



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Facility Management Safety (FMS)		
<b>Document:</b>	Plan		
<b>Title:</b>	Fire and Safety Plan		
<b>Applies To:</b>	All MCH Staff		
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## 1. ASSEMBLY AREAS:

### 1.1 Policy Statement:

1.1.1 It is our policy to use assigned assembly areas should evacuation from the building become necessary.

### 1.2 Policy Interpretation and Implementation:

#### 1.2.1 Assembly areas:

1.2.1.1 Outside assembly areas have been assigned for all personnel to use when evacuation of the building is ordered.

#### 1.2.2 Floor plans:

1.2.2.1 Assembly areas are identified on the floor plans posted throughout the facility.

#### 1.2.3 Exits:

1.2.3.1 Each exit has an assigned assembly area respective to its exit. Assembly areas must be used as assigned, unless otherwise instructed by the person in charge.

## 2. AVAILABILITY OF KEYS:

### 2.1 Policy Statement:

2.1.1 It is our policy that in the absence of the administrator, keys to locked rooms or areas will be left with the person in charge.

### 2.2 Policy Interpretation and Implementation:

#### 2.2.1 Availability of Keys:

2.2.1.1 To ensure that keys to locked rooms are available during emergency situations, the person in charge during the administrator's absence shall have access to keys of all locked rooms or areas.

#### 2.2.2 Safety and Security Office:

2.2.2.1 Should a fire or other disaster occur within our facility, keys to locked rooms will be made available to the Safety & Security officer having jurisdiction over such matters.

#### 2.2.3 Hazardous and/or Explosive Materials:

2.2.3.1 The person in charge will be responsible for identifying and informing fire department personnel of any hazardous or explosive materials stored in locked areas.

## 3. DRILLS:

### 3.1 Policy Statement:

3.1.1 It is our policy that fire and disaster drills be conducted periodically to ensure that all personnel have a working knowledge of our fire safety and disaster preparedness plans.

### 3.2 Policy Interpretation and Implementation:

#### 3.2.1 Drills:

3.2.1.1 Fire exit drills will be conducted annually by our facility to assist personnel in preparing for emergency or disaster preparedness plans.

- 3.2.2 Purpose:
  - 3.2.2.1 Drills are necessary and will be conducted to familiarize all personnel with our emergency procedures and to establish them as a matter of routine.
- 3.2.3 Smoking:
  - 3.2.3.1 Smoking shall be prohibited.
- 3.2.3 Documentation:
  - 3.2.3.1 Appropriate documentation will be maintained for each drill conducted. A copy of such records is located in the record keeping and documentation chapter of this manual.

#### **4. EMERGENCY CONTROL OF UTILITIES:**

- 4.1 **Policy Statement:**
  - 4.1.1 It is our policy that designated personnel is knowledgeable in the emergency control of our utilities.
- 4.2 **Policy Interpretation and Implementation:**
  - 4.2.1 Authorized Personnel:
    - 4.2.1.1 The administrator is knowledgeable in the location and use of all control valves, cut-off valves, main power switches, and emergency power systems of this facility.
  - 4.2.2 Responsibility:
    - 4.2.2.1 The administrator, or his/her designee, will shut off our utilities should an emergency warrant such action.

#### **5. EXITS:**

- 5.1 **Policy Statement:**
  - 5.1.1 Exit-ways have been designated for each area of the building to allow for rapid evacuation.
- 5.2 **Policy Interpretation and Implementation:**
  - 5.2.1 Exit ways:
    - 5.2.1.1 Our building is equipped with two or more exit-ways. They are remote from each other and are identified on the floor plans posted throughout the facility.
  - 5.2.2 Primary and Secondary Exit Routes:
    - 5.2.2.1 Primary and secondary exit routes have been assigned for rapid and orderly evacuation. Unless otherwise instructed by the person in charge, only those exit-ways declared safe shall be used for evacuation purposes.
  - 5.2.3 Keep exit ways clear:
    - 5.2.3.1 It is the responsibility of all personnel to keep exit-ways clear at all times. Exit doors must never be blocked, not even for a few moments.
  - 5.2.4 Blocked exit ways:
    - 5.2.4.1 Any person discovering an exit door blocked must clear the exit, if possible, and report such violation to the Fire and Safety Head of Department.
  - 5.2.5 Training class:
    - 5.2.5.1 Training classes are periodically conducted to familiarize personnel with our designated exit-ways.

