2018 Health and Safety
Accident Prevention Policies
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Ageia Washington Facilities Safety Policy

*Ageia Health Services* is committed to providing a safe workplace for all employees. This is accomplished through the cooperative efforts of managers, supervisors and employees to identify and eliminate hazards that may develop in the workplace.

No task is so important that an employee must violate a safety rule or take a risk of injury or illness in order to get the job done.

Employees are required to understand and follow all company safety rules. A disregard of these rules is a violation of Company policy and will subject the employee to disciplinary action. Remember, your help in preventing accidents benefits you and your fellow employees.

In addition, employees are encouraged to actively participate in identifying ways to make our company a safe place to work.

Supervisors are responsible for the health and safety of their employees. As part of their daily duties they must check the workplace for hazardous conditions, watch employees for unsafe acts and take prompt action to eliminate hazards.

Management will do its part by devoting the resources necessary to form a safety committee composed of management and elected employees. We will develop a system for identifying and correcting hazards. We will plan for foreseeable emergencies. We will provide initial and ongoing training for employees and supervisors. And, we will establish a disciplinary policy to insure that company safety policies are followed.

**Safety and Health Responsibilities**

**Manager Responsibilities:**

- Establish a companywide safety committee and ensure it carries out its responsibilities as described in this program.
- Provide sufficient resources, i.e., employee time and supervisor support, to carry out the safety program.
- Evaluate supervisors each year to make sure they are carrying out their responsibilities as described in this program.
- Ensure that incidents are fully investigated and corrective action taken to prevent the hazardous conditions or behaviors from happening again.
- Maintain a log of injuries and illnesses as described in this program.
- Set a good example by following established safety rules and attending required training.
**Supervisor Responsibilities:**

- Ensure that each employee you supervise, prior to starting work:
  1) Has received an initial safety orientation,
  2) Is competent or receives training on safe operation of equipment or tasks, and
  3) Has been provided with the required Personal Protective Equipment (PPE).

- Do a daily walk-around safety check of the work area. Promptly correct any hazards you find.

- Observe the employees you supervise working. Promptly correct any unsafe behavior. Provide training and take corrective action as necessary. Document employee evaluations.

- Set a good example for employees by following safety rules and attending required training.

- Investigate all incidents in your area and report your findings to management.

- Talk to management about changes to work practices or equipment that will improve employee safety.

**Employee Responsibilities:**

- Follow safety rules described in this program, OSHA safety standards and the training you receive.

- Report unsafe conditions or actions to your supervisor or safety committee representative promptly.

- Report all injuries to your supervisor promptly regardless of how serious.

- Report all near-miss incidents to your supervisor promptly.

- Always use personal protective equipment (PPE) in good working condition where it is required.

- Do not remove or defeat any safety device or safeguard provided for employee protection.

- Encourage co-workers by your words and example to use safe work practices on the job.

- Make suggestions to your supervisor, safety committee representative or management about changes you believe will improve employee safety.

- Report unsafe practices or conditions to the supervisor of the area where the hazard was observed.
Safety Orientation Policy

It is the policy of Ageia Health Services that all new and transferring employees, prior to starting a new job, must undergo a safety orientation. This includes an overview of the loss control program, as well as, any department and/or equipment specific safety training.

Supervisors will begin a Safety Orientation Checklist for each new hire or transferring employee in their department. The supervisor should provide the employee a copy of the Ageia Health Services Accident Prevention Program for the employee to review. After the employee has reviewed the program on their own, the supervisor will go through the program, highlighting those policies individually listed on the Safety Orientation Checklist. The supervisor will check off each policy on the Safety Orientation Checklist when the employee is comfortable with and has a clear understanding of each policy.

While the Safety Orientation Checklist refers to job-specific safety orientation, each department may have its own safety checklist as well. Should there be any additional department-specific safety information, the supervisor should review these items with the employee in the same manner as listed in the previous paragraph. This may include, but is not limited to orientation to specific equipment, orientation to specific procedures or general department orientation.

Once the safety orientation is completed, the Safety Orientation Checklist should be signed by both the supervisor and employee. The supervisor will then give the completed form to the Human Resources or Payroll Department to file in the employee’s personnel file.
Employee Safety Orientation Checklist

Employee: ___________________________ Hire Date: _____________

Department: ___________________________ Title: ___________________________

Supervisor: ___________________________ Date: _____________

Checklist of orientation briefing items:

- Elements of the company safety program, policy and procedures. Employee to read the Accident Prevention Program and know location where it is kept.
- Function of the Safety Committee. Remind employee to attend 3 meetings.
- Job-specific safety rules and additional training requirements.
- Hazard awareness: How to identify and report unsafe conditions and practices.
- Fire and emergency evacuation plan.
- Location and use of fire extinguishers.
- Hazard Communication Program (Chemical safety).
- Bloodborne Pathogens training
- Location and use of MSDS and the emergency eyewash stations.
- Personal Protective Equipment: Location, care and proper usage
- Safe lifting practices, work-related Muscular Skeletal Disorder Syndrome.
- Horseplay, housekeeping, safety through professionalism.
- Understanding of workers’ compensation process:
  - How, when and who to report on-the-job incidents to.
  - Where to go for treatment (facility has relationship with Occ. Med. Clinic).
  - Understanding of transitional duty and employee responsibilities.
- Location of first-aid kits.

I acknowledge that the above safety orientation briefing items were completed for the named employee on the date listed. I accept responsibility for maintaining a safe and healthful work environment.

Supervisor’s Name (please print) ___________________________ Date __________

Supervisor’s Signature

I acknowledge that the above safety orientation briefing items were discussed with me by the named supervisor listed above. I understand all the above information that has been presented to me and will bring forward to my supervisor any questions that arise. I accept responsibility for maintaining a safe and healthful work environment.

Employee’s Name (please print) ___________________________ Date __________

Employee’s Signature
Safety Committee Policy

The Safety Committee is a key component of Ageia Health Services’ Loss Control Program. Committee membership is voluntary and will include salaried and hourly employees. The overall purpose of the Safety Committee is to routinely bring employees and managers together to promote a safe workplace.

Safety Committee Formation

The Committee represents the entire facility and consists of the most efficient number of members to accomplish Committee goals. The number of employee-elected members (non-management members) must equal or exceed the number of employer-elected members (management members).

Membership in the Committee is voluntary. An employee-elected member’s term length is a maximum of one year, but there is no limit to the number of terms a representative can serve. If there is an employee-elected member vacancy, a new member must be elected prior to the next scheduled meeting.

It is recommended to have two standing members to the Committee. This would ideally include a representative from management, as well as, the person who is ultimately responsible for Safety in the facility. The standing members provide continuity, lend experience and serve as resources for the Committee. In addition, there are two elected positions, Chairperson and Secretary, which are outlined below.

Safety Committee Operation

The Safety Committee will:

- Elect a Chairperson and Secretary.
- Meet on a regular basis – need to determine, when, where, and how often.
- Establish ground rules.
- Develop short and long term goals.
- Hold elections once per year.
- Self-Review itself once per year – evaluate its strengths and weaknesses.
- Review incident investigation reports since the last meeting.
- Discuss incident prevention methods.
- Conduct quarterly safety inspections of the facility.
- Recommend changes to safety procedures and policies.
- Document attendance and subjects discussed (minutes).
- Fill vacancies prior to the next meeting.
Duties and Responsibilities

Chairperson:

- This position is elected by the Committee.
- Leads the meeting and report Committee activities to Management.
- Establishes preliminary agendas for the next meeting.

Secretary:

- This position is elected by the Committee.
- Keeps minutes of every meeting.
- Posts the minutes after every Committee meeting.
- Maintains binder/file of Employee Safety Committee minutes.

Employee Safety Committee Member:

- Attends and participates at every meeting.
- Reports and discusses safety activities and unsafe acts/conditions.
- Suggests items to include in the next meeting’s agenda.
- Encourages other employees to report workplace hazards and make suggestions on how to control them.
- Ensures an alternate employee from their department attends any Employee Safety Committee meeting the Committee member is unable to attend such as for vacations, illnesses, etc.

Safety Bulletin Board

As part of their responsibilities, the Safety Committee will install and maintain a safety bulletin board. The safety bulletin boards can be used creatively by the Committee, but it must be large enough to include the following minimum requirements:

- Safety bulletins such as the monthly Safety Committee Minutes
- Safety newsletters
- Safety posters
- Accident statistics such as the OSHA 300A annual summary
- Other safety educational materials
- Optionally, the safety bulletin board is an ideal place to post emergency phone numbers as well as the names of the Safety Committee members
**Training**  
State what members of the Committee need to know in order to fulfill their duties. Describe how they will receive that training. In addition, portions of every Employee Safety Committee meeting will be set aside to provide members with a brief overview of an individual safety topic, i.e. conducting incident investigations, best practices for lifting an object, etc. This will help make each meeting more productive and keep the interest in the Committee alive. A training schedule can be made up to a year or more in advance.

**Records**  
Records of all Safety Committee Meetings and actions shall be maintained by the Secretary for at least 36 months.

## Incident Reporting & Recordkeeping Policy

### Incident Reporting  
State regulations require employees to report any work-related injury or illness to their immediate supervisor immediately – regardless of how serious it is. **Ageia Health Services** enforces this regulation to ensure the continued safety of our employees.

Early reporting allows for immediate investigation and prevention of future incidents. Our employees are our most valuable resource. The safety of our employees is a priority and an important part of our company culture.

Safety is a group effort and as such, requires each member of the staff to be accountable and take responsibility for their role in the process. Each employee is assigned responsibilities, both individually and to the group, to help maintain the highest standard of safety.

**Employee Responsibilities:**

- Immediately report any incident or near miss to their supervisor.
- Complete incident report and return it to their supervisor as soon as possible.
- Cooperate with their supervisor during the incident investigation process.
- Follow treatment plan prescribed by their treating physician.
- Provide required forms to their physician for completion and return all completed forms to their supervisor within 24 hours of the appointment.
- If modified duty is prescribed by their treating physician, agree to cooperate with supervisor and facility.
- When working a modified duty position, agree to comply with all restrictions in an effort to recover and rehabilitate from their work-related injury.

**Manager/Supervisor Responsibilities:**

- To provide first aid (if a minor injury), transport to preferred medical provider, or call
• emergency medical assistance (911) if life threatening.

• Assist employees with completing incident report immediately following report of incident. If the injured employee is severely injured, complete all other forms, completing the employee’s incident report when they return from the medical provider.

• Investigate the incident, and complete the supervisor’s incident report. Fax to ERNWest at (877) 717-0590.

• Provide temporary modified-duty work if the injured employee is unable to return to full-duty work. Review the return-to-work instructions with the employee and insure both the supervisor and employee sign the form.

• Fax any additional forms or medical information to ERNWest at (877) 717-0590 upon receipt. May e-mail to Claims Manager if agreed to in advance.

Ensure there is communication and paperwork flow with the person responsible for workers’ compensation within the organization, both within the facility and at the corporate office when applicable.

• Verify information contained in the L&I “Report of Accident” form and complete the “Employer Section” of the form. Fax to ERNWest at (877) 717-0590.

• Contact WISHA (your local L&I office) or, if the office is closed, call (800) 4BE-SAFE on any incident involving a fatality while working, or the in-patient hospitalization of any employee.

Recordkeeping
In accordance with applicable DOSH and WISHA requirements and standards Ageia Health Services will maintain and file all incident reports and record them, if applicable, on the required OSHA 300 and OSHA 300A Summary Logs. For an occupational injury or illness to be recordable, the following criteria must be met:

• Every occupational death
• Every occupational illness (repetitive motion injuries are considered a disease)
• Every occupational injury that involves:
  o Unconsciousness
  o Inability to perform all phases of the regular job
  o Inability to work full time on a regular job
  o Temporary assignments to another job (light duty)
  o Medical treatment beyond first aid

Regarding restricted duty and time loss, stop counting days once the total of either or combination of both reaches 180 days.

