction(s) a patient experiences.

Who Should Know This Policy
☒All Licensed Nurses ☒Clinical Managers ☒Medical Director
☒Administrator ☒Contracted Pharmacist

The following positions are responsible for the accuracy of the information contained in this document:
☒Governing Board ☒Administrator ☒Medical Director ☒Clinical Managers
☒Contracted Pharmacist☒ Director of Nursing

REFERENCE: Appendix: Medication Management: Medication Management Plan

Attachment A
Methods of Compliance

A. Universal Blood and Body Fluid Precautions:

1. Blood and body fluid precautions will be used by all employees who come in contact with human blood, body fluids or OPIM. OSHA's definition of body fluid is limited to blood, semen, vaginal secretions, breast milk, cerebrospinal, amniotic, pleural, pericardial, synovial, or other fluids that contain visible blood. Recognizing that blood is not always visible in body fluids, or until and exposure has occurred, universal precautions must be used with all blood and body fluids, regardless of the perceived status of the source individual. Health care workers in SCOR will consider all human blood and body fluids as potentially infectious and must use appropriate protective measures to prevent possible exposures.

OSHA mandates that universal blood and body fluid precautions be implemented as part of an exposure control plan (29CFR1910.1030). The Nevada Administrative Code (NAC441A.025) mandates compliance with universal precautions in the healthcare setting as of 1/24/92. The Infection Control Committee, Safety Committee, and the Governing Board have approved the implementation of universal precautions.

B. Engineering and Work Practice Controls:

When possible, engineering and work practice controls will be used to eliminate or decrease employee exposures to Bloodborne pathogens. Where occupational exposure remains after institution of these controls, personal protective equipment will also be used. Examples of these engineering controls at the SCOR are use of Sharps containers, self-sheathing needles, and safer medical devices such as sharps with engineered sharps injury protections. These devices will be used as a first line of defense against bloodborne pathogens exposure.

The SCOR will participate in the evaluation of safety engineered sharp/medical devices. The Director/Clinical Manager and Administrator will coordinate the evaluation, consideration, and implementation of these safety engineered devices. These devices will be updated as necessary to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.

Documentation of consideration and implementation of appropriate and effective safer medical devices will be maintained by SCOR.

Interactive training will be provided whenever new engineering and work practice controls are introduced into the work area.

Employees are responsible for direct patient care will participate in the evaluation and selection of safer devices.

1. Needle-stick/puncture precautions:

a. All employees must take precautions to prevent injuries when using needles, scalpels, scissors, and other sharp instruments/devices during procedures, when cleaning instruments, during disposal of used needles and sharps, and when handling sharp instruments after procedure.

b. Needles must not be recapped, sheared, bent, broken, or removed from disposable syringes, or manipulated by hand. EXCEPTION: If the procedure requires that the contaminated needle be recapped for procedures or treatments where the reuse of needle on the same patient occurs. If such action is required, then the recapping or removal of the needle must be by the one-handed technique or a mechanical device.

c. Broken or contaminated glassware must be cleaned up with mechanical devices, i.e.: brushes, dust pans, or forceps.

d. All disposable syringes, needles, scalpel blades, scissors, slides, and other sharps items are to be place in puncture resistant containers for disposal.

e. Puncture resistant sharps/needle disposal containers are to be leak-proof and are to be located as close as practical to areas where they are used.

f. All puncture resistant/needle disposal containers are to be replaced when they are 3/4th full.

2. Handwashing:

a. Hands and other skin surfaces must be washed as soon as possible if they become contaminated with blood or body fluids, after gloves or other PPE are removed, and when leaving the work area. The SCOR provides hand-washing facilities to the employees who incur exposure to blood or other potentially infectious materials. These facilities are readily accessible throughout the surgical center and located at the nursing station, the scrub sinks in the surgery corridor, the sterilization area, the clean/decontamination rooms, the employees' lounge, and the employees changing areas and bathroom facilities, and the patient's bathrooms. If a malfunction occurs with the hand washing facilities, the SCOR provides an appropriate antiseptic hand cleanser that doesn't require rinsing with water. The cleanser may be used in conjunction with clean cloth or paper towels. When antiseptic hand cleansers are used, hands will be washed with soap and running water as soon as feasible. The alcohol based cleansers are located at multiple sites throughout the facility.

b. The Director/ Clinical Manager and/or Administrator is responsible to ensure that these hand cleansers are available and appropriately mounted.

c. If employees incur exposure of their skin or mucous membranes to blood or other potentially infectious materials, those areas shall be washed or flushed with water as appropriate, as soon as feasible following contact.

3. Work Practice Controls:

a. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials or where body fluid specimens are handled, employees are not to eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses

b. Food and drink will not be stored in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present

c. All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

d. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

e. Specimens of blood or other potentially infectious materials will be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard. The SCOR does not have any specimens that could puncture a primary container. If the outside of the specimen container becomes contaminated, the container will be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. Requisition slips will be attached to the outside of the secondary container.

f. The surgeon and the assisting scrub technician use extreme caution when passing sharps between each other. In certain surgical procedures, the surgeon may or may not operate under the use of a microscope and is unable to look away to obtain instruments, including sharps, from the scrub technician. Thus, the passing of sharps in a covered state or in a holding container is unsafe in these specific situations. The sharps will be passed to the surgeon by the scrub technician, who will hold the handle of the sharps with the sharp edge pointed down and under his/her hand and never toward the surgeon. The position of the scrub technician's hand will be in the pronated position as the sharp is placed into the surgeon's hand. The scrub technician will then release the sharp after the

surgeon obtains the sharp and remove his/her hand down and away from the sharp. The surgeon will pass the sharp back to the scrub technician in the same fashion or may lay the sharps down and verbally communicate "sharp down, blade down, etc." to inform the scrub technician of the location of the sharp.

g. When moving containers of contaminated sharps from the area of use, the containers will be: closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport.

h. Containers that have decontaminated items need not be labeled or color-coded.

4. Laundry:

a. Soiled linens or reusable protective clothing must be handled as little as possible.

b. All used laundry will be considered potentially infectious and will be placed in standard laundry bags. Linens soaked with blood or body fluids must be double bagged. PPE will be worn in order to prevent/reduce contact to blood or OPIM.

c. The SCOR has a contract with a company for linen and laundry service that also practices Universal Precautions. SCOR staff will place contaminated laundry in labeled red bags to communicate the contents of the bags to the laundry service.