#### **6. FIRE ALARM PULL STATION:**

- 6.1 **Policy Statement:**
  - 6.1.1 Fire alarm pull stations are strategically located throughout the building to ensure that fire alarms can be sounded promptly.
- 6.2 **Policy Interpretation and Implementation:**
  - 6.2.1 Pull stations:

- 6.2.1.1 Our facility is equipped with an automatic fire alarm system that will automatically activate when a loss of power occurs, when pull stations are activated, or when fire, smoke, or heat is detected within the facility.
- 6.2.2 Floor plans:
  - 6.2.2.1 Fire alarm pull stations are located throughout the building and all such locations are noted on the floor plans posted throughout the building.
- 6.2.3 Reset of pull stations:
  - 6.2.3.1 The alarm will continue to sound until the fire alarm pull station that was activated has been reset or the alarm system has been disconnected.
- 6.2.4 Testing of pull stations:
  - 6.2.4.1 At least one fire alarm pull station will be tested monthly and record of each test will be recorded on the Alarm and Life Support Systems Test Record. Completed test records are on file in the business office. (Note: A sample copy of the fire alarm test record is located in the recordkeeping chapter in this manual.)

## 7. FIRE ALARM SIGNALS:

- 7.1 **Policy Statement:**
  - 7.1.1 Fire alarm signals and other emergency codes have been established so that personnel and residents can be quickly informed of an emergency condition.
- 7.2 **Policy Interpretation and Implementation:**
  - 7.2.1 Audible alarm signal:
    - 7.2.1.1 Our facility is equipped with an automatic audible fire alarm signal that, when activated, will sound a continuous loud ringing sound throughout the building until the fire alarm system has been disconnected or reset.
  - 7.2.2 Sounding alarm at Fire department:
    - 7.2.2.1 Our automatic fire alarm system will sound an alarm at the fire department when activated.
  - 7.2.3 Visual alarm signal:
    - 7.2.3.1 A visual alarm system has been provided so that the hearing impaired might know when an emergency exists.
  - 7.2.4 Location of visual:
    - 7.2.4.1 Visual alarm devices are located above each fire alarm bell and will activate simultaneously with the audible alarm signal. A flashing red light will indicate that an actual emergency is in progress.
  - 7.2.5 Code alarm signal:
    - 7.2.5.1 Should the automatic fire alarm system fail to activate the audible alarm signal, this facility shall use a code alarm signal.
  - 7.2.6 Code alarms:
    - 7.2.6.1 Code alarm signals adopted by our facility are:
      - 7.2.6.1.1 Code Red: Building Evacuation (Internal Disaster)
      - 7.2.6.1.2 Code Black: Bomb Threat
      - 7.2.6.1.3 Code Orange: Chemical Spill
      - 7.2.6.1.4 Code Yellow: External Disaster
      - 7.2.6.1.5 Code Red: Fire
      - 7.2.6.1.6 Code Blue: Critical Patient
      - 7.2.6.1.7 Code Grey: Severe Weather
      - 7.2.6.1.8 Code Pink: Missed of children
      - 7.2.6.1.9 Code brown: Utility Failure
      - 7.2.6.1.10 Code White/Code Silver/Code Mr. Strong: Violent Situation
  - 7.2.7 Communication Procedures:
    - 7.2.7.1 The person assigned to communication procedures shall be responsible for notifying the fire department of the situation by dialling telephone no.

7.2.8 Training classes:

7.2.8.1 Training classes are periodically conducted to familiarize employees with our emergency alarm signals.

**8. FIRE ALARM SYSTEM:**

**8.1 Policy Statement:**

8.1.1 An operable fire alarm system is maintained at all times.

**8.2 Policy Interpretation and Implementation:**

8.2.1 Manual Pull Stations:

8.2.1.1 Our building is equipped with manual fire alarm pull stations that will automatically sound the audible fire alarm system when activated.

8.2.2 Location of Pull Stations:

8.2.2.1 Pull stations are strategically located throughout the facility and personnel are trained in their use at special training classes. (Note: Fire alarm pull stations are noted on the floor plans posted throughout the building.)

8.2.3 Sounding Alarm at Fire Department:

8.2.3.1 Our fire alarm system is connected to the fire department and will automatically sound an alarm at the fire station when a pull station is activated.

8.2.4 Heat/Smoke Detectors:

8.2.4.1 Heat/Smoke detectors are located throughout the building and will sound an alarm when activated.

8.2.4.2 Heat/Smoke detectors will automatically activate the fire alarm system when smoke or intense heat is detected.

8.2.4.3 The fire alarm system will automatically sound an alarm at the fire department whenever a heat/smoke detector is activated.