The OSHA 300A Summary will be posted every February 1st and remain posted until April 30th on the Safety Bulletin Board.
Incident Investigation Policy

*Ageia Health Services* is very concerned with any type of incident that may occur and will investigate to find the root cause for correction. This requires the involvement and cooperation of everyone associated with the incident. The following procedure will be used when investigating an incident.

**Reporting**

The investigation must be completed as quickly as possible while all information surrounding the incident is still fresh in everyone’s mind. Because of this all incidents will be reported immediately to the supervisor of the employee involved.

**Conducting the Investigation**

There are no two incidents that are completely alike. Remember, the end result may be the same, but the circumstances leading up to the result may be completely different.

The following are *guidelines* for the supervisor:

- Secure the area. Make sure nothing is moved. Photograph the incident scene, as soon as possible.
- Make sure everyone understands the primary objective is to identify the root cause, not to affix blame. Be positive, and avoid any sarcasm, blame, threats or intimidation.
- Involve the employee when discussing, obtaining information and brainstorming ideas on the cause of the incident and how to prevent this from happening again.
- Ask the employee, as soon as safely and physically able, to show you exactly what happened. Should the employee require immediate medical attention, ask witnesses to reconstruct the incident for you as you may need to make changes right away to prevent further injuries.
- Obtain witness statements, as soon as possible. Ask witnesses to re-enact the scene by telling you the sequence of events. Permit each witness to tell the full story with no interruptions. Keep the conversation on track. Make sure the witness understands the importance of the information they are providing. Avoid any leading questions.
- Always summarize your information with employee and witnesses for accuracy.
- Try to confirm from the employee the events that lead up to the incident. Could the root cause be something that occurred unrelated to the task at hand? For example, was there an argument in the workplace or at home, pressing deadline, etc?
- Complete the investigation, as soon as possible. Facts of the incident can be quickly forgotten. Remember to ask everyone involved to show you in addition to telling you so you can conduct a more thorough investigation. They may be able to show you something missed when writing down the details.
• Analyze the information you have written down. Take the time to think about the sequence of events prior to the incident. Sometimes the root cause may be difficult to find. For example, an employee trips over a mop and falls. This is not the root cause.

Instead, the root cause would be that the mop was left on the floor and had not been properly stored away.

• Every incident will be investigated regardless of the extent of injuries. Even a near miss or minor injury can give you causes that may stop a more serious incident from occurring in the future.

Remember that employee safety is maintained at times by maintaining the rules. When rules are broken, even safety rules, corrective action should be taken. For any employee that violates safety rules, supervisors should look at the degree of the infraction and address it appropriately. The goal is not to punish injured employees, rather the goal is to keep all employees safe at all times and to treat all employees equally and fairly.
Safety Inspections & Program Audit Policy

Safety Inspections

It is the responsibility of all *Ageia Health Services* employees to correct any unsafe condition under their control. If a hazardous condition or situation is beyond the employee’s scope of correction, the immediate supervisor will be notified as soon as possible. If the hazard cannot be corrected immediately, the discrepancy will be documented with a future correction date.

All employees are to be notified of all hazards which pose a serious threat to their safety - both verbally and visually by posting signage of the hazard or other means of identification.

All hazards are to be documented and presented to the Employee Safety Committee for review. The Employee Safety Committee will assess the feasibility of correction and the impact it will have on the company.

The company will conduct other safety inspections as follows:

1. **Monthly Employee Safety Committee Inspection:** Each month members of the Employee Safety Committee will tour a department from the agenda. This tour is to ensure Employee Safety Committee Members are familiar with all areas of the operation. Committee-noted deficiencies and recommendations will be recorded and provided to management.

2. **Safety Equipment Inspections:** conducted regularly to ensure specific safety equipment is in good working order and will function when needed. Examples and frequencies are:

   - Sprinkler Inspection - Monthly
   - Boiler Checks (hot water tanks or larger) - Weekly
   - Emergency Lighting Test - Monthly
   - Fire Extinguisher Inspections - Monthly
   - Safety Equipment Inventories - Monthly
   - Boiler Tests (performed by professional only) - Monthly
   - Emergency Lighting 90 minute test – Monthly to Semiannually

Program Audits

The Employee Safety Committee will conduct regular audits of the Safety Program to ensure it remains in compliance with applicable safety and health laws, and adequately covers the current operations of the company.
Program Audits of the following safety policies and procedures will be conducted annually:

- Accident Reporting and Record Keeping
- Employee Safety Orientation and training
- Fire Prevention & Evacuation
- Disaster Plan
- Employee Safety Committee
- Accident Investigation
- Lockout/Tag Out Program
- First-Aid Response
- Required Safety Posters
- Safety Inspections and Program Audits
- Blood borne Pathogens
- Compressed Gas Cylinders
- Machine Guarding
- Ladder Safety
- Hazard Communication
- Personal Protective Equipment

Other Safety Policies and Procedures:

- Housekeeping
- Flammable Material Storage
- Boiler Safety (only if facility uses boilers for laundry and/or heat)
- Lifting
- Kitchen Safety
- Etc.

Records

Records of safety inspections and program audits will be maintained in accordance with the requirements of the individual safety policies. At minimum, the last two program audits will be kept on record. Routine safety inspections will be maintained on a most current basis. Records of any deficiency corrections will be maintained for one calendar year from date of correction.
Bloodborne Pathogen Policy

*Ageia Health Services* is committed to providing a safe and healthful work environment for our entire staff. This is our plan to eliminate or minimize occupational exposure to bloodborne pathogens.

Employees who have the potential to be exposed to blood or other potentially infectious material must follow the procedures and work practices described below.

The Executive Director and the safety committee will maintain, review, and update the bloodborne pathogen program on an annual basis, and whenever necessary to include new or modified tasks and procedures. This policy will be made available to employees, and WISHA (Washington Industrial Safety and Health Act) representatives.

The Director of Nursing or Health Services will be responsible for making sure all of the required medical action is performed and that appropriate employee medical records are maintained.

Employees can review this plan at any time during their work shifts.

This plan includes:

- Identification of employees who are at risk for exposure
- Controlling employee exposure to bloodborne pathogens
- Employee training and hazardous communication
- Post exposure evaluation and follow-up
- Recordkeeping

1. **Employees Who are at Risk for Exposure:**

The following are job classifications in our establishment in which ALL employees have occupational exposure to bloodborne pathogens:

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>DEPARTMENT/LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Nursing</td>
</tr>
<tr>
<td>Med Aide – Resident Aid</td>
<td>Nursing</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>Maintenance or Environmental Services</td>
</tr>
<tr>
<td>Anyone assisting in above departments</td>
<td></td>
</tr>
</tbody>
</table>
2. **Controlling Employee Exposure to Bloodborne Pathogens (BBP):**

The use of safer medical devices and equipment will prevent or minimize exposure to bloodborne pathogens.

The specific safer medical devices that we use are: safety needles

The specific equipment to minimize or eliminate exposure that we use are: sharps containers

Sharps disposal containers are inspected and maintained or replaced:

- Kept at all nurses stations
- Never fill over 2/3 of container

We identify opportunities to improve controls through: Employee Safety Committee

We evaluate new products regularly by: Employee Safety Committee evaluating it first

**Personal Protective Equipment (PPE):**

PPE is provided to our employees at no cost. The types of PPE available to employees are: gloves, safety glasses and face shields.

PPE is located at all nurses’ stations, and ____________________________.

All employees using PPE must observe the following precautions:

- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious material (OPIM) pose a hazard to the eye, nose, or mouth.
- Wear appropriate gloves when you:
  - Can reasonably anticipate hand contact with blood or OPIM.
  - Handle or touch contaminated items or surfaces.
- Replace gloves if torn, punctured, contaminated, or otherwise damaged.
- Decontaminate reusable gloves if they do not show signs of cracking, peeling, tearing, puncturing, or other deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wash hands immediately after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and prior to leaving the work area.
- Dispose of contaminated PPE in designated containers.
- Remove blood- or OPIM-contaminated garments immediately, in a manner that avoids contact with the contaminated surface.

The procedure for handling used PPE is:

- PPE along with any bio waste will be disposed of in the red bio bags located in the housekeeping areas and nurses’ stations.

Maintenance and Housekeeping will maintain and provide all the necessary PPE, controls (such as sharps containers), labels, and red bags as required and will ensure that adequate supplies of the PPE are available in the appropriate sizes and types.

*Work practices used to minimize occupational exposure:*

We use the following work practices to eliminate or minimize employee exposure:

- When removing gloves make sure the glove is pulled over hand, turning it inside out once it has been fully removed.
- Dispose of gloves in the appropriate container labeled for that type of waste.

We evaluate new products regularly by involving both frontline workers and management:

- The Director of Nursing or Health Services & Employee Safety Committee will evaluate all new products for safety and ease of use. The new product will then be given to a small number of employees for testing.

*Housekeeping:*

Written schedules for cleaning and methods of decontamination are located in every department. This includes a listing of all cleaning solutions to be used

Regulated waste is placed in containers which:

- Contain all contents.
- Do not leak.
- Are appropriately labeled or color-coded (see using labels section below).
- Are closed prior to removal to prevent contact spilling or protruding during handling.

Contaminated sharps are discarded immediately or as soon as possible in containers that are:

- Closable.
- Puncture-resistant.
- Leak-proof on sides and bottoms.
- Labeled or color-coded appropriately.

Sharps disposal containers are available at all nurses’ stations. Sharps containers will be disposed of and kept in the Housekeeping Department until they are picked up by________________________________________________ (Community specific contracted vendor.)

Bins, cans and pails intended for reuse are cleaned and decontaminated as soon as feasible and returned to resident room or stock room area.

Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

**Laundry:**

We launder the following contaminated articles:

- Resident bedding
- Resident clothing
- Other (please specify): ________________________________

Laundering is done as follows:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place contaminated laundry in leak-proof, labeled or color-coded containers before transporting.
- Use color coded bags or bags marked with the biohazard symbol for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry:
  - Gloves, lab coat, face shield if applicable
- Other (please specify): ________________________________

**Using Labels:**

Labeling is done as follows:

<table>
<thead>
<tr>
<th>EQUIPMENT TO BE LABELLED</th>
<th>LABEL TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(For example: specimens, contaminated laundry, etc.)</td>
<td>(Size, color, red bag, biohazard label, etc.)</td>
</tr>
</tbody>
</table>

Maintenance and/or Nursing will maintain and provide labels and red bags as required.
**Hepatitis B Vaccination:**

The hepatitis B vaccination series is available at no cost after training and/or within 10 days of initial assignment to employees identified in “Employees Who are at Risk of Exposure” section.

Vaccination is encouraged unless:

- We have documentation that the employee has previously received the series.
- Antibody testing reveals that the employee is immune.
- Medical evaluation shows that vaccination is contraindicated.

A copy of the health care professional’s written opinion will be provided to the employee

Employees who choose to decline vaccination must sign a declination form. They may request and obtain the vaccination at a later date at no cost.

Vaccinations will be provided by: __________

3. **Employee Training & Hazard Communication:**

All employees who have occupational exposure to bloodborne pathogens receive training conducted by a trained peer or staff member.

Training will be provided before assigning employees to a task where occupational exposure may take place on an annual basis and when changes in task or procedure take place that affect occupational exposure.

This training will include:

- Epidemiology, symptoms, and transmission of bloodborne pathogens.
- Copy and explanation of WAC 296-823-12005, Occupational Exposure to Bloodborne Pathogens.
- Explanation of our exposure control plan and how to obtain a copy.
- This must also be done at the annual refresher training.
- Methods used to identify tasks and other activities that may involve exposure to blood and OPIM.
- What constitutes an exposure incident?
- The use and limitations of controls, work practices, and PPE.
- The basis for PPE selection and an explanation of:
  - Types
  - Uses
  - Location
• Handling
• Removal
• Decontamination
• Disposal

• Information on the hepatitis B vaccine, including:
  o Effectiveness
  o Safety
  o Method of administration
  o Benefits of being vaccinated
  o Offered free of charge
  o Actions to take and persons to contact in an emergency involving blood or OPIM

• Procedures to follow if an exposure incident occurs, including:
  o How to report the incident
  o Medical follow-up available
  o Employee’s evaluation and follow-up after an exposure incident
  o Signs, labels, and color coding used
  o Interactive questions and answers with the trainer

Training materials for this facility are located at: ________________________________
__________________________________________
(Fill in community-specific location(s).)