5. Environmental Controls:

a. General housekeeping - SCOR will ensure that the SCOR worksite is maintained in a clean and sanitary condition. Work surfaces are to be decontaminated with an appropriate disinfectant after completion of procedures or as soon as possible when contamination with blood or body fluids and at the end of the day.

b. Blood or body fluid spills must be decontaminated as soon as possible. Spills should be soaked up with an absorbent material and disinfected with an EPA approved tuberculosidal or microbacterial viral disinfectant. Broken glassware, which may be contaminated, must not be picked up directly with hands. Tools used for cleanup must be decontaminated or disposed. All broken equipment capable of inflicting peructaneous injury must be disposed of in appropriate sharps container.

c. Protective coverings used to cover surfaces must be removed s soon as possible when contaminated with blood or body fluids and either appropriately decontaminated or disposed.

d. Contaminated disposable items (disposable gloves, gauze, dressings, etc.) should be placed in a sturdy, leak-proof plastic containers or bags and closed tightly for transport.
e. Blood or body fluids in pleuravacs, blood bags, suction liners, materials dripping or saturated with blood, etc., are regulated waste and must be terminally placed in biohazard boxes.
f. Contaminated, reusable equipment must be decontaminated with an EPA approved tuberculosidal or microbacterial viral disinfectant.
g. Biohazard signs must be placed on containers of regulated medical waste, containing blood or OPIM and other containers used to store or transport contaminated materials.
h. Contaminated Equipment to be serviced: Unless SCOR demonstrates decontamination of the equipment or portions of the equipment is not feasible, equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and a readily observable tag or label will be attached to the equipment stating which portions remain contaminated. SCOR will ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.

i. All buckets, bins, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated on a weekly basis and cleaned and decontaminated immediately as soon as feasible upon visible contamination.

6. Personal Protective Equipment (PPE):
    a. Employees must use appropriate PPE and precautions to prevent skin and mucous membrane contact with any blood or any body fluid.
    b. Training will be provided to each employee as to the appropriate selection, location, use, and disposal of PPE during their clinical orientation.
    c. The type of PPE available to employees are as follows: Gloves, gowns, masks, goggle, eye shields, foot protection, head protection.
    d. Each employee is instructed to critically review their work responsibilities to make informed decisions or recommendations regarding appropriate use of PPE.

e. When there is an occupational exposure, the SCOR will provide, at no cost to the employee, appropriate personal protective equipment. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious material. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's surgical attire, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment is used. The SCOR will ensure that appropriate PPE in the appropriate sizes are readily accessible at the SCOR in the respective changing areas for employees, at the nursing and patient care areas, and in the surgical suites.

1. Gloves: Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, body fluids, or OPIM, mucous membranes, non-intact skin, when performing vascular access procedures, when the employee has cuts, scratches, or other breaks in his or her skin, and when handling or touching contaminated items or surfaces. Wash hands immediately after removing gloves. Never wash or decontaminate disposable gloves for reuse. Replace gloves if torn, punctured, contaminated, or their ability to function as their barriers are compromised.
2. Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonable anticipated.
3. Gowns, Aprons, or Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, clinic jackets, or similar outer garments will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

4. Surgical caps or hood and/or shoe covers will be worn in instances when gross contamination with blood or body fluids can reasonable be anticipated.

f. Resuscitation bags or other ventilation devices should be available in areas where resuscitation is anticipated.
g. Alternative gloves/PPE will be provided to employees who are sensitive or allergic to the gloves normally provided.
h. All non-disposable PPE will be maintained, cleaned, and disposed of by SCOR.
i. Utility gloves will be decontaminated for re-use if the integrity of the glove is not compromised. However, the gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromise.
j. When personal protective equipment is removed, it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
k. All personal protective equipment will be removed prior to leaving the work area.

7. Hepatitis B Vaccination:
Employees with occupational exposures to blood or OPIM must be offered and encouraged to participate in the Hepatitis B vaccination program. This is offered at no cost to the employee designated to have a potential risk of exposure to blood or OPIM.

8. Post Exposure Evaluations:
All blood or body fluid exposures must be reported immediately to the Administrator or clinical supervisor.

1. Post Exposure Evaluation Procedures:
   A. First aid. Clean/rinse exposed area.
   B. Report incident to supervisor.
   C. Supervisor to ask source patient to be tested.
   D. Employee to be evaluated and or treated within 2 hour window as recommended by CDC, or as soon as possible by the designated workman compensation health care provider.
   E. Post exposure prophylaxis (PEP) will be addressed at the designated health care provider, which the employee is referred to.
   F. Evaluations by the designated health care provider at date of injury, 6, 12, 24 weeks or as ordered by the health care provider..

G. The employee will complete related sections of the SCOR's occurrence report and Exposure to blood and body fluid report. The Safety Officer and the Administrator will review and finalize these reports. The report, when completed, will become a confidential health file of the employee, as well as the Annual OSHA 300 Log, and satisfy federal OSHA reporting requirements.

2. Workers compensation steps:
   a) Depending on severity of injury:
      i) Provide access to care/transportation to hospital or clinic
   b) Take a statement from the injured worker and any witnesses
   c) Provide injured worker with information on carrier

i) The Workers' Compensation Poster should be posted in your break or locker room, along with information on your local Workers' Compensation clinic.

Party handling workers' compensation claims	**ZURICH CLAIMS SERVICES**
Business Address	P.O. Box 49547 Colorado Springs, CO 80949-9537
Business Phone	**800-987-3373**
Effective Date Termination Date	05/15/2020 05/15/2021
Policy Number Employer's FEIN	WC 47-81-713-00 770615561

d) Contact MedHQ to file First Report of Injury
e) In case of needle sticks – follow the steps above and your own site safety instructions on Bloodborne Pathogens. Employee expenses are covered by Workers' Compensation and patient expenses for any testing are the responsibility of the ASC.

Who Should Know This Policy

☒All Employees ☒Clinical Managers ☒Administrator ☒Medical Director

The following positions are responsible for the accuracy of the information contained in this document:
☒Governing Board ☒Administrator ☒Medical Director ☒Clinical Managers

REFERENCE: Appendix: OSHA, Attachment A, BBPE Control Plan

Date:_____ Employee Signature:_____

The above signature verifies review of the OSHA compliance and bloodborne pathogen program policy and associated regulations and that any questions have been answered by SCOR Administration to the satisfaction of the employee.

SURGERY CENTER OF RENO

Policy: Bloodborne Pathogens Standards, 29 CFR 1910.1030 (g)(2)
Subject: Bloodborne Pathogens Exposure Control Plan, Attachment B: Tasks and Procedures
Effective Date: 2-06 **Review / Revision: 2-07, 2-08, 2-09, 3-10, 3-11, 3-12, 3-13, 3-14, 3-15, 3-16, 3-17, 3-18, 3-19, 3-20, 3-21, 3-22**

Policy:
SCOR abides by OSHA's Bloodborne Pathogen Regulations, which include the Exposure Control Plan. The following includes, but is not limited to, tasks and procedures that are performed at SCOR. The SCOR continuously strives to provide a safe work environment for its employees.