8.2.5 Sprinkler System:

8.2.5.1 Sprinkler heads are located in hallways, storage rooms, etc., and will automatically sound the fire alarm when activated.

8.2.5.2 When intense heat is detected, the sprinkler system will automatically begin spraying water in the area in which the heat is detected.

8.2.5.3 The fire alarm system will automatically sound an alarm at the fire department whenever a sprinkler head is activated.

8.2.6 Training Classes:

8.2.6.1 Training classes are periodically conducted to familiarize personnel with our fire alarm systems.

**9. FIRE CLASSES:**

**9.1 Policy Statement I:**

9.1.1 Fire classes will be periodically conducted to familiarize personnel with proper fire fighting techniques, evacuation procedures, fire prevention, etc., to ensure that our established emergency fire procedures can be performed should such become necessary.

**9.2 Policy Statement II:**

9.2.1 Fire Classes:

9.2.1.1 Fire classes will be conducted for all personnel on a semi-annual basis.

9.2.2 Contents of Classes

9.2.2.1 Fire classes will include, as a minimum, the following:

9.2.2.1.1 Instructions for the use of fire extinguishers;

9.2.2.1.2 Instructions for the use of fire hoses for security and safety team only;

9.2.2.1.3 Evacuation procedures;

9.2.2.1.4 Methods of evacuation;

9.2.2.1.5 Sounding the alarm;

9.2.2.1.6 Fire prevention;

- 9.2.2.1.7 Fire fighting procedures;
- 9.2.2.1.8 Location of fire fighting equipment; and
- 9.2.2.1.9 Other information as necessary or appropriate.

- 9.2.3 Documentation:
  - 9.2.3.1 Record of all fire classes conducted will be maintained in the business office.
- 9.2.4 Instructor:
  - 9.2.4.1 Fire classes will be conducted by a trained professional.

## 10. FIRE EXTINGUISHERS:

- 10.1 **Policy Statement:**
  - 10.1.1 Fire extinguishers are strategically placed throughout our building and are maintained in an operable condition at all times.
- 10.2 **Policy Interpretation and Implementation:**
  - 10.2.1 Fire Extinguishers:
    - 10.2.1.1 This building is equipped with portable fire extinguishers that are located in various areas of the facility.
  - 10.2.2 Floor Plans:
    - 10.2.2.1 Fire extinguisher locations are identified on our floor plans, and all personnel must be familiar with the locations so that expedient action can be taken when needed.
  - 10.2.3 Annual Inspections:
    - 10.2.3.1 Local fire authorities or other authorized agencies conduct a 6 month inspection of all fire extinguishers and the results of their findings are recorded on that agency's inspection record. A copy of the inspection results is filed in the business office. And visual inspection monthly record by safety officer.
  - 10.2.4 Removal of Fire Extinguishers:
    - 10.2.4.1 Fire extinguishers shall not be removed from their respective locations except during drills or when in actual use.
  - 10.2.5 Back-up/Replacement:
    - 10.2.5.1 Fire extinguishers being recharged, refilled, or replaced will have back-up extinguishers provided (of the same size and type) so that all locations will have an extinguisher at all times.
  - 10.2.6 Missing Extinguishers:
    - 10.2.6.1 Any person discovering a fire extinguisher missing from its location must immediately report such information to the Head of the Fire and Safety Department and the Property Control Department so that a replacement can be provided immediately.
  - 10.2.7 Mounting of Extinguishers:
    - 10.2.7.1 Portable fire extinguishers will not be mounted so that the height will exceed five feet from the floor to the top of the extinguisher.
  - 10.2.8 Used Extinguishers:
    - 10.2.8.1 Any fire extinguisher that has been used (i.e., demonstration drill, minor fire, etc.) may not be restored to its location until it has been recharged or refilled, no matter how little substance was used.
  - 10.2.9 Training Class:
    - 10.2.9.1 Training classes are periodically conducted to familiarize personnel in the use of fire extinguishers

## 11. FIRE PREVENTION:

- 11.1 **Policy Statement:**
  - 11.1.1 All personnel shall participate in methods of fire prevention and report any conditions that could result in a potential fire hazard.
- 11.2 **Policy Interpretation and Implementation:**
  - 11.2.1 Responsibility:

11.2.1.1 Fire prevention is the responsibility of all personnel, residents, visitors, and the general public alike.

11.2.2 Reporting Hazardous Conditions:

11.2.1.2 Should a fire hazard or condition that could develop into a fire hazard be discovered, it must be reported to the Head of the Fire and Safety Department, an incident report written to be sent to the Department that needs to resolve the issue and the Quality Improvement Department, as soon as practical.