Training records are maintained for each employee upon completion of training. These
documents will be kept for at least 3 years.

The training record should include the following information about training sessions:

• Date
• Contents or a summary
• Names and qualifications of trainers
• Names and job titles of all attendees

Training records are provided to employees or their authorized representatives within 15 working
days of a request and should be addressed to the Executive Director.
4. **Post Exposure Evaluation and Follow-up:**

Following the initial first aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual, unless that’s not possible or is prohibited by state or local law.
- Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity if not already known.
- Document that the source individual’s test results were conveyed to the employee’s health care provider.
- Provide the exposed employee with the source individual’s test results.
- Provide the exposed employee with information about laws on confidentiality for the source individual.
- Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV.

If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days. If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible. Provide the exposed employee with a copy of the healthcare professional’s written opinion.

**Administration of post-exposure evaluation and follow-up:**

Employees are provided immediate medical evaluation and follow-up services through:

____________________________________

____________________________________

____________________________________

List above, the community specific name address and telephone number of the medical provider that you have identified to provide these services. **IMPORTANT:** Appropriate medical services must be available to employees during all work hours.
Contact names and phone numbers:

_______________________________________________  _________________________
Executive Director                                              Phone

_______________________________________________  _________________________
Director Of Health Services                                        Phone

_______________________________________________  _________________________
Other Designee                                                  Phone

The above identified staff will make sure all required medical actions are performed.

**Review the circumstances of an exposure incident to determine:**

- Controls in use at the time
- Work practices that were followed
- Description of the device used (including type and brand)
- Protective equipment or clothing in use at the time
- Location of the incident
- Procedure being performed when the incident occurred
- Employee’s training

The Director of Nursing or Health Services, the Executive Director & Employee Safety Committee are responsible for reviewing exposure incidents as required.

**Recordkeeping**

**Medical records:**

Medical records are maintained for each employee who has an occupational exposure to blood borne pathogens in accordance with WAC 296-62-052, Access to Records.

The Executive Director is responsible for maintaining medical records. These confidential records are kept in the Administration office, or Ageia Home Office for at least 30 years beyond the length of employment.

The Executive Director, Director of Nursing or Health Services & Employee Safety Committee] will make sure appropriate employee health, OSHA and WISHA records are maintained as required.
Sharps Injury log:

In addition to WAC 296-27, Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log must include at least:

- Date of injury
- Type and brand of the device involved
- Where the incident occurred
- How the incident occurred

This log is reviewed at least once a year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year. Copies that are provided upon request must have any personal identifiers removed.

The Executive Director and the Director of Nursing or Health Services, are responsible to maintain the Sharps Injury Log.
Employee Exposure Incident Consent Forms

An exposure incident means that a specific mouth, eye, other mucus membrane, non-intact, or parenteral contact with blood or other body fluids has occurred as a result of your employment. Our company has a blood borne pathogens post exposure policy, which has been developed to protect you, the worker, to the full extent of our ability.

The most common blood borne pathogen is HBV (Hepatitis B Virus). You can greatly reduce the possibility of developing Hepatitis B, even if the blood to which you were exposed to carried this pathogen, by receiving a series of vaccinations. The first shot in the series must be given within 24 hours of the exposure. We will arrange for this vaccine series for you at no cost and would strongly encourage you to receive it.

The HIV (Human Immune Virus), which causes the disease AIDS, is a major concern whenever a person is exposed to another's blood. Because there is no known cure for this disease, it is extremely important you have a medical evaluation, testing, counseling and follow-up to assure you have not been exposed. A baseline blood sample needs to be drawn and tested for HIV immediately and at no cost, in order to document that you are disease free at this time.

We will arrange for your evaluation and provide you with the written recommendations from the health care provider. We will request a blood test from the blood source individual. They do have a right to refuse and also have a right to privacy, so it is important you do not discuss the incident in any way which might violate the individual’s rights. Our safety officer will work closely with you to assure the needed procedures are carried out.

We strongly recommend the above steps be taken. You do have the right to refuse these recommendations, but they are required by law to be available for your protection.

Initial those that apply:

______ I am aware I have been exposed to blood and there is the potential for disease transmission.

______ I give permission for the above to be done and the results made available to my employer. They are confidential and will be used to document my rights.

________________________________________________________________________
Employee Name (Please print)                                                    Date

________________________________________________________________________
Employee Signature                                                                

________________________________________________________________________
Supervisor or Witness Name (Please print)                                          Date

________________________________________________________________________
Supervisor or Witness Signature
Non-Exposure Incident Consent Form

I am aware that having administered first aid for a blood spill entitles me to receive the vaccination series for Hepatitis B. This is provided by our company policy to prevent the spread of bloodborne pathogens.

I am aware there is no cost to me for this vaccine series.

I am aware the first dose must be administered within 24 hours of the exposure, in order for the vaccine to be effective in preventing potential disease as a result of this incident

Initial those that apply:

[ ] Although I realize I might have been exposed to potential risk, I do not wish to have the vaccination at this time.

[ ] I have already completed HBV immunization and have provided proof of this immunization.

[ ] I will receive the first immunization dose within 24 hours of exposure and will receive the two follow-up doses as scheduled by the medical provider.

Employee Name (Please print) ___________________________ Date ___________________________

Employee Signature __________________________________________

Supervisor or Witness Name (Please print) ___________________________ Date ___________________________

Supervisor or Witness Signature __________________________________________
Blood Source Consent Form

Secondary to your injury a fellow employee has been exposed to your blood and any bloodborne diseases you might have. Many of these diseases can be carried with no outward signs or symptoms of illness. Although you feel healthy, it is possible for you to have or give to others a bloodborne disease. We are requesting that you have a simple blood test at no cost to you.

The test can provide your co-worker with peace of mind if it is negative. It would also allow him/her if positive, to receive appropriate medical treatment to prevent illness or prevent its spread to others.

The results of this test will be given to the exposed worker's health care provider, will stay in confidential company records and will be included on a written evaluation to be given to the exposed worker. The exposed worker will be instructed to keep information confidential.

We thank you for your assistance in providing this service. Please initial below for permission or refusal for this blood to be drawn.

Initial those that apply:

_______ I am willing to be tested for bloodborne pathogens. Please release the results to the contact person at my company to be used in facilitating the treatment of any workers exposed to my blood.

_______ I refuse to be tested.

Employee Name (Please print) ___________________________________________ Date __________

Employee Signature ____________________________________________________

Supervisor or Witness Name (Please print) ________________________________ Date __________

Supervisor or Witness Signature _______________________________________

26.
# SHARPS INJURY LOG

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Type &amp; Brand of Device</th>
<th>Dept. or Area Where Incident Occurred</th>
<th>Explanation</th>
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</table>
Personal Protective Equipment (PPE)

The purpose of the Personal Protective Equipment (PPE) Policy is to protect the employees of *Ageia Health Services* from exposure to work place hazards and the risk of injury through the use of PPE. The use of PPE is not a substitute for more effective control methods and will be considered only when other means of protection against hazards are not adequate or feasible. It will be used in conjunction with other controls unless no other means of hazard control exists.

PPE will be provided, used, and maintained when it has been determined that its use is required to ensure the safety and health of employees and that such use will lessen the likelihood of occupational injury and/or illness.

This policy addresses general PPE requirements, including eye and face, head, foot and leg, hand and arm, body (torso) protection, and protection from drowning. Separate programs exist for respiratory protection and hearing protection as the need for participation in these programs is established through industrial hygiene monitoring.

The *Ageia Health Services* Personal Protective Equipment Policies include:

- Responsibilities of supervisors and employees
- Hazard assessment and PPE selection
- Employee training
- Retraining
- Disciplinary action

1. **Responsibilities:**

   **Supervisors:** have the primary responsibility for implementing and enforcing PPE use and policies in their work area.

   - Conduct workplace hazard assessments to determine the presence of hazards, which necessitate the use of PPE.
   - Select and purchase PPE.
   - Provide appropriate PPE and make it available to employees.
   - Review, update, and conduct PPE hazard assessments on an annual basis, and whenever:
     - A job changes
     - New equipment is used
     - There has been an incident.
     - A supervisor or employee requests it
   - Maintain records on hazard assessments.
   - Maintain records on PPE assignments and training.
• Provide training, guidance, and assistance to supervisors and employees on the proper use, care, and cleaning of approved PPE.
• Periodically re-evaluate the suitability of previously selected PPE.
• Review, update, and evaluate the overall effectiveness of PPE use, training, and policies.
• Ensure that defective or damaged PPE is immediately disposed of and replaced.

**Employees:** The PPE user is responsible for following the requirements of the PPE policies.

• Properly wear PPE as required.
• Attend required training sessions.
• Properly care for, clean, maintain, and inspect PPE as required.
• Inform the supervisor of the need to repair or replace PPE.
• Employees who repeatedly disregard and do not follow PPE policies and rules will fall under the discipline policy.

2. **Hazard Assessment & PPE Selection:**

**Hazard Assessment for PPE:** Supervisors will conduct a walk-through survey of each work area to identify sources of work hazards. Each survey will be documented using the Hazard Assessment Certification Form, which identifies the work area surveyed, the person conducting the survey, findings of potential hazards, and date of the survey. Assessments are needed on an annual basis and whenever:

- A job changes
- New equipment or process is installed
- There has been an incident
- A supervisor or employee requests it

Any new PPE requirements that are identified will be added into __________________________ (Community name) written accident prevention program.

**Selection of PPE:** Once the hazards of a workplace have been identified, it is important to determine if the hazards can first be eliminated or reduced by methods other than PPE (i.e., methods that do not rely on employee behavior, such as engineering controls).

If such methods are not adequate or feasible, then determine the suitability of the PPE presently available and, as necessary, select new or additional equipment, which ensures a level of protection greater than the minimum required to protect employees from the hazards. Care must be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards. Adequate protection against the highest level of each of the hazards will be recommended for purchase.

All personal protective clothing and equipment will be of safe design and construction for the work to be performed and will be maintained in a sanitary and reliable condition. Only those items of protective clothing and equipment that meet NIOSH or ANSI (American National Standards
Institute) standards will be procured or accepted for use. Newly purchased PPE must conform to the updated ANSI standards which have been incorporated into the PPE regulations, as follows:

- Eye and Face Protection (ANSI Z87.1-1989)
- Head Protection (ANSI Z89.1-1986)
- Foot Protection (ANSI Z41.1-1991)
- Hand Protection: there are no ANSI standards for gloves, however, selection must be based on the performance characteristics of the glove in relation to the tasks to be performed.

Affected employees whose jobs require the use of PPE will be informed of the PPE selection and will be provided PPE by Ageia Health Services at no charge. Careful consideration will be given to the comfort and proper fit of PPE in order to ensure that it will be used and that it is effective in use.

3. **Training**:

Any worker required to wear PPE will receive training in the proper use and care of PPE before being allowed to perform work requiring the use of PPE. Periodic retraining will be offered to PPE users as needed. The training will include, but not necessarily be limited to, the following subjects:

- When PPE is necessary to be worn.
- What PPE is necessary.
- How to properly don, doff, adjust, and wear PPE.
- Limitations of the PPE.
- Proper care, maintenance, useful life, and disposal of the PPE.

After training, the employees will demonstrate that they understand how to use PPE properly, or they will be retrained. Training of each employee will be documented using the Personal Protective Equipment Training Documentation Form and kept on file. The document certifies that the employee has received and understood the required training on the specific PPE he/she will be using.

4. **Retraining**:

The need for retraining will be indicated when:

- An employee’s work habits or knowledge indicates a lack of the necessary understanding, motivation, and skills required to use the PPE (i.e., uses PPE improperly).
- New equipment is installed.
- Changes in the work place make previous training out-of-date.

30.