Purpose:
To inform staff members regarding the needed personal protective equipment (PPE) for tasks and procedures performed in SCOR.
To practice the control measures as expounded in the BBPE Control Plan to protect employees from exposure to potentially infectious materials.
To provide a safe work environment for the staff members of SCOR.

Task/Procedure	Hand washing	Gloves	Gown	Mask	Eye Protection	Face Protection	Comments
Bedpan, Urinal Emptying	X	X					
Changing visibly soiled or contaminated linen/sheet/uniform	X	X	**				
Circulating in the O.R.	X			X	**	**	
Cleaning patient with incontinence of urine or feces	X	X	**				
Cleaning equipment	X	X		*X			*If required by manufacturer of cleaning solutio being used
Cleaning up spills of blood/ body substance	X	X	**	**	**	**	
Cleaning surgical instruments	X	X		**	**	**	
Collecting specimen	X	X		**	**	**	
Direct contact with blood/body substance	X	X		**	**	**	
Dressing Change	X	X	X^				^ If infection suspected.
Handling, Infectious or Possibly Infectious Material	X	X	**				

Starting/Discontinuing I.V.	X	X					
Intubation, Assisting with Endotrachial/Nasal	X	X		X			
Suctioning, Endotracheal/Nasal/Oral	X	X		**	**	**	

Attachment C
Determination of Employee's Exposure Category

The BBPE Control Plan of SCOR requires that each employee receives a determination of exposure according to his/her responsibilities. The SCOR will use the categories of exposure as stated by OSHA as follows: The most appropriate category with the highest possibility of exposure has been determined for you and has been checked as follows:

☐ Category I: Job position, responsibilities, and tasks required of the employee to perform as a condition of employment involve exposure to blood, body fluids or tissues. All procedures or other job related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for spills or splashes of blood, body fluids or tissues are Category I tasks. The employee is required to use appropriate protective measures according to the task being performed. Category I includes licensed nurses (to include PreOp, Circulating, PACU,) and scrub techs, and central core employees.

☐ Category II: Job position, responsibilities, and tasks required of the employee to perform, as a condition of employment does not involve exposure to blood, body fluids or tissues. However, unplanned Exposure Category I tasks, which involve exposure to blood, body fluids or tissues, may be performed. When this occurs, the employee is required to use appropriate protective measures according to the task being performed. Licensed radiologic technicians may be in this category.

☐ Category III: Job position, responsibilities, and tasks required of the employee to perform as a condition of employment do not involve exposure to blood, body fluids or tissue. Category III includes administrative employees: surgery scheduler, front office, medical records, and the Administrator. When performing administrative responsibilities and not delivering direct patient care, the supervisors of the clinical areas and Administrator are in this category.

I understand the category and the associated responsibilities as stated above. I agree to practice these responsibilities as part of my job description.

_____ _____
Name of employee (Print), Job Title Date

_____ _____
Signature of employee Date

_____ _____
Date
Signature of Director, Clinical Manager or Administrator

Exposure to Blood/Body Fluids

Employee:
Name, Last: _____ First: _____ Middle: _____
Gender: ☐ F ☐ M ☐ Other Date of Birth: _____ /_____ /_____
Work Location: _____
Occupation: _____ If occupation is physician, indicate clinical specialty: _____

Section I – General Exposure Information

1. Date of exposure: _____ /_____ /_____

2. Number of hours on duty: _____

3. Time of exposure: _____ ☐ AM ☐ PM

6. Location where exposure occurred: _____

5. Is exposed person a temp/agency employee? ☐ Y ☐ N

7. Type of exposure: (Check all that apply)
   - ☐ 7a. Percutaneous: Did exposure involve a clean, unused needle or sharp object?
     - ☐ Y ☐ N (If No, complete Q8, Q9, Section II and Section V-XI)
   - ☐ 7b. Mucous membrane (Complete Q8, Q9, Section III and Section V-XI)
   - ☐ 7c. Skin: Was skin intact? ☐ Y ☐ N ☐Unknown (If No, complete Q8, Q9, Section III & Section V-XI)
   - ☐ 7d. Bite (Complete Q9 and Section IV-XI)

8. Type of fluid/tissue involved in exposure: (Check one)
   - ☐ Blood/blood products
   - ☐ Solutions (IV fluid, irrigation, etc.): (Check one)
     - ☐ Visibly bloody
     - ☐ Not visibly bloody
   - ☐ Tissue
   - ☐ Other (specify): _____
   - ☐ Unknown
   - ☐ Body fluids: (Check one)
     - ☐ Visibly bloody
     - ☐ Not visibly bloody

If body fluid, indicate one body fluid type:

☐ Amniotic	☐ Saliva
☐ CSF	☐ Sputum
☐ Pericardial	☐ Tears
☐ Peritoneal	☐ Urine
☐ Pleural	☐ Feces/stool
☐ Semen	☐ Other (Specify):
☐ Synovial	_____
☐ Vaginal fluid	

9. Body site of exposure: (Check all that apply)

☐ Hand/finger	
☐ Eye	
☐ Arm	☐ Foot
☐ Leg	☐ Mouth
	☐ Nose
	☐ Other (specify):

Section II – Percutaneous Injury

1. Was the needle or sharp object visibly contaminated with blood prior to exposure? ☐ Y ☐ N

2. Depth of the injury: (Check one)

☐ Superficial, surface scratch ☐ Deep puncture or wound
☐ Moderate, penetrated skin ☐ Unknown

3. What needle or sharp object caused the injury (Check one)

☐ Device (select one) ☐ Non-device sharp object (specify): _____ ☐ Unknown sharp object

Hollow-bore needle

☐ Arterial blood collection device
☐ Biopsy needle
☐ Bone marrow needle
☐ Hypodermic needle, attached to syringe
☐ Hypodermic needle, attached to IV tubing
☐ Unattached hypodermic needle
☐ IV catheter – central line
☐ IV catheter – peripheral line
☐ Huber needle
☐ Prefilled cartridge syringe
☐ IV stylet
☐ Spinal or epidural needle
☐ Hemodialysis needle
☐ Dental aspirating syringe w/ needle
☐ Vacuum tube holder/needle
☐ Winged-steel (Butterfly™ type) needle
☐ Hollow-bore needle, type unknown
☐ Other hollow-bore needle