11.2.3 Safety:

11.2.3.1 All personnel must be alert for:

- 11.2.3.1.1 Accumulation of trash and rubbish;
- 11.2.3.1.2 Stranger odors or conditions;
- 11.2.3.1.3 Smoking in unauthorized areas;
- 11.2.3.1.4 Frayed or worn electrical cords;
- 11.2.3.1.5 Malfunctioning equipment and supplies;
- 11.2.3.1.6 Any unusual incidents;
- 11.2.3.1.7 Sounding of false alarm; and
- 11.2.3.1.8 Violation of fire safety rules.

11.2.4 Investigations:

11.2.4.1 The Head of the Fire and Safety Department will be responsible for the prompt investigation of such Hazardous conditions. Hazardous conditions must be corrected as soon as practical. Appropriate personnel such as building engineers/maintenance, etc., shall be responsible for correcting electrical, plumbing or structural hazards.

11.2.5 Correcting Hazardous Conditions:

11.2.5.1 Any hazardous condition requiring more than twenty-four hours to correct must be reported to the Chief Executive Director in writing, outlining what corrections will be made, methods of correction, and when the hazardous condition is expected to be corrected.

11.2.6 Training Classes:

11.2.6.1 Training classes are periodically conducted to familiarize personnel with our fire prevention methods.

## **12. FIRE SAFETY INSPECTIONS:**

**12.1 Policy Statement:**

12.1.1 It is our policy to conduct regularly scheduled fire safety inspections.

**12.2 Policy Interpretation and Implementation:**

12.2.1 Responsibility:

12.2.1.1 The Head of the Fire and Safety Department is responsible for conducting monthly fire safety inspections.

12.2.2 Documentation:

12.2.2.1 A Fire Safety Inspection Record will be completed and forwarded to the administrator within forty-eight (48) hours after each inspection.

12.2.3 Availability of Record:

12.2.3.1 A supply of Fire Safety Inspection Record Forms is maintained in the Business office. A sample copy of this record is located in the recordkeeping chapter of this manual.

12.2.4 Unannounced Inspections:

12.2.4.1 Our local fire department will conduct unannounced fire safety inspections in accordance with current laws, and a written report of such inspections will be provided to the administrator within forty-eight (48) hours after such inspection.

## **13. FIRST AID KITS:**

**13.1 Policy Statement**

- 13.1.1 It is our policy that first aid kits are readily available for the treatment of minor injuries occurring on our premises.
- 13.2 **Policy Interpretation and Implementation:**
  - 13.2.1 **First Aid Kits:**
    - 13.2.1.1 Emergency first aid kits that are maintained at the Dep. Station shall not be removed except for use in the treatment of the injured.
  - 13.2.2 **Replacement of Supplies:**
    - 13.2.2.1 Supplies used from first aid kits shall be replenished as quickly as possible to ensure that first aid kits are adequately stocked at all times.

#### **14. POLICY STATEMENT:**

- 14.1 **Policy Statement:**
  - 14.1.1 Floor plans of our facility design are posted throughout the building to ensure an orderly evacuation process should such become necessary
- 14.2 **Policy Interpretation and Implementation:**
  - 14.2.1 **Floor Plans:**
    - 14.2.1.1 Floor plans of our facility design are posted throughout the building to ensure an orderly evacuation process should such become necessary
  - 14.2.2 **Orientation:**
    - 14.2.2.1 All staff members will receive appropriate orientation to the design and location of our floor plans.
  - 14.2.3 **Contents of Floor Plan:**
    - 14.2.3.1 Our floor plans indicate all exits, evacuation routes, assembly areas, fire alarm pull stations, fire extinguishers and other pertinent data deemed necessary for the safety and well-being of all persons within the facility.
  - 14.2.4 **Location of Floor Plans:**
    - 14.2.4.1 Floor plans are located in the following areas:
      - 14.2.4.1.1 By all elevators
      - 14.2.4.1.2 By all stairways
      - 14.2.4.1.3 By all exits

#### **15. HAZARDOUS AREAS:**

- 15.1 **Policy Statement:**
  - 15.1.1 All hazardous areas are identified with appropriate precautionary signs.
- 15.2 **Policy Interpretation and Implementation:**
  - 15.2.1 **Hazardous areas:**
    - 15.2.1.1 Hazardous areas such as power rooms, oxygen, or other flammable liquids storage rooms, etc., are identified with no smoking signs.
  - 15.2.2 **Smoking:**
    - 15.2.2.1 Smoking shall be prohibited in all hospital areas.
  - 15.2.3 **Smoking violations:**
    - 15.2.3.1 Smoking shall be prohibited in any area bearing a no smoking sign without exception.
  - 15.2.4 **Floor Plans:**
    - 15.2.4.1 All hazardous areas are designated and can be identified on the floor plans posted throughout the facilities.