Changes in the types of PPE to be used make previous training out-of-date.

5. **Safety Disciplinary Policy**:

Ageia Health Services believes that an Incident Prevention Program is unenforceable without some type of disciplinary policy. Our company believes that in order to maintain a safe and healthful workplace, the employees must be cognizant and aware of all company, State, and Federal safety and health regulations as they apply to the specific job duties required. The following disciplinary policy is in effect and will be applied to all safety and health violations unless the seriousness of the violation would dictate going directly to Step 2 or Step 3:
1. A first time violation will be discussed verbally between company supervisor and the employee as soon as possible after the violation.

2. A second time offense will include a written form entered into the employee’s personnel folder.

3. A third time violation will result in time off or possible termination, depending on the seriousness of the violation.
# Personal Protective Equipment Inventory Record

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<thead>
<tr>
<th>DEPARTMENT</th>
<th>PPE TYPE</th>
<th>EQUIPMENT VENDOR</th>
<th>SUPPLY LOCATION</th>
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<td>LAUNDRY</td>
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<tr>
<td>MAINTENANCE ROOM</td>
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<tr>
<td>PHARMACY</td>
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<tr>
<td>OTHER</td>
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</table>
Chemical Hazard Communication Program

*Ageia Health Services* is committed to the prevention of exposures that result in injury and/or illness; and to comply with all applicable OSHA, WISHA and state health rules. To make sure that all affected employees know about information concerning the dangers of all hazardous chemicals used by ________________________________ (Facility Name), the following chemical hazardous communication program has been established.

*Ageia Health Services* will participate in the chemical hazard communication program. This written program will be available in ________________________________ [specify community specific location(s)] for review by any interested employee.

**Container Labeling:**

Maintenance Director and Executive Director are responsible for container labeling procedures, reviewing, and updating. The procedures for proper labeling of all containers and reviewing and updating label warnings are as follows:

**[Example]:** As chemicals are received at the facility, the chemical will be checked against an approved chemical list. If the chemical is not on the list the department supervisor will need to be contacted. The supervisor will contact the Maintenance Director or Executive Director for approval or refusal. If the chemical is on the approved list a label will be placed on the container which describes the physical aspects, safety and first aid procedures. This information will be checked against the MSDS provided by the vendor and updated each year.

It is the policy of *Ageia Health Services* that no container will be released for use until the above procedures are followed.

**Material Safety Data Sheets (MSDS):**

Maintenance and Housekeeping Directors are responsible to establish and monitor the MSDS program. These persons will make sure MSDSs are obtained for all hazardous chemicals used in the workplace and review them for new or significant health and safety information changes. This person will see that any new information is passed on to affected employees. In addition, they will be responsible for updating each department’s MSDS book.

MSDS books are always available to all employees for all hazardous chemicals in use and will be kept in supervisor’s office, kitchen, nurses station and all employee common areas. If an MSDS is not available or a new chemical in use does not have an MSDS, immediately contact the Maintenance or Housekeeping Director.

**Employee Information and Training:**

The Executive Director is responsible for the employee training program.
The Executive Director will make sure that before starting work, each new employee of an Ageia Health Services community will attend a health and safety orientation that includes the following:

- An overview of the requirements contained in the Chemical Hazard Communication Standard.
- Hazardous chemicals present in the work area.
- Physical and health risks of the hazardous chemical.
- The symptoms of overexposure.
- How to determine the presence or release of hazardous chemicals in the work area.
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices, and personal protective equipment.
- Steps the employer has taken to reduce or prevent exposure to hazardous chemicals.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- How to read labels and review MSDSs to obtain hazard information.
- Location of the MSDS file and written hazard communication program.

Before introducing a new chemical hazard into any work area of this employer, each affected employee will be given an orientation as outlined above for the new chemical.

**List of Hazardous Chemicals:**

The following is a list of all known hazardous chemicals used by our employees. Further information on each chemical may be obtained by reviewing MSDSs located at: *(Community Specific – List by Department. Attach more sheets, if needed).*

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<thead>
<tr>
<th>Chemical Name</th>
<th>Manufacturer</th>
<th>Location(s) Used</th>
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</table>
Global Harmonization System (GHS) Policy

Moran Vista, Woodway Assisted Living and Ageia Health Services, LLC are committed to the prevention of exposures that result in injury and/or illness; and to comply with all WAC 296-901. To make sure that all affected employees know about information concerning the dangers of all hazardous chemicals used by each or our facilities the following program has been established.

**Container Labeling:**
The Executive Director and the assigned Ageia Health Services Project Director are jointly responsible for container labeling procedures, reviewing, and updating. See sample label. The procedures for proper labeling of all containers and reviewing and updating label warnings are as follows:
As chemicals are received at the building, the chemical will be checked by the Executive Director and the Ageia Health Services Project Director.

**Safety Data Sheets (SDS):**
The Executive Director and the assigned Ageia Health Services Project Director are each responsible to establish and monitor the SDS program. This person will make sure SDSs are obtained for all hazardous chemicals used in the workplace and review them for new or significant health and safety information changes. See sample SDS. This person will see that any new information is passed on to affected employees. In addition, they will be responsible for updating each department’s SDS book.

SDS books are always available to all employees for all hazardous chemicals in use and will be kept in supervisor’s office or employee common areas. If an SDS is not available or a new chemical in use does not have an SDS, immediately contact the Executive Director and the assigned Ageia Health Services Project Director.

**Employee Information and Training:**
The Executive Director and the assigned Ageia Health Services Project Director are responsible for implementing the employee training program. The procedures for how employees will be informed and trained are as follows:
- An overview of the requirements contained in the Global Harmonization Hazardous Chemicals Standard present in the work area.
- Physical and health risks of the hazardous chemical.
- The symptoms of overexposure.
  How to determine the presence or release of hazardous chemicals in the work area.
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices, and personal protective equipment.
- Steps the employer has taken to reduce or prevent exposure to hazardous chemicals.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- How to read labels and review SDSs to obtain hazard information.
- Location of the SDS file and written hazard communication program.

Before introducing a new chemical hazard into any work area of this employer, each affected employee will be given an orientation as outlined above for the new chemical.

**List of Hazardous Chemicals:**
The following is a list of all known hazardous chemicals used by our employees. Further information on each chemical may be obtained by reviewing SDS's located with the **[Maintenance Director]**:

---

**EXAMPLE USA**

**Date Last Reviewed:** ______  **Reviewed by:** ________________________

**Maintenance Director**

<table>
<thead>
<tr>
<th>#</th>
<th>Manufacturer</th>
<th>Product Name</th>
<th>Flammability</th>
<th>Health</th>
<th>Reactivity</th>
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<td>Anchor</td>
<td>MRC</td>
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<td>H-3</td>
<td>R-3</td>
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<td>H-3</td>
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<td>3</td>
<td>SC Johnson</td>
<td>Paste Wax</td>
<td>F-3</td>
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<td>4</td>
<td>Fuji Hunt</td>
<td>PressMax 399 Isopropyl Alcohol</td>
<td>F-3</td>
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<td>5</td>
<td>Kami</td>
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<td>F-3</td>
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<td>8</td>
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<td>Ink Anti-Skin #955</td>
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<td>ST-1 Stop-Out Solution CAT 055295</td>
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<td>15</td>
<td>Buckeye</td>
<td>Gel Scrub Tub &amp; Tile Cleaner</td>
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<td>16</td>
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<td>Varn</td>
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# SDS Summary of Hazardous Chemicals

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<th>Flammability</th>
<th>Health</th>
<th>Reactivity</th>
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</tbody>
</table>

Page ____ of _____
# GHS Labels:

<table>
<thead>
<tr>
<th>Label</th>
<th>Icons</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Hazard</td>
<td>![Health Hazard]</td>
<td>Carcinogen, Mutagenicity</td>
</tr>
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<td></td>
<td>Reproductive Toxicity</td>
</tr>
<tr>
<td></td>
<td>![Health Hazard]</td>
<td>Respiratory Hazard</td>
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<tr>
<td></td>
<td></td>
<td>Target Organ Toxicity</td>
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<td>Aspiration Toxicity</td>
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<td>Flammable</td>
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<td>Pyrophorics</td>
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<td>Self-Heating</td>
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<td>Self-Reactives</td>
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<tr>
<td></td>
<td>![Flame]</td>
<td>Organic Peroxides</td>
</tr>
<tr>
<td>Corrosion</td>
<td>![Corrosion]</td>
<td>Skin Corrosion</td>
</tr>
<tr>
<td></td>
<td>![Corrosion]</td>
<td>Burns Eye Damage</td>
</tr>
<tr>
<td></td>
<td>![Corrosion]</td>
<td>Corrosive to Metals</td>
</tr>
<tr>
<td>Exploding Bomb</td>
<td>![Exploding Bomb]</td>
<td>Explosives</td>
</tr>
<tr>
<td></td>
<td>![Exploding Bomb]</td>
<td>Self-Reactives</td>
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<td></td>
<td>![Exploding Bomb]</td>
<td>Organic Peroxides</td>
</tr>
<tr>
<td>Exclamation Mark</td>
<td>![Exclamation Mark]</td>
<td>Irritant (skin and eye)</td>
</tr>
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<td></td>
<td>![Exclamation Mark]</td>
<td>Skin Sensitizer</td>
</tr>
<tr>
<td></td>
<td>![Exclamation Mark]</td>
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<tr>
<td></td>
<td>![Exclamation Mark]</td>
<td>Narcotic Effects</td>
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<td>![Exclamation Mark]</td>
<td>Respiratory Tract Irritant</td>
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<td>Hazardous Ozone Layer</td>
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<td>Gas Cylinder</td>
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<td>Gases Under Pressure</td>
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<td>Flame Over Circle</td>
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<td>Oxidizers</td>
</tr>
<tr>
<td>Skull and Crossbones</td>
<td>![Skull and Crossbones]</td>
<td>Acute Toxicity (FATAL or TOXIC)</td>
</tr>
<tr>
<td>Environment</td>
<td>![Environment]</td>
<td>(Non-Mandatory)</td>
</tr>
<tr>
<td></td>
<td>![Environment]</td>
<td>Aquatic Toxicity</td>
</tr>
</tbody>
</table>
Sample Label

**Product Identifier:**
Code: 
Product Name: 

**Supplier Identification:**
Company Name: 
Street Address: 
City: State: Zip: Country: 
Emergency Phone #: 

**Precautionary Statements:**
- Keep container tightly closed.
- Store in cool, well ventilated place that is locked.
- Keep away from heat/sparks/open flame. No smoking.
- Only use non-sparking tools.
- Use explosion-proof electrical equipment.
- Take precautionary measure against static discharge.
- Ground and bond container and receiving equipment.
- Do not breathe vapors.
- Wear Protective gloves.
- Do not eat, drink or smoke when using this product.
- Wash hands thoroughly after handling.
- Dispose of in accordance with local, regional, national, international regulations as specified.
- **In Case of Fire:** Use dry chemical (BC) or Carbon dioxide (CO₂) fire extinguisher to extinguish.

**First Aid:**
- If exposed, call Poison Center.
- If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.
Hazard Pictograms:

Signal Word:
- Danger

Hazard Statement:
- Highly flammable liquid and vapor.
- May cause liver and kidney damage.

Supplemental Information:
Directions for use

Fill weight: ______________ Lot Number: ____________ Gross weight: ____________
Fill Date: _______________ Expiration Date: _______________
Hazard Communication Safety Data Sheets (SDS)

The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDSs) (formerly known as Material Safety Data Sheets or MSDS's) to communicate the hazards of hazardous chemical products. As of June 1, 2015, the HCS will require new SDS's to be in a uniform format, and include the section numbers, the headings, and associated information under the headings below:

Section 1, Identification includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

Section 2, Hazard(s) identification includes all hazards regarding the chemical; required label elements.

Section 3, Composition/information on ingredients includes information on chemical ingredients; trade secret claims.

Section 4, First-aid measures includes important symptoms/ effects, acute, delayed; required treatment.

Section 5, Fire-fighting measures lists suitable extinguishing techniques, equipment; chemical hazards from fire.