Suture needle

☐ Suture needle

Other solid sharps

☐ Bone cutter
☐ Bur
☐ Electrocautery device
☐ Elevator
☐ Explorer
☐ Extraction forceps
☐ File
☐ Lancet
☐ Microtome blade
☐ Pin
☐ Razor
☐ Retractor
☐ Rod (orthopedic)
☐ Scaler/curette
☐ Scalpel blade
☐ Scissors
☐ Tenaculum
☐ Trocar
☐ Wire

Glass

☐ Capillary tube
☐ Blood collection tube
☐ Medication ampule/vial/bottle
☐ Pipette
☐ Slide
☐ Specimen/test/vacuum tube

Plastic

☐ Capillary tube
☐ Blood collection tube
☐ Specimen/test/vacuum tube

Non-sharp safety device

☐ Blood culture adapter
☐ Catheter securement device
☐ IV delivery system
☐ Other known device (specify): _____

4. Manufacturer and Model: _____

Exposure to Blood/Body Fluids

5. Did the needle or other sharp object involved in the injury have a safety feature? ☐ Y ☐ N

5a. If Yes, indicate type of safety feature: (Check one) If No, skip to Q6.

- ☐ Bluntable needle, sharp
- ☐ Hinged guard/shield
- ☐ Retractable needle/sharp
- ☐ Sliding/gliding guard/shield
- ☐ Needle/sharp ejector
- ☐ Mylar wrapping/plastic
- ☐ Other safety feature (specify):_____
- ☐ Unknown safety mechanism

5b. If the device had a safety feature, when did the injury occur? (Check one)

- ☐ Before activation of the safety feature was appropriate
- ☐ During activation of the safety feature
- ☐ Safety feature improperly activated
- ☐ Safety feature failed, after activation
- ☐ Safety feature not activated
- ☐ Other (specify): _____

6. When did the injury occur? (Check one)

- ☐ Before use of the item
- ☐ During use of the item
- ☐ After use of the item before disposal
- ☐ During or after disposal
- ☐ Unknown

7. For what purpose or activity was the sharp device being used? (Check one)

Obtaining a blood specimen percutaneously

- ☐ Performing phlebotomy
- ☐ Performing arterial puncture
- ☐ Performing a fingerstick
- ☐ Other blood-sampling procedure (specify): _____

Giving a percutaneous injection

- ☐ Giving an IM injection
- ☐ Giving a SC injection
- ☐ Placing a skin test (e.g., tuberculin, allergy, etc.)

Performing a line related procedure

- ☐ Inserting or withdrawing a catheter
- ☐ Obtaining a blood sample from a central or peripheral I.V. line or port
- ☐ Injecting into a line or port
- ☐ Connecting an I.V. line

Performing surgery/autopsy/other invasive procedure

- ☐ Suturing
- ☐ Incising
- ☐ Palpating/exploring
- ☐ Specify procedure: _____

Performing a dental procedure

- ☐ Hygiene (prophylaxis)
- ☐ Restoration (amalgam composite, crown)
- ☐ Root canal
- ☐ Periodontal surgery
- ☐ Oral surgery
- ☐ Simple extraction
- ☐ Surgical extraction

Handling a specimen

- ☐ Transferring BBF into a specimen container
- ☐ Processing specimen

Other

- ☐ Other diagnostic procedure (e.g., thoracentesis)
- ☐ Other (specify): _____
- ☐ Unknown

Exposure to Blood/Body Fluids

8. What was the activity at the time of injury? (Check one)

- ☐ Cleaning room
- ☐ Decontamination/processing used equipment
- ☐ Handling equipment
- ☐ Performing procedure
- ☐ Recapping
- ☐ Collecting/transporting waste
- ☐ Disassembling device/equipment
- ☐ Opening/breaking glass container (e.g., ampule)
- ☐ Placing sharp in container
- ☐ Transferring/passing/receiving device
- ☐ Other (specify): _____

9. Who was holding the device at the time the injury occurred? (Check one)

- ☐ Exposed person
- ☐ Co-worker/other person
- ☐ No one, the sharp was an uncontrolled sharp in the environment

10. What happened when the injury occurred? (Check one)

- ☐ Patient moved and jarred device
- ☐ Device slipped
- ☐ Device rebounded
- ☐ Sharp was being recapped
- ☐ Collided with co-worker or other person
- ☐ Contact with overfilled/punctured sharps container
- ☐ Improperly disposed sharp
- ☐ Other (specify): _____
- ☐ Unknown

Exposure to Blood/Body Fluids

Section III – Mucous Membrane and/or Skin Exposure

1. Estimate the amount of blood/body fluid exposure: (Check one)

- ☐ Small (<1 tsp or 5cc)
- ☐ Moderate (>1 tsp and up to ¼ cup, or 6-50 cc)
- ☐ Large (> ¼ cup or 50cc)
- ☐ Unknown

2. Activity/event when exposure occurred: (Check one)

- ☐ Airway manipulation (e.g., suctioning airway, inducing sputum)
- ☐ Bleeding vessel
- ☐ Changing dressing/wound care
- ☐ Cleaning/transporting contaminated equipment
- ☐ Endoscopic procedures
- ☐ IV or arterial line insertion/removal/manipulation
- ☐ Irrigation procedures
- ☐ Manipulating blood tube/bottle/specimen container
- ☐ Patient spit/coughed/vomited
- ☐ Phlebotomy
- ☐ Surgical procedure (e.g., all surgical procedures including C-section)
- ☐ Tube placement/removal/manipulation (e.g., chest, endotracheal, NG, rectal, urine catheter)
- ☐ Other (specify): _____
- ☐ Unknown

3. Barriers used by the worker at the time of exposure: (Check all that apply)

- ☐ Face shield
- ☐ Gloves
- ☐ Goggles
- ☐ Gown
- ☐ Mask/respirator
- ☐ Other (specify): _____
- ☐ No barriers

Section IV – Bite

1. Wound description: (Check one)

- ☐ No spontaneous bleeding
- ☐ Spontaneous bleeding
- ☐ Tissue avulsed
- ☐ Unknown

2. Activity/event when exposure occurred: (Check one)

- ☐ During dental procedure
- ☐ During oral examination
- ☐ Providing oral hygiene
- ☐ Providing non-oral care to patient
- ☐ Assault by patient
- ☐ Other (specify): _____
- ☐ Unknown

Exposure to Blood/Body Fluids

Note: Section V-IX are required when following the protocols for Exposure Management.