#### **16. INSPECTION OF HEATER/AIR CONDITIONING SYSTEMS:**

- 16.1 **Policy Statement:**
  - 16.1.1 Our air-conditioning and heating system will be inspected at least semi-annually.

**16.2 Policy Interpretation and Implementation:**

16.2.1 Inspection of System:

16.2.1.1 Prior to the beginning of each cooling/heating season all systems shall be inspected for possible gas leaks, lines that have burst, etc.

16.2.2 Responsibility:

16.2.2.1 The Head of the Engineering Department shall be responsible for such inspections and shall have the authority to use local gas companies and/or approved repairmen to assist in making such inspection when assistance is necessary.

**17. ORIENTATION:**

**17.1 Policy Statement:**

17.1.1 It is our policy that all personnel participate in our fire safety and disaster preparedness orientation program.

**17.2 Policy Interpretation and Implementation:**

17.2.1 Orientation:

17.2.1.1 All personnel, to include volunteer workers, student nurses, and/or other educational trainees, etc., are required to undergo an orientation of our fire safety and disaster preparedness plans within the first two (2) working days of employment or work assignment.

17.2.2 Documentation:

17.2.2.1 Records will be maintained to reflect the actual dates such individuals began and completed their orientation process.

**18. TESTING OF FIRE ALARM SYSTEM:**

**18.1 Policy Statement:**

18.1.1 Our fire alarm will be tested on the semi-annual basis.

**18.2 Policy Interpretation and Implementation:**

18.2.1 Testing Fire Alarm System:

18.2.1.1 A semi-annual test shall be conducted of our fire alarm system to ensure that it remains operable at all times.

18.2.2 Responsibility:

18.2.2.1 The Head of the Fire and Safety Department with engineering shall be responsible for the testing of the fire alarm system and shall be responsible for notifying the fire department when the test is being conducted and when it has been completed.

18.2.3 Testing variations:

18.2.3.1 Testing devices and locations will vary from month to month to ensure that all systems are operable throughout the facility.

18.2.4 Documentation:

18.2.4.1 A written record will be maintained of the test results and shall be recorded on our Alarm and Life Support Systems Test Record. (A copy of such record is located in the recordkeeping chapter of this manual.) Completed reports are on file in the business office.

18.2.5 Testing Procedures:

18.2.5.1 The following procedures will be used when conducting the alarm systems test:

18.2.5.1.1 Notify the fire department that a test is being conducted;

18.2.5.1.2 Select an alarm device for testing. (i.e., pull station smoke detector, etc.);

18.2.5.1.3 Select the location of the testing device. (Note: Must not be the same device or location used in last period);

18.2.5.1.4 Notify personnel that the alarm is only a test;

- 18.2.5.1.5 Station one person at the fire alarm unit to reset the system after the test is concluded;
- 18.2.5.1.6 Activate the alarm;
- 18.2.5.1.7 Record information on the test record;
- 18.2.5.1.8 Reset the alarm system;
- 18.2.5.1.9 Contact the fire department. Inform them that the test has been completed. Ask if alarm sounded at the fire station. Record answer on test record;
- 18.2.5.1.10 Complete the test record; and
- 18.2.5.1.11 File completed report in the business office.

## **19. TESTING OF SPRINKLER SYSTEMS:**

### **19.1 Policy Statement:**

- 19.1.1 Our sprinkler system will be tested on a regularly scheduled basis.

### **19.2 Policy Interpretation and Implementation:**

#### **19.2.1 Testing:**

- 19.2.1.1 Our sprinkler system shall be tested at least annually and records shall be maintained of such test results.

#### **19.2.2 Authorized Personnel:**

- 19.2.2.1 Our sprinkler system is tested only by authorized personnel who are knowledgeable of such systems.

#### **19.2.3 Test Performance:**

- 19.2.3.1 Our sprinkler system is tested by the Engineering Department in conjunction with the Fire and Safety Department.