Section 6, Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup.

Section 7, Handling and storage lists precautions for safe handling and storage, including incompatibilities.

Section 8, Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).

Section 9, Physical and chemical properties lists the chemical's characteristics.

Section 10, Stability and reactivity lists chemical stability and possibility of hazardous reactions.

Section 11, Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12, Ecological information*

Section 13, Disposal considerations*

Section 14, Transport information*

Section 15, Regulatory information*

Section 16, Other information, includes the date of preparation or last revision.

*Note: Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15(29 CFR 1910.1200(g)(2)). Employers must ensure that SDSs are readily accessible to employees.
Hazardous Drugs Control Program

Moran Vista Senior Living, Woodway Assisted Living, and Ageia Health Services, LLC are committed to the safety and protection of our staff and understand special attention must be paid to those who administer, receive or otherwise come into contact with hazardous drugs in accordance with **WAC 296-62-500**. To ensure all affected employees know about information concerning the dangers of all hazardous drugs used by Moran Vista and Woodway. The following Hazardous Drug Control Program (HDCP) has been established.

Moran Vista and Woodway will participate in the Hazardous Drugs Control Program. This written program will be a part of the orientation program for affected staff members, updated annually and made available on line and at the facilities’ business offices at all times for review by any staff.

**List of Hazardous Drugs**

A comprehensive list of all known hazardous drugs with occupational exposure will be maintained by the Director of Health Services and kept facilities’ Medication Rooms.

Any drug identified as hazardous by the National Institute for Occupational Safety and Health (NIOSH) at the Centers for Disease Control (CDC) or any drug that meets at least one of the following six criteria is addressed by this program:

- Carcinogenicity
- Teratogenicity or developmental toxicity
- Reproductive toxicity in humans
- Organ toxicity at low doses in humans or animals
- Genotoxicity
- New drugs that mimic existing hazardous drugs in structure and toxicity

Drug hazard information may be sourced from any one or a combination of the following:

- Product labels
- Package inserts
- Material Safety Data Sheets (SDS)
- Special health warnings
- Other such reliable sources

All drugs brought into the community for administration to residents by employees will be checked against this list. Any known hazardous drug not currently on the list will be added by the The Director of Health Services. The master list will be routinely reviewed, on a monthly basis at minimum, by the Director of Health Services.
Drug Hazard Assessment

The Director of Health Services will conduct a hazard assessment *(See Attachment A – Drug Hazard Assessment tool)* for all known hazardous drugs for which occupational exposure is reasonably determined to exist. Occupational exposure includes any potential contact an employee may experience with a hazardous drug during the course of their duties through inhalation, skin, ingestion or injection.

Hazard assessments will be conducted for each new hazardous drug introduced to the workplace or when a potential change to occupational exposure occurs such as through a new handling method. Assessments for hazardous drugs will detail safe handling methods and these assessments will be kept with the list of hazardous drugs.

Drug hazard assessments will consider the following:

- Personal protective equipment-(PPE)
- Engineering controls
  - Ventilated cabinets
  - Closed-system drug transfer devices
  - Glove bags
  - Needleless systems
- Physical layout of work areas
- Types of hazardous drugs being handled
- Volume, frequency, packaging, and form of hazardous drugs handled (tablets, coated versus uncoated, powder versus liquid)
- Equipment maintenance
- Decontamination and cleaning
- Waste handling
- Potential hazardous drug exposures during work operations, such as drug preparation and administration
- Spill response

Potential for hazardous drug contact occurs in the following areas:

Throughout the facility. Everywhere the potentially hazardous drugs are stored, sorted and handled, transported and administered.
Hazardous Drug Procedures

Moran Vista and Woodway employees will follow all standard operating procedures and policies for chemical hazards in the workplace and follow appropriate precautions when handling all known hazardous drugs, which requires:

- Exam gloves will be used when handling and distributing all drugs. Gloves will be changed, and hands washed, between each resident
- All known hazardous drugs will, to the extent possible, be kept in their original form (e.g. no crushing or splitting)
- All known hazardous drugs, if splitting or crushing is required, shall be split or crushed in a closed system
- There will be no eating or drinking in areas of hazardous drug storage, preparation or administration
- All known hazardous drugs will be disposed of according to manufacturer specifications, and in accordance with State and Federal regulations, utilizing universal handling precautions.

The Director of Health Services with each known hazardous drug, determine the appropriate level of precaution. Such determination will be made based on:

- The hazardous properties of the drug
- Handling and preparation methods
- Manufacturer recommended disposal methods

All potentially contaminated clothing and laundry of patients will be treated following standard universal precautions outlined in the “Bloodborne Pathogens Policy” elsewhere in the Accident Prevention Program.

As a standard operating procedure all routine chemotherapy drug preparation will be conducted in an appropriate ventilated cabinet. Non-routine chemotherapy drug preparation may be conducted outside of a ventilated cabinet provided: there is a clinical need for the patient, compounding services are not readily available, and such preparation/administration is best for the patient if performed locally. Such determinations will be made and documented on a case-by-case basis by the Director of Health Services.

Receiving, Storage and Transport

All drugs, hazardous or not, will be received and transported in closed containers. Any drugs brought to community staff outside of closed containers will be treated as hazardous drug spills and disposed of accordingly. When receiving and transporting all drugs, universal precautions as noted above will be followed.
**Precaution/Hazard Levels**

Moran Vista and Woodway will work with pharmacies to alert the facility if a drug is on the NIOSH Hazardous Drugs List. Preferably the pharmacy will alert the facility to which list the drug is on (1, 2, or 3). This alert will be on (check all that apply):

__ Medication packaging

__ Packaging insert

__ MAR or eMAR

The Director of Health Services will check all drugs coming into the facility against the list to ensure proper alerting and will label all hazardous drugs prior to storing or distributing. Hazard levels for labeling purposes are as follows:

*Green/No Label/Universal Precaution* – these drugs will be received, transported, handled, administered, and disposed of following normal precautions.

*Yellow/Low* – these drugs will be received, transported, handled, administered, and disposed of wearing gloves and using appropriate engineering controls.

*Orange/Moderate* – these drugs require gloves and a gown, eye and face protection (with liquid splash potential) when received, transported, handled, administered and disposed of, in addition to any necessary engineering controls.

*Red/High* – these drugs require double gloves, gown, eye and face protection when received, transported, handled, administered and disposed of, in addition to any necessary engineering controls.

A copy of this hazard key will be kept in the facilities’ Medication Rooms.

**Spill Response and Clean-up**

All Housekeeping, Maintenance and Nursing staff members are responsible for responding to spills of hazardous drugs. Areas of hazardous drug spills will be restricted until the spill is completely cleaned up and the area decontaminated.

Spills of known hazardous drugs will be cleaned up according to manufacturer specifications, at a minimum this will include:

- Utilizing the labeled universal precautions.
- Utilize dedicated spill response kits.
- All surfaces potentially contaminated by known hazardous drugs during preparation or spills will be cleaned with an appropriate solution following standard operating procedure for general disinfection or as noted by manufacturer recommendations in the hazard analysis.
• Spill response kits should contain, at a minimum:
  o Deactivation - 2% Sodium Hypochlorite solution or equivalent
  o Decontamination – dedicated broom/dustpan/rags
  o Cleaning -Tri or Quadra-valent detergent or equivalent
  o Disinfection – Isopropyl Alcohol 70% or equivalent

Spill response kits are located in Facilities’ Medication Rooms.

**Engineering Controls and Maintenance**

All equipment related to this program will be placed on a routine maintenance program to ensure proper functioning. Routine maintenance will be of a type and frequency that at a minimum meets manufacturer recommendations; additional type and frequency may be added at the discretion of the Administrator. All maintenance will be performed following all control procedures outlined on the hazard assessment form.

*Describe any engineering controls/equipment in space: e.g. needless systems, IV delivery systems, vented cabinets, etc., which drugs they are required for, and proper maintenance (e.g. cleaning) of that equipment.*

____________________________________________________________________________
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**Employee Information and Training**

The Facilities’ Executive Directors and Directors of Health Services are responsible for the employee training program. The procedures for how employees will be informed and trained are as follows:

All employees will receive general training on drug hazards during new hire orientation by the J Director of Health Services job-specific drug safety information will be provided by the Department Head during training. Routine refresher training on hazardous drugs will be provided at least once per year.

The Director of Health Services will ensure that before starting work, each new employee of Moran Vista and/or Woodway will attend a health and safety orientation that includes the following:

• An overview of the requirements contained in the Hazardous Drug Control Program
• Hazardous drugs present in the work area with reasonably determined occupational exposure
• Physical and health risks of the hazardous drugs
- The symptoms of exposure
- How to determine the presence or release of hazardous drugs in the work area
- How to reduce or prevent exposure to hazardous drugs through use of control procedures, work practices, and personal protective equipment
- Steps the employer has taken to reduce or prevent exposure to hazardous drugs
- Procedures to follow if employees are exposed to hazardous drugs
- Location of the written hazardous drug control program
- For those tasks or procedures requiring employee use of respiratory protection: employees will receive the necessary training as describe in WAC 296-842-16005, for respiratory protection.
- Those employees that will respond to chemical emergency spills or releases, and will potentially conduct those operations where high levels of exposures to toxic substances could exist or pose a serious danger to employees will receive the appropriate level of training based upon their anticipated duties according to the Emergency Response rule, WAC 296-824-300, Training.

Before introducing a new hazardous drug with reasonably determined occupational exposure into the work area of this employer, each affected employee will be given an orientation as outlined above for the new drug.

All training will be appropriately documented and maintained with other employee training records.

**PROGRAM RESPONSIBILITIES**

The Director of Health Services is the HDCP Administrator responsible for:
- HDCP implementation
- HDCP maintenance, review and updates.
- Ensuring all necessary personal protective equipment (e.g. gloves, gowns, masks) is provided and available in the appropriate sizes.
- Ensuring all necessary engineering controls (e.g. closed system transfer device or controlled area) are properly maintained and used
- Ensuring that employee HDCP training is delivered and documented by an adequate person.

The Program Administrator may delegate, with documentation, any of the above responsibilities to a designated person.

Those employees who are determined to have occupational exposure to hazardous drugs must comply with the procedures and work practices outlined in this HDCP.
EMPLOYEE EXPOSURE DETERMINATION

**Moran Vista Senior Living** has determined that all employees in the following jobs may have occupational exposure to hazardous drugs during the normal course of their work:

<table>
<thead>
<tr>
<th>JOB TITLE DEPARTMENT/LOCATION</th>
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<tbody>
<tr>
<td>(Example: Clinic staff, Nurses, Physicians, Customer Service/Front Desk personnel, Janitorial Staff )</td>
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</tbody>
</table>

- ____________________________________________________________
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The following is a list of job classifications in which some employees at Moran Vista Senior Living may have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<table>
<thead>
<tr>
<th>JOB TITLE DEPARTMENT/LOCATION TASK/PROCEDURE</th>
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<tbody>
<tr>
<td>(Example: Customer Service/Front Desk Personnel: handling customer ready drugs; Janitorial Staff: cleaning hazardous drug handling areas, shipping and handlings) Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the HDCP.</td>
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</table>

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**Program Review**

Ageia Health Services, LLC, Moran Vista Senior Living and Woodway Assisted Living will review and update this program on an annual basis, or when operational procedures change that affect occupational exposure, for effectiveness. This review will include input from management and employees with potential occupational exposure to hazardous drugs.
First Aid Response and Eyewash Policy

All employees of Ageia Health Services will be assured they have quick effective medical care when injured on the job. First Aid will be rendered until Emergency Medical Services (EMS) arrives or transportation is provided to a proper medical facility.

Every department supervisor will be trained in First Aid and CPR. There will be a second person trained in case the supervisor has been called away and is not available. There will be at least one first aid trained person within 3 minutes of all employees.

A list of First Aid trained people and their phone number/extension will be kept in the employee break room, nurses’ station and front desk. If there is an intercom system in your building, a code could be used to identify the emergency and location.