Section V – Source Information

1. Was the source patient known? ☐ Y ☐ N

2. Was HIV status known at the time of exposure? ☐ Y ☐N

3. Check the test results for the source patient (P=positive, N=negative, I=indeterminate, U=unknown, R=refused, NT=not tested)

Hepatitis B	P	N	I	U	R	NT
HBsAg						
HBeAg						
Total anti-HBc						
Anti-HBs						
Hepatitis C						
Anti-HCV EIA						
Anti-HCV supplemental						
PCR-HCV RNA						
HIV						
EIA, ELISA						
Rapid HIV						
Confirmatory test						

Section VI – For HIV Infected Source

1. Stage of disease: (Check one)

☐ End-stage AIDS ☐ Other symptomatic HIV, not AIDS
☐ AIDS ☐ HIV infection, no symptoms
☐ Acute HIV illness ☐ Unknown

2. Is the source patient taking anti-retroviral drugs? ☐ Y ☐ N ☐ U

2a. If yes, indicate drug(s): _____ _____ _____ _____ _____ _____

3. Most recent CD4 count: _____mm^3 Date: ____ /_____ (mo/yr)

4. Viral load: _____ copies/ml _____ undetectable Date: ____ /_____ (mo/yr)

Section VII – Initial Care Given to Healthcare Worker

1. HIV postexposure prophylaxis:

Offered? ☐ Y ☐ N ☐ U Taken: ☐ Y ☐ N ☐ U (If Yes, complete PEP form)

2. HBIG given? ☐ Y ☐ N ☐ U Date administered: ____ /____ /_____

3. Hepatitis B vaccine given: ☐ Y ☐ N ☐ U Date 1st dose administered: ____ /____ /_____

4. Is the HCW pregnant? ☐ Y ☐ N ☐ U

4a. If yes, which trimester? ☐ 1 ☐ 2 ☐ 3 ☐ U

Exposure to Blood/Body Fluids

Section VIII – Baseline Lab Testing

Was baseline testing performed on the HCW? ☐ Y ☐ N ☐ U If Yes, indicate results

Test	Date	Result				Test	Date	Result
HIV EIA	__/__/____	P	N	I	R	ALT	__/__/____	____ IU/L
HIV Confirmatory	__/__/____	P	N	I	R	Amylase	__/__/____	____ IU/L
Hepatitis C anti-HCV-EIA	__/__/____	P	N	I	R	Blood glucose	__/__/____	____ mmol/L
Hepatitis C anti-HCV-supp	__/__/____	P	N	I	R	Hematocrit	__/__/____	____ %
Hepatitis C PRC HCV RNA	__/__/____	P	N	I		Hemoglobin	__/__/____	____ gm/L
Hepatitis B HBs Ag	__/__/____	P	N	I		Platelets	__/__/____	____ $x10^9$/L
Hepatitis B IgM anti-HBc	__/__/____	P	N	I		Blood cells in Urine	__/__/____	____ #/mm^3
Hepatitis B Total anti-HBc	__/__/____	P	N	I		WBC	__/__/____	____ $x10^9$/L
Hepatitis B Anti-HBs	__/__/____	_____ mIU/mL				Creatinine	__/__/____	____ µmol/L
Result Codes: P=Positive, N=Negative, I=Indeterminate, R=Refused						Other: _____	__/__/____	_____

Section IX – Follow-up

1. Is it recommended that the HCW return for follow-up of this exposure? ☐ Y ☐ N

   1a. If Yes, will follow-up be performed at this facility? ☐ Y ☐ N

Section X – Narrative

In the worker's words, how did the injury occur?

Section XI – Prevention

In the worker's words, what could have prevented the injury?

Custom Fields

Label		Label	
_____	____/____/____	_____	____/____/____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments

Attachment E

SOURCE PATIENT-POST EXPOSURE CONSENT FOR TESTING

I understand that a Surgery Center of Reno's employee has accidentally been exposed to my blood/body fluid.

In order to comply with Federal regulations and to properly advise our Surgery Center of Reno's employee on the most appropriate treatment, we are asking for permission to test your blood for HIV, Hepatitis B, and Hepatitis C.

I furthermore give consent to disclose the results of my testing to the exposed employee under the protocol of the Surgery Center of Reno's Bloodborne Pathogens Exposure Control Plan. I have had a chance to ask questions about the testing and my questions have been answered. I understand that the testing will be confidential and will be done without charge to me and these results will be available to me if I choose to ask for the results.

_____ _____
Signature of patient/guardian Date/Time

_____ _____
Signature of Witness Date/Time

Attachment F

INFORMED CONSENT FOR HEPATITIS B VACCINE

I understand the benefits and risks of the vaccination. I understand that vaccination is not mandatory but highly recommended. I understand that the vaccine should not be given to anyone that is immunocompromised, allergic to yeast or any of component of the vaccine, pregnant or nursing mothers unless clearly necessary. Relative contraindications include any serous active infection, severely compromised cardiopulmonary function, or any person to whom a febrile or systemic reaction could cause a serious health risk. I certify that to the best of my knowledge I do not have any of the above listed conditions, have been informed of the potential risks and benefits of the Hepatitis vaccination, and request to receive the vaccination.

I understand that I must have three doses of the vaccine over the next 6 months to confer immunity. I know that there is no absolute guarantee that I will become immune or that I will not have adverse reaction from the vaccine.

I REQUEST THAT THE HEPATITIS B VACCINE BE GIVEN TO ME:

_____ _____
Signature of Employee Date

_____ _____
Department Witness

Date	Site	Lot	Exp	Given By:
1st Dose	_____	_____	_____	_____
2nd Dose	_____	_____	_____	_____
3rd Dose	_____	_____	_____	_____

***SITE:** #1 = left deltoid #2 right deltoid

#1 Signature of employee: _____

#2 Signature of employee: _____

#3 Signature of employee: _____

DECLINATION

☐ **I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring Hepatitis B infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I DECLINE TO RECEIVE THE HEPATITIS B VACCINE** and understand that I may be at risk of acquiring the Hepatitis B Virus, as serious disease. If I change my mind at a later date I will be able to receive the Hepatitis B vaccine at no charge to me.

☐ I decline the Hepatitis B vaccine as I have received the vaccine in the past.
I received the vaccine in _____(year).

_____ _____
Signature of Employee Date

_____
Witness

POLICY:

The SCOR uses the Occurrence Reports, also referred to Incident reports throughout this Manual, as a method to record an adverse occurrence, and to relay this information to the immediate Supervisor, Administrator, or to Risk Management for action as needed. This allows early intervention and the potential to eliminate, reduce, and manage any subsequent claims or lawsuit. This policy establishes procedures for reporting and documenting unexpected occurrences or unusual events on the Occurrence Report.