#### **19.2.4 Documentation:**

- 19.2.4.1 All test results are recorded by the person conducting the test, the test record is filed in the business office and a copy is sent to the Chief Executive Director, the Fire and Safety Department and the Quality Improvement Department.

#### **19.2.5 Annual Certification:**

- 19.2.5.1 An annual certification of the sprinkler system shall be conducted by the agency who installed the system or its authorized agent to ensure that all components of the system are operable and in good working order.

#### **19.2.6 Filing of Test Results:**

- 19.2.6.1 Records shall be maintained of all tests as well as the annual certification, and a copy of such record shall be filed in the business office. (Note: Persons/Agency conducting such test will be responsible for completing required records.)

## **20. WORK ENVIRONMENT:**

### **20.1 Policy Statement:**

- 20.1.1 A safe and healthful work environment shall be provided for all employees, residents, and visitors. All personnel, as well as all residents and visitors, are expected to comply with all safety and health requirements whether they are established by this facility or mandated by the Ministry of Health.

### **20.2 Policy Interpretation and Implementation:**

#### **20.2.1 Work Environment:**

- 20.2.1.1 Our policy is to provide a safe and healthful place in which to work. While we make every reasonable effort to promote accident and fire prevention, these efforts will succeed only with each employee's full cooperation.

#### **20.2.2 Safety Rules:**

- 20.2.2.1 All personnel will be required to follow established safety rules and to carry out all procedures as instructed. Unsafe conditions/acts must be reported (to the immediate Supervisor, the appropriate Head of Department that will need to

remedy the unsafe conditions/acts, such as the Engineering Department or Fire and Safety Department) at once and an incident report must be written with resolution and signatures and sent to the Quality improvement Department.

20.2.3 Orientation and Training Program:

20.2.3.1 Orientation programs and training classes are conducted semi-annually to familiarize each employee with our safety program.

## 21. REMOVAL OF VEHICLES DURING EMERGENCIES:

21.1 **Policy Statement:**

21.1.1 It is our policy that emergency vehicles have clear access to our premises at all times.

21.2 **Policy Interpretation and Implementation:**

21.2.1 **Removal of Vehicles:**

21.2.1.1 Should a fire or other disaster occur at our facility, any vehicle blocking access to the building shall be removed prior to the arrival of emergency vehicles so that emergency action can be provided without delay.

21.2.2 **Location of Vehicle Owner:**

21.2.2.1 Every effort will be made to locate the owner of the vehicles so that such vehicles can be removed without damage. Should the owner not be located, or emergency action is necessary for immediate removal, this facility shall have the power and authority to remove such vehicles by the most expedient means available.

21.2.3 **Inspection Report:**

21.2.3.1 Every effort will be made to prevent damage to any vehicles removed. A detailed inspection shall be made of any vehicles removed and copy shall be provided to the owner of the vehicle noting any damages found. Such report shall be provided to the owner of the vehicle prior to the owner removing the vehicle from the premises.

## 22. SMOKING:

22.1 **Policy Statement:**

22.1.1 This facility will provide employees and residents with as near a smoke-free environment as possible. While we recognize the need of many of our employees to work in a smoke-free environment.

22.2 **Policy Interpretation and Implementation:**

22.2.1 Employee Smoking Provisions:

22.2.1.1 As stated in the following provisions.

22.2.2 Designated Smoking Areas:

22.2.2.2 Smoking employees are not permitted.

22.2.3 Hazardous Areas:

22.2.3.1 Smoking will be prohibited in any area where oxygen is being used or stored, in any area that bears a no-smoking sign, or in any area that would create a hazard or unsafe condition.

22.2.4 Public Areas:

22.2.4.1 Smoking will be prohibited in public areas or where groups of people frequently gather. They include but are not limited to:

22.2.4.1.1 Reception areas;

22.2.4.1.2 Open office areas;

22.2.4.1.3 Elevators;

22.2.4.1.4 Stairwells;

22.2.4.1.5 Restrooms;

22.2.4.1.6 Conference/training rooms

22.2.4.1.7 Corridors;

22.2.4.1.8 Computer room, and others as may be designated.

- 22.2.5 Resolving Conflict:
  - 22.2.5.1 Any employee who is dissatisfied with our smoking policies may file a complaint with the Chief Executive Director without fear of reprisal.
- 22.2.6 Physicians Certification:
  - 22.2.6.1 Should an employee present a written, signed, and dated physician's certification that exposure to smoke causes severe reactions, all reasonable efforts will be taken to accommodate the employee.
- 22.2.7 Patients and Visitors:
  - 22.2.7.1 While this policy applies primarily to our staff, certain smoking restrictions apply to our patients and visitors.
- 22.2.8 Reporting Smoking Violations:
  - 22.2.8.1 It is the responsibility of all personnel to report smoking violations. Violations should be reported as soon as practical.
- 22.2.9 Informing Patients/Visitors of Regulations:
  - 22.2.9.1 Visitors and residents should be politely informed of our smoking policies. If the resident or visitor continues to violate our smoking policies, such action should be reported to the person in charge.
- 22.2.10 Inquiries:
  - 22.2.10.1 Inquiries concerning smoking regulations should be referred to the Head of the Fire and Safety Department.

### **23. SMOKING RESTRICTIONS:**

- 23.1 Policy Statement
  - 23.1.1 Smoking restrictions will be implemented during emergency or disaster situations occurring on our premises.
- 23.2 Policy Interpretation and Implementation:
  - 23.2.1 Emergency Conditions:
    - 23.2.1.1 When a disaster or emergency condition alarm (signal) has been sounded, all smoking privileges shall be suspended until such time an all clear has been announced.
  - 23.2.2 All Clear Signal:
    - 23.2.2.1 This policy shall be inclusive to any and all persons on the premises. An all clear signal will be given by the person in charge after it has been determined that gas leaks, oxygen leaks, or any other flammable gases or matter are not present to cause any additional damage or impair the safety and well-being of all concerned.
  - 23.2.3 Hazardous Areas:
    - 23.2.3.1 Smoking shall be prohibited in any room, storage area, or any other area where oxygen, flammable liquids, materials, or combustible gases are in use or stored.
  - 23.2.4 Identifying Hazardous Areas:
    - 23.2.4.1 All hazardous areas are easily identified by "No Smoking" or hazardous area signs.
  - 23.2.5 Violations:
    - 23.2.5.1 Smoking shall be prohibited in any area bearing such identification without exception. Violators, to include patients and/or visitors, shall be made aware of such restricted areas immediately.
  - 23.2.6 Violators:
    - 23.2.6.1 Once the violator(s) has been made aware of such restrictions, and such violation(s) is repeated, appropriate action shall be implemented. This includes reporting any violations to the Head of the Fire and Safety Department.
  - 23.2.7 No Smoking Signs:
    - 23.2.7.1 No smoking signs are prominently displayed throughout the building where smoking is prohibited.

- 23.2.8 Restricted Smoking Areas:
  - 23.2.8.1 All Areas displaying such signs shall be restricted smoking areas, and all such rules, as they apply, shall be strictly enforced.
- 23.2.9 Removal Signs:
  - 23.2.9.1 No smoking signs shall not be removed from their assigned location or be covered in any manner, unless so authorized in writing, by the Chief Executive Director.
- 23.2.10 Reporting Unmarked Hazardous Areas:
  - 23.2.10.1 Any hazardous area not bearing a "No Smoking Sign" must be reported to the Head of the Fire and Safety Department as soon as it is discovered.

## **24. SOUNDING A FIRE ALARM:**

### **24.1 Communication Procedures:**

- 24.1.1 When the fire alarm is sounded, implement the following procedures:
  - 24.1.1.1 Contact the fire department:
    - 24.1.1.1.1 Even though our alarm system is connected to the fire department, we must make contact to ensure that the alarm sounded at the fire station.
- 24.1.2 Provide the department with the following information:
  - 24.1.2.1 Type of fire;
  - 24.1.2.2 Exact location of fire;
  - 24.1.2.3 Extent of the fire;
  - 24.1.2.4 If evacuation is in process; and
  - 24.1.2.5 Other information as necessary/requested.
- 24.1.3 Keep communication lines open:
  - 24.1.3.1 Do not make any unnecessary calls. Do not answer questions from callers. Simply state that an emergency exists and that all communication lines must be kept clear for emergency use.
- 24.1.4 Relay instructions as issued by the person in charge.
- 24.1.5 Remain calm. Do not panic. Speak in a clear and distinct voice. Follow instructions as issued.