All First Aid trained employees will maintain current and valid First Aid cards. Of note, recertification is normally updated every 2 years. The extent of time a certification is valid for will depend on the course of training taken. Each certification card will clearly state how long it is valid for – it is not permissible to recertify after the initial certification has expired. Employees may be taken off the schedule until they return a valid certification to the facility.

First Aid Kits

First Aid Kits are located: _____________________________________________________________. (Community Specific) The kits are to be clearly marked, and accessible. All kits contain at minimum:

- 1 absorbent compress, 4x8 inches
- 16 adhesive bandages, 1x3 inches
- 1 adhesive tape, 5 yards long
- 10 antiseptic single-use packages, 0.5 g. application
- 6 burn treatment single-use packages, 0.5 g. application
- 1 eye covering (for two eyes)
- 1 eye wash, 1 fluid ounce
- 4 sterile pads, 3x3 inches
- 2 pair medical exam gloves
- 1 triangular bandage 39x39x55 inches

Optional First-aid Kit Contents:

- Bandage compresses, 2x2 inches, 3x3 inches and 5x5 inches
- Self-activating cold packs, 4x5 inches
- Roller bandages, 6 yards long
- Mouth-to-mouth barrier for CPR

49.
All first aid supplies are to be inspected and replenished weekly.

**Eye Wash Stations**

An eye wash station is to be provided whenever there is the potential for an employee’s eyes to be exposed to corrosives, strong irritants, or toxic chemicals. The travel distance to the eye wash station will not be more than 50 feet, or 10 seconds. The eye wash will irrigate both eyes at the same time. There is an on-off valve that activates in one second or less and remains running without user assistance. The flow is 0.4 gallons of water per minute (1.5 liters) for 15 minutes.

An eye wash station is located at: ____________________________________________
(Community Specific) *(there must be at least one plumbed in eye wash on each floor)*.

The eye wash is to be inspected monthly to ensure it is accessible and functions properly.
Emergency Action & Evacuation Plan

This plan outlines the steps to take when responding to potential major emergencies, such as, natural disasters, fire, bomb threats, hazardous chemical release and medical. Specific actions will be assigned by management/supervisor. Facility floor plans with evacuation routes are to be posted in prominent locations throughout the facility. In addition, all departments will be assigned specific areas of assembly should an evacuation be necessary.

I. Emergency Action:

1. Notifications

   Management: in the event of an emergency or a situation that could evolve into an emergency, management must be informed immediately. The following individuals shall be notified for events concerning the facility:
   - Facility Administrator
   - Director of Nursing or Healthcare
   - Maintenance Manager

   Employee: Employees will be notified of emergencies by: __________________________
   __________________________ (Community Specific) - [select one – the installed alarm system, PA system or by supervisors]. After initial notification, employees will be provided further directions by on scene supervisors.

   External: The preferred method for contacting local Emergency Response Assistance is to call 911. This will provide initial notification to Law Enforcement, Fire Department and County EMA/LEPC.

Specific Responsibilities & Assigned Actions

Management:
- After the Senior Manager on scene determines the need for an emergency evacuation, the evacuation alarm will be activated. Announcements & instructions will be issued verbally (over PA system if it exists).
- Management will immediately start evacuation procedures, taking into consideration the nature and extent of the emergency.

Supervisors:
- Organize and lead residents and employees from the facility when evacuation alarm is sounded.
- Provide necessary assistance to any residents or employees with disabilities.
- Escort and/or transport residents and employees to the designated assembly area.
- Account for residents and employees at the designated assembly area.
- Notify (scene manager) of any residents or employees that are not accounted for.
- Provide control of residents and employees at assembly areas
**Emergency Assembly Areas – (Community Specific)**

<table>
<thead>
<tr>
<th>Department</th>
<th>Assembly Area</th>
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<tbody>
<tr>
<td>Office</td>
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<tr>
<td>Health Serv.</td>
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<tr>
<td>Dietary</td>
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<tr>
<td>Activities</td>
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<tr>
<td>Housekeeping</td>
<td></td>
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<tr>
<td>Maintenance</td>
<td></td>
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<tr>
<td>Other</td>
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</tbody>
</table>

*List each Department and the location you have selected that is a safe distance away from affected buildings. You will need a separate list for each building, if applicable.*

2. **Fire / Explosion:**

Fires can have several causes and sources of fuel. Most deaths in a fire are caused by smoke inhalation. It is important to remember that the normal evacuation path could be towards the fire. In these cases, alternate routes, away from the fire are to be used. At no time will **Ageia Health Services** employees attempt to contain a fire that has progressed past the initial small stage. Explosions can have numerous causes. The results of explosions can range from fires to weakened or collapsed structures.
Management Action

- After it is established that there is a fire or explosion on the premises, notify Management immediately. Sound both the fire and evacuation alarms.
- Management will immediately initiate action, taking into consideration changes that might become necessary according to the situation.
- Management will establish a command post.
- The Executive Director or Maintenance Director will assign competent employees to monitor the sprinkler risers to assure normal operation.
- Management will direct emergency shut down of utilities (power and gas) and backup/valve off ammonia refrigeration and oxygen generation systems and other actions as the situation requires.
- Management will provide a liaison with emergency response units.
- The Executive Director or Maintenance Director will call 911 and provide initial details of the fire and/or explosion to emergency response units.

III. Bomb Threat:

- Do not hang up phone.
- Get all information: location, size, appearance, time the bomb will explode, etc.
- Alert another staff member to call the phone company to attempt a trace on the call. (Dial “O” for Operator)
- Get the caller to talk as long as possible.
- Notify the Management of the threat.
- Management shall:
  - Call Police Department & request assistance.
  - Make decision concerning evacuation.

IF EVACUATION HAS OCCURRED, NO ONE SHOULD ENTER THE FACILITY UNTIL THE POLICE DEPARTMENT HAS GIVEN AN ALL CLEAR TO THE EXECUTIVE DIRECTOR OR MANAGEMENT MEMBER IN CHARGE.

IV. Hazardous Chemical Release:

Spill Prevention Control & Countermeasures Plan

In the event of an accidental release of hazardous chemicals, an evacuation would be required if the release is in a significant amount to cause, or have potential to cause, harm to residents and employees.

- After it is determined that there is a hazardous chemical emergency, the Management Team will be notified and make the decision whether to evacuate any areas. All unqualified employees should remain clear of any spill or release of any hazardous material.
- The Executive Director will proceed directly to the emergency area to determine if evacuation or outside help is necessary.
NO ONE MAY ENTER THE RELEASE/SPILL/AFFECTED AREAS WITHOUT PROPER PERSONAL PROTECTIVE EQUIPMENT AND MANAGEMENT PERMISSION.

- If evacuation procedures have been initiated, all residents and employees must leave the facility and proceed to the designated meeting area.
- PPE is required at all times until the hazard has been dissipated with proof by proper testing procedures.
- Management will activate the Emergency Response Team if required.

Notification of the Washington State Department of Environmental Monitoring and EPA is required if material discharges or threatens to discharge into a waterway of the State causing a visible sheen on or a discoloration of the surface water or shorelines, or if a reportable quantity of a hazardous substance is discharged or may unavoidably be discharged to a waterway.

V. Medical Emergencies:

- After a medical emergency has been identified, employees are to notify their supervisor, immediately. The Supervisor has the responsibility to notify the on-site Occupational Health Care Professional (OHCP) and the Executive Director.
- The on-site OHCP will determine the severity of the medical emergency and level of action required.
- All Medical Emergency Care Providers will use the proper PPEs as outlined in the Bloodborne Pathogens Program and will follow the proper standards of care.
- All injured or ill employees requiring emergency medical care for life/death medical emergencies will be transported by local Emergency Medical Services (EMS) to the nearest local Hospital.
- All non-life/death medical emergencies will be managed by the on-site OHCP following the Medical Directives and Nursing Procedures for Emergency Care.
- Depending on the type and size of an emergency, the on-site OHCP will set-up the emergency medical care station at a location directed by the Administrator.
Fire Prevention Policy

Fire prevention is critical for the protection of employees and residents. This policy provides specific information on fire suppression and evacuation. It is the policy of Ageia Health Services, LLC. Moran Vista Senior Living and Woodway Assisted Living that all building employees be properly trained on the site-specific fire safety program.

1. **Fire Extinguishers:**

   **A. Training:**

   All personnel will be trained on the location of fire extinguishers in their work area, as well as, how to operate them. This training is to be accomplished annually.

   Fire extinguishers are for small fires in the early stages. If the fire can be contained or extinguished a properly trained person should hold the extinguisher upright and follow the PASS method:

   - **P**ull the pin, and stand back eight to ten feet,
   - **A**im the extinguisher at the base of the fire,
   - **S**queeze the handle, and
   - **S**weep at the base of the fire with the extinguishing agent

   After use, do not put a fire extinguisher back on its mounting – it must be refilled before being returned to its location.

   **B. Fire classifications:**

<table>
<thead>
<tr>
<th>Class</th>
<th>Materials Burned</th>
<th>Extinguishing Agent</th>
<th>Symbol</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Wood, paper, rubber, plastics</td>
<td>Water, dry chemicals</td>
<td>▲</td>
</tr>
<tr>
<td>B</td>
<td>Flammable liquids, gases, greases</td>
<td>Carbon dioxide, dry chemicals</td>
<td>□</td>
</tr>
<tr>
<td>C</td>
<td>Electrical equipment, wiring, fuse boxes, circuit breakers, machinery</td>
<td>Carbon dioxide, dry chemicals</td>
<td>○</td>
</tr>
<tr>
<td>D</td>
<td>Combustible metals</td>
<td>Special techniques – do not use common extinguishers</td>
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</tr>
</tbody>
</table>

Each fire extinguisher will be labeled to indicate the class of fire(s) on which it can be used. A joint survey of the building should be conducted by a competent fire inspector and the administrator to determine the number, type, and location of fire extinguishers within the building.
**Inspections:**

Fire extinguishers with deficiencies are to be removed from service and replaced with a suitable fire extinguisher.

Perform inspections on a monthly basis:

- Visually inspect portable fire extinguishers and hose systems:
  - All fire extinguishers should have an inspection tag, trigger seal and pin;
  - Check gauge to insure fire extinguisher is charged;
  - Check structural integrity of the cylinder - any dents, corrosion, etc.;
  - Inspect hose for tears, and punctures.

- Record the date of the inspection and your initials on the back of the vendor tag which is attached to the fire extinguisher.

Perform maintenance checks on an annual basis:

- Keep records for at least one year after the maintenance check.

2. **Fire warning and evacuation:**

This building is equipped with [Insert System Type] fire detection system which meets state and federal safety requirements.

Note: for steps to take when responding to an emergency such as a fire, please refer to the emergency action plan [found in the “ERNWest Loss Control Program”].

The emergency procedures for evacuating the building in the event of fire are as follows:

1) An emergency notification system will be sounded to alert staff, residents, and appropriate emergency response units (i.e. fire department). Emergency telephone numbers are posted at the reception desk and at all nurses' stations.

2) An evacuation plan has been established which includes: Diagrams indicating routes of egress, location of fire extinguishers and designated meeting points during the emergency. Exit routes are clearly posted and the building fire monitors. All department supervisors are responsible to ensure that all others are out of the building.

a) All staff members are properly trained on the policies and procedures to evacuate or isolate from the fire hazard all non-ambulatory residents and are informed of the location of any special equipment needed to accomplish the movement of disabled residents.
b) The following individuals have been given special instruction on safely securing the following items: flammable gases, oxygen, and high-energy sources (i.e. electrical-gas)

<table>
<thead>
<tr>
<th>Department</th>
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</tbody>
</table>

A current list of employees and residents will be used to account for all individuals after the emergency evacuation has been completed. The Executive Director will be in charge of the list. If either an employee or resident is missing, no one should re-enter the building. Notify the responding fire personnel that an individual is missing and may be in the building.

Note: Fire Prevention and Evacuation Programs must be reviewed and approved by the local fire department. Fire drills must be performed to ensure that the plan will work in any emergency situation.