The definition of an incident includes 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.

The definition of an adverse incident includes:

a) 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.
b) Any process variation for which a recurrence carries a significant chance of a serious adverse outcome.
c) 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 of acceptable risks associated with the provision of care and service for a patient.
d) All events involving reactions to drugs and materials.
e) Circumstances or events that could have resulted in an adverse event (i.d., near-miss events)

The Occurrence Report is meant to be used not as a punitive process but rather to improve the quality of services provided at SCOR:

1. Improve patient, visitor, and employee safety.
2. Identify potential losses and claims.
3. Documents the facts on a timely basis.
4. Provides early intervention if corrective action is needed.
5. Collects data for detecting trends, patterns, and needed system or process changes.
6. Review and identify potential causes of such occurrences and instituting corrective actions as deemed necessary in order to minimize and/or eliminate the potential for injury to patients, visitors, and employees.

PROCEDURES:

A. Responsibility: Occurrence Reporting is the responsibility of all employees, in all areas, in order to promote patient safety, prevent employee injury, and to improve patient care and staff performance.

B. Reportable occurrences are contained in the definition of an adverse occurrence. Examples: include but are not limited to the following:

1. Safety related incidents, where patient, visitor, or staff, such as slips and falls- any time a person falls to the ground whether it is an assisted (controlled) descent or unexpected (uncontrolled) event.
2. Diagnosis or treatment, procedure variance, communication related occurrences:
   a. Procedure performed without informed consent
   b. A procedure was performed other than the procedure that was consented.
   c. Incorrect handling of specimen according to SCOR's policies and procedures.
   d. Surgery/anesthesia related errors of wrong patient, wrong surgery site.
   e. Unscheduled return to the OR.
3. Medication variance, drugs and intravenous related incidents:
   a. Medication error resulting from wrong drug, wrong dose, wrong patient, wrong route, or wrong time to ordered medication. This includes "near misses".
   b. If medication is given and patient is documented as having an allergy to that medication.
4. Equipment/Product Related Incident:
   a. Malfunction in equipment or product that causes or has the potential to cause patient/staff injury.
   b. Improper product or equipment procedure (i.e. not following policy for proper sterilization).
5. Exposures:
   a. Stick from contaminated sharps to any employee, patient, or physician.
   b. Eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material to any employee, patient, or physician.
6. A dissatisfied patient or family member.
7. Infection
8. Fire or thermal injury
9. Refusal of medical treatment
10. Referral to ER or back to surgeon on post-op call
11. Cancellation on date of service
12. Transfer to higher level of care
13. Miscellaneous:
    a. Incidents involving lost, damaged, or stolen property of visitors, patients, staff, or SCOR.
    b. Any allegation of patient abuse by patient, employee, family, or visitor.

c. Being struck by an object such as doors, thrown objects, or scraping against another object.
d. Non-compliance of procedure by co-worker, physician, patient, or visitor.
e. Any allegation of discrimination, sexual misconduct, or workplace violence by co-worker, physician, patient, or visitor.
f. AMA or elopement
g. Any variant from normal patient care or business operations.

C. Elements of Occurrence Report:
1. Name of person affected.
2. Date, time, location.
3. Type of occurrence as listed in the specific headings.
4. Comments about the occurrence with factual descriptions that may include statements from the potentially injured or injured person.
5. MD notified and response if applicable.
6. List of witness.
7. Name of employee completing report.
8. Name of the supervisor receiving the report.
9. Classification of Priority of action by the supervisor.

D. Completion of Occurrence Report, Actions to take
1. Notify immediate Supervisor or Administrator of occurrence.
2. Obtain Occurrence Report form from designated area. Accurately document the facts as soon as possible. If time constraints are present, immediate notification of occurrence may be verbal with written completed Occurrence Report as the final approved documentation. The Supervisor will receive the report and submit the report to the Administrator as soon as possible.
   The Administrator will prioritize the occurrence and take immediate actions as necessary. The Occurrence Report is submitted to the QI Committee for review and further action as necessary.
3. If the incident involves exposure to hazardous chemicals, utilize the associated SDS for clean up and use hazardous chemical spill kit.
4. If the incident involves exposure to biohazardous fluids, follow the policy and procedure for this exposure and use biohazardous fluid clean up kit as needed.
5. Notify MD of occurrence if applicable and note MD's remarks if any.
6. Document pertinent details regarding patient occurrence/treatment in the patient's medical record.
   a. Document only the facts of the occurrence and the actions taken if any. Do not make reference in the patient's medical record that an Occurrence Report was completed as the Occurrence Report is not part of the medical record.

7. All actual serious patient safety events or incidents that have the potential to cause harm (near misses) will be immediately reported to the Risk Manager and Administrator who will notify the corporate offices and insurance carrier.

E. Treatment of Occurrence Report:
1. Secure the Occurrence Report in the appropriate folder, separate from the patient's medical record.
2. Information contained in the Occurrence Report is confidential and distribution will be on a need-to-know basis.
3. The Occurrence Report will include the statement, "This form is confidential and is not a part of the patient's record. The Report is not subject to subpoena or discovery and not subject to inspection by the general public.

F. Actions after occurrence take place:
1. Assess the person and provide first aid care needed.
2. Notify the physician, immediate Supervisor or Administrator responsible for Risk Management activities.
3. Document the clinical assessment, any physician's orders, and treatment in the patient's medical record.
4. Record the comments from person(s) or witnesses involved.
5. Impound any equipment or supplies involved in the event; do not return to manufacturer. If needed, an independent third party will perform the testing.
6. If a patient or family member reports an occurrence after the date of the occurrence, document the time of the notification and the reason for the delay.
7. Do not discuss the event with the media or any other outsider.
8. Limit documentation of the response to the occurrence to:
   a. Who assisted the person involved in the occurrence.
   b. Name of the Supervisor, Administrator, or Risk Management notified.
   c. Name, date, and time physician's notified,
   d. Extent of any injury; if applicable, completion of transfer packet if patient transferred to hospital.
   e. Parties included in the disclosure conversation as well as the content of the conversation.

REFERENCE: AAAHC Standards, *Quality Management and Improvement*, Section 5.2.

Who Should Know This Policy

☐ Pre-Op Staff
☐ Post-Op Staff
☐ PACU Staff
☒ Director of Nursing
☒ All Employees
☐ All Clinical Staff
☐ All Business Office Staff
☒ Clinical Managers
☒ Medical Director
☒ Administrator

The following positions are responsible for the accuracy of the information contained in this document:

☒ Board of Directors
☒ Administrator
☒ Medical Director
☒ Clinical Managers
☒ Director of Nursing

SURGERY CENTER OF RENO
INCIDENT REPORT
CONFIDENTIAL - *NOT A PART OF MEDICAL RECORD*

PATIENT LABEL

BRIEF DESCRIPTION **(Attach additional sheet, if needed)**

_____

_____

_____

_____

_____

_____

_____

Patient/Family aware of incident?_ Yes ____ No _____

_____

A. LOCATION OF INCIDENT:_____

Type of Incident (Check only one that most applies)

B. FALLS

- ☐ Slip/fall
- ☐ Found on floor
- ☐ Other

C. MEDICATION VARIANCE

- ☐ Contraindicated
- ☐ Omission of dose
- ☐ Wrong patient
- ☐ MD order variance
- ☐ Extra doses
- ☐ Wrong dose
- ☐ Wrong route
- ☐ Wrong site
- ☐ Confirmed adverse drug reaction
- ☐ Wrong drug/IV solution
- ☐ Wrong time

D. TREATMENT OR PROCEDURE VARIANCE

- ☐ Consent/not Documented
- ☐ Complications following procedure
- ☐ Surgical Count/retained FB
- ☐ Consent/Different procedure or site
- ☐ Cancellation - post induction
- ☐ Unscheduled return to OR
- ☐ Delayed treatment
- ☐ Inability to complete procedure due to complications
- ☐ Unplanned transfer to hospital
- ☐ Not ordered
- ☐ Specimen handling error
- ☐ Received unplanned blood/products
- ☐ Omitted
- ☐ Surgical count unresolved
- ☐ Cancellation after admission to pre-op
- ☐ Technique
- ☐ Undesired
- ☐ Other _____

E. INFECTION SURGERY CENTER

- ☐ Infection/Nosocomial confirmed

F. EQUIPMENT/PRODUCT-RELATED INCIDENT

- ☐ Defective
- ☐ Electrical shock
- ☐ Improper use
- ☐ Wrong equipment
- ☐ Electrical Problem
- ☐ Equipment unavailable
- ☐ Malfunction
- ☐ Other_____

LOT # _____

EQUIPMENT TYPE:_____ **MODEL #:**_____

MANUFACTURER:_____ **SERIAL #:**_____

G. MISCELLANEOUS

- ☐ AMA/Elopement
- ☐ Fire/thermal
- ☐ Patient injury
- ☐ Patient /family complaint
- ☐ Contraband possession
- ☐ Loss/Theft/damaged property
- ☐ Struck by object
- ☐ Exposures/biohazard/chemical
- ☐ Patient abuse
- ☐ Security issues
- ☐ Other_____

H. MEDICAL TREATMENT

☐ N/A ☐ Offered ☐ Refused ☐ Referred for further TX ☐ ER visit post-op

Physician Name: _____

☐ Notified **Date:** _____ **Time:** _____

Address:_____

_____

I. NATURE OF INJURY SUSTAINED (Check only one that most applies)

- ☐ Abrasion, bruise, contusion
- ☐ Aggravation/pre-exist. Cond.
- ☐ Fracture
- ☐ Burn
- ☐ Cardiopulmonary arrest
- ☐ Concussion
- ☐ Contagious disease
- ☐ Death/at facility
- ☐ Death/ following hospital transfer
- ☐ Death/ within 72 hours discharge
- ☐ Back injury
- ☐ Electric shock
- ☐ Phlebitis
- ☐ Hemorrhage
- ☐ IV infiltration/extravasate
- ☐ Laceration
- ☐ Neurological impairment
- ☐ Pulmonary embolism - DVT
- ☐ Puncture
- ☐ Respiratory impairment
- ☐ Skin irritation
- ☐ Sprain/strain
- ☐ Vascular impairment
- ☐ Wound disruption
- ☐ Unable to determine
- ☐ None/NA
- ☐ Other _____

J. RELATED FACTORS (check all that apply)

- ☐ Bowel/bladder problem
- ☐ Improper footwear
- ☐ Unable to follow orders
- ☐ Seeking attention
- ☐ Vision impaired
- ☐ Horseplay/rowdiness
- ☐ Medical/surgical condition
- ☐ Visitor assisting patient
- ☐ Language barrier
- ☐ Refused orders
- ☐ Floor wet/obstructed
- ☐ Safety device used improperly
- ☐ Employee did not follow procedure
- ☐ Siderails down
- ☐ Bed position Hi ___ Lo ___
- ☐ Safety device not ordered
- ☐ Call light not in reach
- ☐ Unexpected movement
- ☐ NA
- ☐ Other _____

K SEVERITY LEVEL

☐	LEVEL 1	EVENT IS NOT RELATED TO ILLNESS OR INJURY/NO APPARENT INJURY
☐	LEVEL 2	OCCURRENCE THAT CAUSES TEMPORARY ILLNESS OR INJURY; WHETHER OR NOT PHYSICIAN INTERVENTIONS REQUIRED
☐	LEVEL 3	INJURY WITH POTENTIAL FOR COMPLICATION/FOLLOW UP REQUIRED BY MD
☐	LEVEL 4	MAJOR INJURY; OCCURRENCE IS POTENTIALLY LIFETHREATENING; IMMEDIATE PHYSICIAN INTERVENTIONS REQUIRED
☐	LEVEL 5	OCCURRENCE RESULTING IN DEATH WITHIN 72 HOURS

WITNESSES

Name: _____ Name: _____

EMPLOYEE PREPARING REPORT

Name _____ Date/Time: _____ Title: _____

L. HOW COULD THIS EVENT HAVE BEEN PREVENTED?

_____

M. Explanation of Investigation/Follow-up/corrective action taken:

_____

_____

_____

Signature: _____ Title: _____

N. This section to be completed by Medical Director/Administration

The above incident has been generated. Please review the incident and indicate what action is required.

- ☐ No action at this time
- ☐ Physician review
- ☐ Instruction/Education
- ☐ Action/Recommendation
- ☐ Discuss in QI
- ☐ Notify Risk Management

Statistics: ☐ Infection ☐ Complication

_____

_____

_____

_____

Administrator Signature: _____ Date/Time: _____

Medical Director: _____ Date/Time: _____

Governing Board: _____ Date/Time: _____

Transfer switches shall be subjected to a maintenance and testing program that includes the following:
□Monthly testing and operation
□Annually
□Checking of connections
□Inspection or testing for evidence of overheating and excessive contact erosion
□Removal of dust and dirt.
□Replacement of contacts when required (8.3.5)

Maintenance Requirements Testing

EPSS, Including all appurtenant components, shall be inspected WEEKLY and exercised under load MONTHLY (8.4.1).
A log should be kept of the weekly and monthly checks / exercises.
Sample maintenance logs are available in the contents of the NFPA-110 documents.
Routine Maintenance program shall be over seen by a properly instructed individual (8.4.5).