3. Fire Prevention Plan:

   A. **Workplace Fire Hazards/Sources:**

   1. **Boilers:** The fire prevention plan for boiler operations and maintenance are located in the Moran Vista and Woodway Accident Prevention Plans

   2. **Smoking Policy:** The designated smoking areas and regulations are located on bulletin boards throughout the building.

B. **Protection and Alarm Systems:**

   1. **Sprinkler Systems:** The building is protected by an automatic water sprinkler system. Inspection and maintenance procedures are maintained by the assigned Ageia Project Manager.

   2. **Alarm Systems:** The alarm systems are maintained by the assigned Ageia project manager. Each alarm is tested on a monthly basis. Department supervisors shall be notified before the test, so they can notify their assigned employees.
4. **Fire Prevention and Control:**

The Executive Director and assigned Ageia Project Manager is responsible for the maintenance of equipment and systems installed to prevent or control ignitions or fires and those that control hazards from fuel sources. The written maintenance procedures are located in the business office and are considered part of this written plan.
Ladder Safety Policy

Ladders present unique opportunities for unsafe acts and conditions. Employees of Ageia Health Services who use ladders must be trained in the proper selection, inspection, use and storage. This program covers portable wooden, metal and fiberglass ladders.

Common Ladder Hazards:

- Ladders with missing or broken parts
- Using a ladder with too low a weight rating
- Using a ladder which is too short for the purpose
- Using metal ladders near electrical wires
- Using ladders as a working platform
- Ladders that are not positioned properly
- Objects falling from ladders

Inspections:

Inspect ladders before each use. Check to see that:

- No wet or slippery treads or rungs. All rungs and treads are free of oil, grease, dirt, and ice.
- No loose, broken or missing parts. All fittings, bolts and screws are tight.
- Spreaders or other locking devised are in place and undamaged.
- Non-skid safety feet are in place and operable.
- No structural defects exist, all support braces are intact.
- Check ladder rating – does it match the intended use.
- Non-metal side rails when working around electricity.

Do not use broken ladders. Take broken ladders out of service and dispose of them.

Ladder Ratings & Limits:

Ladder weight ratings:
- I-A 300 pounds (heavy duty)
- I 250 pounds (heavy duty)
- II 225 pounds (medium duty)
- III 200 pounds (light duty)
Limits on ladder length:

- A stepladder should be no more than 20 feet high
- A one-section ladder should be no more than 30 feet high
- An extension ladder can go up to 60 feet, but the sections must overlap

Ladder Set-up:

The following procedure must be followed to prevent ladder incidents:

- Place ladder on a level and solid surface.
- Both sides of straight/extension ladders are against a wall or other support.
- Stepladder spread fully and locked into position.
- Ladder bottom at 75 degree angle or ¼ of ladder height from wall.
- Keep ladder at least 10’ away from power lines.
- Extend the ladder to have about 4 feet above the top support or work area.
- Anchor the top and bottom of the ladder.
- All extension/straight ladders should have non-skid feet and be securely tied off or held by another employee.
- Place the ladder base 1/4 the height of the ladder from the wall when using an extension ladder.

Ladder Use:

- Never allow more than one person on a ladder.
- Dry hands, shoes and ladder rungs/steps.
- 3-point grip on the ladder at all times.
- Climb slowly – keep weight centered between side rails.
- Do not carry heavy/bulky items or tools in your hands or up and down the ladder. Use carriers and tool belts to carry objects up a ladder.
- Stand below top two rungs of a stepladder.
- Stand below top four rungs of an extension ladder.
- Do not lean out from the ladder in any direction.
- If you have a fear of heights - don't climb a ladder.
- Do not allow anyone to work under a ladder in use.
- When ascending or descending a ladder, face the ladder.
• Ladders placed in doorways, walkways or other congested areas should be barricaded or guarded.
• If employees work from special hanging ladders, the employees should be protected from falling. A safety line, safety belt and lanyard, or safety harness should be used.
• Metal ladders are not to be used where there is a possibility of electrical contact. Keep 10’ away from all power lines.

**Ladder Storage:**

Store ladders on sturdy hooks in areas where they cannot be damaged. Store in a manner that prevents warping or sagging. Do not hang anything on ladders that are in storage.

**Ladder Maintenance:**

• Keep ladders clean
• Never replace broken parts unless provided by the original manufacturer
• Do not attempt to repair broken side rails
• Keep all threaded fasteners properly adjusted
• Replace worn steps with parts from the manufacturer

**Lockout/Tagout Policy**

The purpose of the Lockout/Tagout Policy is to protect employees from injury caused by the unexpected release of hazardous energy. This policy establishes the requirements for the isolation of kinetic and potential electrical, chemical, thermal, hydraulic, pneumatic and gravitational energy prior to repairing, adjusting, or removing machinery or equipment.

1. **Definitions:**

**Authorized Employees:** Only authorized and trained personnel are certified to lockout and tagout machinery or equipment. An employee is considered to be qualified when they have:

1) Completed on-the-job training, and
2) Demonstrated an ability to perform duties safely at his/her level of training.

**Affected Employees:** Those employees who operate machinery or equipment upon which lockout or tagout is required must be trained on this policy. Affected employees may not remove locks, locking devices or tags from machinery or equipment.
2. 
3. 
4. **Training:**

**Authorized Employees Training:**

All authorized employees will be trained to use the lockout and tagout procedures. The training will be conducted by the Maintenance Director at the time of initial hire. Retraining will occur annually. Training will consist of:

- Review of general procedures;
- Review of specific procedures for machinery, equipment and processes; and
- Procedures when questions arise

**A. General Lockout and Tagout Procedures:**

Before working on, repairing, adjusting or replacing machinery and equipment, the following procedures will be utilized to place the machinery and equipment in a neutral or zero mechanical state:

1. **Preparation for Shutdown:** Before an authorized or affected employee turns off a machine or piece of equipment, the authorized employee will have knowledge of the type and magnitude of the energy, the hazards of the energy to be controlled, and the means to control the energy. Notify all affected employees that the machinery, equipment or process will be out of service.

2. **Machine or Equipment Shutdown:** The machine or equipment will be turned off or shut down using the specific procedures for that machine. An orderly shutdown will be utilized to avoid any additional or increased hazards to employees as a result of equipment being de-energized.

   If the machinery, equipment or process is in operation, follow normal stopping procedures (i.e. depress stop button, open toggle switch, etc.).

3. **Machine or Equipment Isolation:** All energy control devices that are needed to control the energy to the machine or equipment will be physically located and operated in such a manner as to isolate the machine or equipment from the energy source.

4. **Lockout or Tagout Device Application:** Lockout or tagout devices will be affixed to energy isolating devices by authorized employees. Lockout devices will be affixed in a manner that will hold the energy isolating devices in the "safe" or "off" position.

   Where tagout devices are used, they will be affixed in such a manner that will clearly state that the operation or the movement of energy isolating devices from the "safe" or "off" positions is prohibited.

   The tagout devices will be attached at the same point a lock would be attached. If the tag cannot be affixed at that point, the tag will be located as close as possible to the device in a position that will be immediately obvious to anyone attempting to operate the equipment.
Lockout and tagout all energy devices by use of hasps, chains and valve covers with an assigned individual locks.

5. **Extended Lockout/Tagout**: Should the shift change before the machinery or equipment can be restored to service, the lockout and tagout must remain. If the task is reassigned to the next shift, those employees must lockout and tagout before the previous shift may remove their lock and tag.

6. **Release from Lockout/Tagout**: Before lockout or tagout devices are removed and the energy restored to the machine or equipment, the following actions will be taken:
   - The work area will be thoroughly inspected to ensure that nonessential items have been removed and that machine or equipment components are operational.
   - The work area will be checked to ensure that all employees have been safely positioned or removed. Before the lockout or tagout devices are removed, the affected employees will be notified that the lockout or tagout devices are being removed.
   - Each lockout or tagout device will be removed from each energy-isolating device by the employee who applied the device.

B. **Lockout/Tagout Procedure for Electrical Plug-Type Equipment**:  
   This procedure covers all electrical plug-type equipment, such as, battery chargers, some product pumps, office equipment, powered hand tools, powered bench tools, lathes, fans, etc. When working on, repairing, or adjusting the above.

**Machine Guarding Policy**

This policy identifies the departments with machines that need guards. Guards prevent any part of an employee’s body from making contact with hazardous moving parts. Therefore, machine guards are to remain in place. The removal of any type of guard will not be tolerated in this facility. This policy also includes information on disconnecting means and appropriate personal protective equipment (PPE) for each machine.

**Kitchen:**

*Meat Slicer*: The only time the blade guard can be removed is during cleaning. Prior to cleaning the machine insure it has been disconnected from the power source. When the blade is being cleaned, appropriate PPE must be worn to prevent cuts.

*Garbage Disposal*: The disposal opening must have a guard to prevent employees from putting their hand into the disposal, but still allow debris to pass thru.

*Knives*: Wear cut resistant gloves when using knives.
**Floor and Counter Mixers:** Floor mixers must be secured to the floor and have guards on mixing bowls. If the wire guard is opened the machine will not operate. There must also be a disconnecting means (i.e. switch) when cleaning the machine. Counter mixers, such as a Hobart, must have the same guard on the mixing bowl.

**Ovens:** When racks are removed they are hot and need to be placed in an area where other employees cannot accidentally touch them. This may include signage for the specified area.

**Meat Grinder:** Utilize a wooden push bar when placing meat into the hopper.

**Freezer:** Insure the inner latch on the freezer door is functioning properly.

**Maintenance Area, Room, Shop:**

There must be guards on all permanent table saws, grinders and drill presses. This also includes all power hand held tools, such as:

- Routers
- Saws
- Grinders
- Drills

The only time guards are to be removed is during cleaning and only after the machine has been disconnected from power source.

Cut resistant gloves will prevent cuts when using box knives to open boxes.
Workplace Violence Policy

Ageia Health Services, LLC, Moran Vista Senior Living and Woodway Assisted Living maintain a zero tolerance standard of violence in the workplace. The purpose of this policy is to provide all employees guidance that will maintain an environment at and within the properties and events that are at all times free of violence and the threat of violence.

Violent behavior of any kind or threats of violence, either implied or direct, are prohibited at Moran Vista and Woodway, in the properties and at their sponsored events. No such conduct by any employee will not be tolerated. An employee who exhibits violent behavior may be subject to criminal prosecution and shall be subject to disciplinary action up to and including immediate dismissal. Violent threats or actions by a non-employee may result in criminal prosecution. Ageia health Services, LLC, in cooperation with local law enforcement, will investigate all complaints filed and will also investigate any possible violation of this policy of which we are made aware. Retaliation against a person who makes a complaint regarding violent behavior or threats of violence made to him/her is also strictly prohibited.

To ensure a full understanding of this issue, a few definitions have been provided below:

**Workplace Violence:** Behavior in which an employee, former employee or visitor to a workplace inflicts or threatens to inflict damage to property, serious harm, injury or death to others at the workplace.

**Threat:** The implication or expression of intent to inflict physical harm or actions that a reasonable person would interpret as a threat to physical safety or property.

**Intimidation:** Making others afraid or fearful through threatening behavior or language.

**Zero-tolerance:** A standard that establishes that any behavior, implied or actual, that violates the policy will not be tolerated.

**Court Order:** An order by a Court that specifies and/or restricts the behavior of an individual. Court Orders may be issued in matters involving domestic violence, stalking or harassment, among other types of protective orders, including Temporary Restraining Orders. Violence in the workplace may include, but is not limited to, the following list of prohibited behaviors directed at or by a co-worker, supervisor or member of the public:

1. Direct threats or physical intimidation.
2. Implications or suggestions of violence.
3. Stalking.
4. Possession of weapons of any kind on (Company) property, including parking lots, other exterior premises or while engaged in activities for (Company) in other locations, or at (Company)-sponsored events, unless such possession or use is a requirement of the job.
5. Assault of any form.
6. Physical restraint, confinement.
7. Dangerous or threatening horseplay.
8. Loud, disruptive or angry behavior or language that is clearly not part of the typical work environment.
9. Blatant or intentional disregard for the safety or well-being of others.
10. Commission of a violent felony or misdemeanor on (Company) property.
11. Any other act that a reasonable person would perceive as constituting a threat of violence.