Maintenance Requirements Monthly Testing

□□Section 8.4.2) Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods.
1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.
2)Under operating temperature conditions and at not less that 30 percent of the EPS nameplate kW rating.
3)If the engine cannot be operated until the water temperature and the oil pressure have stabilized and then the test shall be terminated before the 30 minute time period expires.

Maintenance Requirements Annual Load Bank Testing

Section 8.4.2.3 Diesel-powered EPS installation that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at

25% of nameplate rating for 30 minutes, followed by 50% of nameplate for 30 minutes followed by 75% of nameplate for 60 minutes,
for a total of 2 continuous hours.

Maintenance Requirement 36 Month Load Bank Testing

Section 8.4.9 Level 1 EPSS shall be tested for the duration of its as-assigned class (see Section 4.2), for at least 4 hours, at least once within every 36 months.
Section 8.4.9.1 The load shall be the EPSS system load running at the of the test. The test shall be initiated by opening all switches or breakers supplying normal power to the EPSS

Maintenance Requirements Time Delays

Load tests of generator shall include complete cold start (8.4.4).

Time Delays should be set as follows:
On start: 1 second minimum
Transfer to emergency: no minimum
Return to normal: 5 minutes minimum
Shutdown: 5 minutes minimum
Transfer switches shall be operated monthly (8.4.6

Maintenance Requirements

Section A-5.6.4.5.1 recommends that lead-acid starting batteries be replaced every 24 to 30 months.

Transfer Time

For any generator serving emergency lighting, the load must be picked up by the generator in less than 10 seconds. See section 7.9.1.2 of the Life Safety Code

Fire Extinguisher

A fire Extinguisher should be kept in close proximity to the generator and should be a type for the hazard. Typically a minimum 3A, 40B, C extinguisher within 30 feet of the generator and in the path of egress

PURPOSE: To prepare for a possible communicable disease exposure and controlling the spread of the virus.

POLICY:

A. The Surgery Center of Reno will be prepared for a possible communicable disease exposure by implementing the following components of care:

1. Prescreening:
   a. Screening takes place on the Simple Admit patient history and physical intake form and during the pre admission phone call or pre-op interview.
   b. Questions asked include:
      1. On the Simple Admit patient history and physical form, "Have you had a recent cough, cold, fever, rash or any unexplained illnesses? If YES, Please list your symptoms
      2. Have you recently traveled outside the U.S. or been around someone who has recently traveled outside the U.S. within the last 4 weeks?
   c. If the above are answered "yes", they will be instructed to report to the nearest Emergency Department for possible screening of infectious disease and your surgery rescheduled.
   d. The above questions, if answered yes, will highlight in Simple Admit in red to increase awareness to the pre admission nurse and when printed "yes" will be included in the patient snapshot for quick reference.
   e. Pre op nurses will review the simple admit or paper history and physical form and question the patient about recent illnesses and travel exposure.
   f. Patients, visitors, vendors, staff and physicians may be required to complete a symptom questionnaire to verify health status if in the facility.

2. Possible Exposure:
   a. Contact your state/local county for specific instructions/contact information in the event of an exposure. Washoe County Health Department at 775-328-2447 (24hrs/day) and the Nevada State Department of Health at 775-684-4200 or after hours at 775-684-5920 or 1-800-CDC-INFO (1-800-232-4636). The Washoe County Health Department will coordinate interventions if necessary with family and others in contact with the patient prior to hospitalization.
3. Emergency equipment: proper PPE (Impermeable gowns that extend below the knees, gloves, N95 masks, safety glasses, hats that cover the head and neck, boot covers, bleach wipes) are located in green box in pre op cabinet in gown storage area.
4. CDC signage is posted in lobby entrances instructing visitors to notify staff if they have symptoms associated with the communicable disease in question. Patients should be screened for travel and contact with infected persons. Cases will possibly be cancelled and rescheduled when symptoms have resolved and released by their PCP.

5. Patients or staff exhibiting signs of an unexplained illness with a travel history should be isolated, given a mask, supplies and instruction on respiratory hygiene and waste receptacles. State and local officials will be contacted for instructions on safe handling of the patient or self-quarantine at home.
6. Educate the staff and patients on respiratory protection and hygiene. Cover you cough and wash your hands instructions will be posted in the patient lobby. CDC instructions will be posted in patient lobbies with specific instructions on the communicable disease, if available. Alcohol hand sanitizers are located in all public areas for use and prevention.
7. Communicable disease exposure is included in the facility HVA. Drills will be conducted periodically for staff education.
8. If an outbreak occurs, surgeries may be cancelled and staff notified by management to stay home to stop the spread of the disease.
9. Staff will be encouraged to stay home if exhibiting signs and symptoms. Managers will track illnesses thru AOD and trends reported to QI and the County Health department if required. Illnesses requiring more than 2 days off sick, per employee handbook policy, are required to bring a MD release to work note. In some instances, this requirement will be waived if MD offices are closed due to outbreak.
10. Inventory planning with current supply stock and backorder estimates will be evaluated during the outbreak. Supply chain issues will be handled as needed to supply necessary staff with appropriate PPE. A resource request form thru Web EOC can be completed to requisition State supplies. Encourage hand washing when possible to preserve hand sanitizer supply if limited.
11. We will limit visitors to the center to 1 per patient. Visitors will not be allowed into the clinical areas to decrease exposure. Visitors will be instructed to distance themselves when possible from others to decrease exposure.
12. All high touch surfaces will be disinfected with cleaner appropriate for the communicable disease. See MIU.
13. A list of staff, availability, phone numbers, emails, possible homecare issues will be prepared for possible staffing shortages.
14. Consider scheduling limitations in patients with high risk factors of disease process related to communicable disease.
15. If during a Medicare survey, breaches in medication injection practices and/or disinfection and sterilization of medical devices and equipment that may pose a risk of blood borne pathogen transmission the public health authorities must be notified. The public health authorities can conduct a risk assessment and if necessary, implement the process of patient notification.

CMS: 416.51, 416.44(a)(3)
AAAHC: 7.I.H

References: ***www.*****CDC.gov**

Who Should Know This Policy

☒Pre-Op Staff ☒OR Staff ☒PACU Staff ☒Clinical Managers ☒Medical Director ☒Administrator ☒Business Office Manager

The following positions are responsible for the accuracy of the information contained in this document:
☒Administrator ☒Medical Director ☒Governing Board