Domestic violence, while often originating in the home, can significantly impact workplace safety and the productivity of victims as well as co-workers. For the purposes of this document, “domestic violence” is defined as abuse committed against an adult or fully emancipated minor. Abuse is the intentional reckless attempt to cause bodily injury, sexual assault, threatening behavior, harassment, or stalking, or making annoying phone calls to a person who is in any of the following relationships:
- Spouse or former spouse;
- Domestic partner or former domestic partner;
- Cohabitant or former cohabitant and or other household members;
- A person with whom the victim is having, or has had, a dating or engagement relationship;
- A person with whom the victim has a child.

Moran Vista and Woodway recognize that domestic violence may occur in relationships regardless of the marital status, age, race, or sexual orientation of the parties.

Any employee who:
1. is the victim of violence, or
2. believes they have been threatened with violence, or
3. witnesses an act or threat of violence towards anyone else is required to report the incidence of workplace violence.

The following steps should be taken when workplace violence occurs:
1. If an emergency exists and the situation is one of immediate danger, the employee shall contact the local police officials by dialing 9-1-1, and may take whatever emergency steps are available and appropriate to protect him or herself from immediate harm, such as leaving the area.
2. If the situation is not one of immediate danger, the employee shall report the incident to the appropriate supervisor or manager as soon as possible and complete an incident
report.

3. The administrator and supervisor will complete a full investigation as well as address the situation to ensure there is not threat of a repeat occurrence.

**Safe Patient Handling & Movement Policy**

This policy describes ways to ensure that employees use safe patient handling and movement techniques in all long term care settings and high-risk resident care areas. Moran Vista and Woodway want to ensure that their residents are cared for safely, while maintaining a safe work environment for all its employees. To accomplish this, direct care staff in high-risk resident care areas should assess high-risk resident handling tasks in advance to determine the safest way to accomplish them. Additionally, mechanical lifting equipment and/or other approved resident handling aids should be used to prevent the lifting and handling of residents except when absolutely necessary, such as in a medical emergency.

I. **Procedures:**

a. **Compliance:**

   It is the duty of employees to take reasonable care of their own health and safety, as well as that of their co-workers and their patients during patient handling activities by following this policy. Non-compliance will indicate a need for retraining.

b. **Patient Handling and Movement Requirements:**

   1. Avoid hazardous patient handling and movement tasks whenever possible. If unavoidable, assess them carefully prior to beginning.
   2. Use mechanical lifting devices and other approved patient handling aids for high-risk patient handling and movement tasks except when absolutely necessary, such as in a medical emergency.
   3. Use mechanical lifting devices and other approved patient handling aids in accordant with instructions and training.

c. **Training:**

   Staff will complete and document training initially, annually, and as required to correct improper use/understanding of safe patient handling and movement. Training records should be maintained for three (3) years.

   1. This training will be provided by qualified personnel with extensive training and expertise in Safe Patient Handling and Movement.
   2. Training will be incorporated into the:
      i. Current curriculum for all new employees
      ii. Unit based competencies
   3. Mandatory annual training updates will be completed by all staff members charged with resident care.
d. **Mechanical Lifting Devices and Other Equipment/Aids:**

   1. Executive Management and Supervisors will ensure that mechanical lifting devices and other equipment/aids are accessible to staff.
   2. Executive Management and Supervisors shall ensure that mechanical lifting devices and other equipment/aids are maintained regularly and kept in proper working order.
   3. Supervisors and staff shall ensure that mechanical lifting devices and other equipment/aids are stored conveniently and safely.

- **Safe Patient Handling and Movement/Safety Committee Collaboration:**
  The Safety Committee will incorporate the review of Safe Patient Handling and Movement into their standard processes. When reviewing incidents, the Committee will address how Safe Patient Handling and Movement was or was not involved with the specific incident, when reviewing policies, the Committee will ensure that Safe Patient Handling is addressed in the policy, etc. Caregivers will collaborate with Safety Committee members in evaluating the Safe Patient Handling and Movement Policy.

- **Reporting Incidents:**
  All staff will report all strain/sprain incidents/injuries resulting from patient handling and movement to their supervisor immediately.
  Incident report information will be provided to the Safety Committee as a part of their Safe Patient Handling and Movement process review.

2. **Definitions:**

   a. **High-Risk Patient Handling Tasks:** Patient handling tasks that have a high-risk of musculoskeletal injury for staff performing the tasks. These include but are not limited to transferring tasks, lifting tasks, repositioning tasks, bathing patients in bed, making occupied beds, dressing patients, turning patients in bed, and tasks with long durations.

   b. **High-Risk Resident Care Areas:** Home/Centers wards with a high proportion of dependent patients, requiring full assistance with patient handling tasks and activities of daily living. Based on the dependency level of patients and the frequency with which patients are encouraged to be out of bed.

   c. **Manual Lifting:** Lifting, transferring, repositioning, and moving patients using a caregiver’s body strength without the use of lifting equipment/aids to reduce forces on the worker’s musculoskeletal structure.

   d. **Mechanical Lifting Equipment:** Equipment used to lift, transfer, reposition, and move patients. Examples include portable base and ceiling track mounted full body sling lifts, stand assist lifts, and mechanized lateral transfer aids.
e. Patient Handling Aids (Including Lateral Transfer Devices): Equipment used to assist in
the lift or transfer process. Examples include gait belts with handles, stand assist aids,
sliding boards, and surface friction-reducing devices.

III. Delegation of Authority & Responsibility:

a. The Executive Director:
   1. Supports the implementation of this policy.
   2. Furnishes sufficient lifting equipment/aids to allow staff to use them when
      needed for safe patient handling and movement.
   3. Furnishes acceptable storage locations for lifting equipment/aids.
   4. Provide staffing levels sufficient to comply with this policy.

Supervisors:

   1. Ensure high-risk patient handling tasks are assessed prior to completion and are
      completed safely, using mechanical lifting devices and other approved patient
      handling aids and appropriate techniques.
   2. Ensure mechanical lifting devices and other equipment/aids are available,
      maintained regularly, in proper working order, and stored conveniently and
      safely.
   3. Ensure employees complete initial and annual training, and training as required
      if employees show non-compliance with safe patient handling and movement.
      Maintain training records for a period of three (3) years.
   4. Refer all staff reporting injuries due to patient handling tasks to Occupational
      Health.
   5. Maintain Accident Reports and supplemental injury statistics as required by the
      building and OSHA, and requested by the Safety Committee members
      addressing Safe Patient Handling and Movement.

Employees:

   1. Comply with all parameters of this policy.
   2. Use proper techniques, mechanical lifting devices, and other approved
      equipment/aids during performance of high-risk patient handling tasks.
   3. Notify supervisor of any injury sustained while performing patient handling tasks.
   4. Notify supervisor of need for re-training in use of mechanical lifting devices,
      other equipment/aids and lifting/moving techniques.
   5. Notify supervisor of mechanical lifting devices in need of repair.
   6. Supply feedback to Supervisor on Safe Patient Handling and Movement
      components

b. Maintenance and Engineering Services:

   Maintain mechanical lifting devices in proper working order.
Compressed Gas Cylinders Policy

The purpose of this policy is to establish guidelines for the protection and safety of Moran Vista and Woodway employees who handle and use compressed gas cylinders. Compressed gases are typically stored under pressure (900 psi and above when full) in metal cylinders. Improper handling and use of compressed gas cylinders can result in devastating consequences. Therefore, compressed gas cylinders will not be handled by any employee until they have been trained in the safe use, handling, storage, specific hazards, and movement of compressed gas cylinders.

Employee Training:
Employees who use and handle compressed gas cylinders will be trained before initial job assignment and/or job reassignment. Employees will be trained in the safe use, inspection, handling, and storage of compressed gas cylinders. Refresher training shall be provided at the discretion of the supervisor.

Types of Gases:
Compressed gas cylinders are used for a variety of gases at Moran Vista and Woodway. These gas cylinders fall into the following categories:

- **Flammable**: A gas that is flammable in a mixture of 13% or less (by volume) with air, or the flammable range with air is wider than 12%, regardless of the lower limit, at atmospheric temperature and pressure.
- **Toxic and Poisonous**: A gas having a health hazard rating of 3 or 4 defined in NFPA 704, “Standard System for the Identification of the Fire Hazards of Materials”.
- **Liquid**: A gas, which under charging pressure, is partially liquid at a temperature of 20 oC (70 oF).

The gas cylinders predominantly used at Moran Vista and Woodway are:

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<td>Oxygen</td>
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<td>Helium</td>
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<td>CO2 (Fire Extinguisher)</td>
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Cylinder Inspections:
Compressed gas cylinders will be inspected visually with every use. Look for leaks, cracks, dents, gouges, corrosion and pitting. This visual inspection will include the cylinder, safety relief
devices, valves, protection caps and stems. If there is a question of safety, take the tank out of service and tag as damaged. Contact the supplier for replacement.

If tank is leaking gas, notify the person in charge of the tanks. Turn the tank off and readjust the tank connections. If this does not stop the leak, turn the tank off and replace the connections. If the tank is leaking around main valve, notify the supplier, immediately.

Each tank must have a safety relief valve. This is used for automatically releasing gas if tank is overfilled or if, for whatever reason, the pressure inside rises above safe levels.

Gages should be checked to ensure that the gas under pressure is not left in hoses when operations are completed.

Each tank will be hydrostatically tested once a year and will be done by the supplier. The date the test was performed will be stamped on the tank.

Along with the inspections, a regular maintenance program is set up to inspect, repair, and replace gauges and valves.

**Marking:**

For the purpose of identifying the gas content, compressed gas cylinders shall be legibly marked with either the chemical or trade name of the gas. Such marking shall be by means of stenciling, stamping, or labeling, and shall not be readily removable. Whenever practical, the marking shall be on the shoulder of the cylinder for easy identification.

**Storage:**

All compressed gas cylinders will be stored in an upright position and chained to a solid object, such as a rack, wall or upright post. The room is ventilated to the outside. Ventilation will not allow gas to accumulate in the room. Storage of these tanks is in an area free of potentially falling objects or flame. For flammables, such as oxygen, insure there is signage stating there is oxygen in this room, along with no smoking signs within 50 feet.

- Well ventilated to prevent the accumulation of explosive concentrations of gas
- No ignition sources
- Smoking prohibited
- All permanent wiring in conduit
- Electric lights (portable and fixed) equipped with guards to prevent breakage
- Electric switches located outside the room
- Cylinders not being stored in an area near shelves, walkways, doorways or other places where they can easily be knocked down or damaged.
- Empty and full cylinders stored separately, with empty cylinders being plainly identified as such to avoid confusion.
Use:

The following precautions must be observed when using compressed gas cylinders:

- Securely support compressed gas cylinders at all times – store them in a rack or securely chained to a wall or pillar. Cylinders must not be left “freestanding” at anytime.
- Check the label. Never rely on the color of the cylinder for identification.
- Wear safety glasses.
- Always consider cylinders to be full and handle them with corresponding care.
- Never use a tool to operate cylinder valves – hand operation only.
- Use non-sparking tools for flammable gases.
- Do not remove or change the marks and numbers stamped on the cylinders.
- Cylinders must never be dragged, pushed, pulled, or rolled across the floor.
- Do not tamper with safety devices in valves or in cylinders.
- Never use grease or oil to lubricate threads on compressed oxygen cylinders.
- All portable tanks need to be transported in such a way that the tank is secure from falling.
- If a portable tank is dropped, take it out of service until it can be thoroughly inspected before it is used again. Place a “Do Not Use” tag on the cylinder.
- Never use a flame to detect flammable gas leaks. Always use soapy water.
- Consult the supplier of the gas when in doubt about the proper handling of a compressed gas cylinder or its contents.
- When done using the cylinder, ensure the gas is turned off, remove the regulator valve, and screw the steel cap over the neck of the cylinder.