## **25. DISCOVERING A MINOR FIRE:**

- 25.1 Should a minor fire such as a smouldering trash can, etc., be discovered, smother the fire by pouring running water on it. Do not pick the trash can up and run with it. This will only fan the fire and cause it to burn more rapidly. Implement the following safety procedures:
  - 25.1.1 Do not evacuate unless it is necessary.
  - 25.1.2 Be sure that the fire is extinguished. Take any burning articles out and place them in an area where they cannot rekindle or cause any further damage or confusion.
  - 25.1.3 Assure patients or personnel who have smelled the smoke that everything is under control and that the fire has been extinguished.
  - 25.1.4 Report the incident to the person in charge. Tell what happened and that the fire has been extinguished.
  - 25.1.5 Return to the area where the article was taken to ensure that the fire has been extinguished. (Note: The room or area in which the fire was discovered must also be inspected to ensure that it is safe to enter.)
  - 25.1.6 Unless otherwise instructed, announce the code word for fire. Do not use the alarm if the fire is of a minor nature. (Note: Use personal judgement as to whether the fire alarm should be activated.)
  - 25.1.7 Announce the location of the fire at least twice.
  - 25.1.8 Remain calm. Do not panic.
  - 25.1.9 Close all doors and windows in the fire area.
  - 25.1.10 After leaving the room, place a wet blanket under the room entrance door to prevent smoke from entering the rest of the building.

- 25.1.11 Proceed to fight the fire if possible.
- 25.1.12 Once the fire is extinguished, do not return patients to the area. Move them to other available rooms or areas until the fire area can be inspected for damage and/or declared safe for their return.

## **26. DISCOVERING A MAJOR FIRE:**

- 26.1 Should a major fire (one that is out of control) be discovered, or a minor fire that is now out of control, immediately activate the nearest fire pull station.
  - 26.1.1 Evacuate all patients and personnel nearest the danger area first. Work away from the danger area.
  - 26.1.2 Evacuate patients to pre-assigned areas.
  - 26.1.3 Be sure that all patients are accounted for.
  - 26.1.4 Close all doors and windows to rooms as they are evacuated.
  - 26.1.5 Check exits to ensure that they are safe and usable.
  - 26.1.6 Turn on lights on.
  - 26.1.7 Report any missing patients or personnel to the person in-charge immediately. Do not return to the danger once away from it.
  - 26.1.8 Turn off any equipment with blower fans (e.g., heating and cooling systems).
  - 26.1.9 Shut off all necessary electrical equipment.
  - 26.1.10 Do not let anyone return to the area once out.
  - 26.1.11 Remain calm. Do not panic.
  - 26.1.12 Follow all instructions issued.

## **27. FIGHTING THE FIRE:**

- 27.1 **When a fire is discovered, immediately begin fire-fighting procedures:**
  - 27.1.1 Use extinguishers located throughout the facility.
  - 27.1.2 Remember safety comes first. Do not endanger lives.
  - 27.1.3 When using portable fire extinguishers, follow these instructions: (Note: Our office uses only ABC Extinguishers which will work on all types of fires except Magnesium): **P A S S**
    - 27.1.3.1 Hold the extinguisher upright.
    - 27.1.3.2 Pull the ring pin to snap the safety seal.
    - 27.1.3.3 Start back ten (10) feet from the fire.
    - 27.1.3.4 Aim at the base of the fire. Do not start at the top of the fire.
    - 27.1.3.5 Squeeze the lever. Substance will last for 6-10 seconds.
    - 27.1.3.6 Sweep the hose from side to side.
    - 27.1.3.7 Do not attempt to put out an overhead fire. Only firemen shall proceed with this because of the extreme danger involved.
    - 27.1.3.8 Fight the fire until the Fire Department arrives or the fire is no longer controllable.
    - 27.1.3.9 Do not endanger personal safety.

## **28. ARRIVAL OF THE FIRE DEPARTMENT:**

- 28.1 When the fire alarm system is activated, it will automatically sound a fire alarm at the fire department.
- 28.2 Fire department personnel shall assume all fire fighting responsibilities upon their arrival.
- 28.3 Provide as much information as possible or as requested by fire department officials.
- 28.4 Once the fire department has arrived, assume assigned duties.
- 28.5 Remember, do not panic. Remain calm. Safety comes first. Follow all instructions issued. Evacuate those nearest the danger area first. Keep exit ways clear at all times.

## **29. EVACUATION:**

**29.1 Preparing for Evacuation:**

29.1.1 Inspection Exits:

- 29.1.1.1 Do not evacuate until the order has been given unless emergency conditions warrant other actions to be taken.
- 29.1.1.2 Turn all lights on.
- 29.1.1.3 When the fire alarm is sounded, exits must be inspected to ensure that they are safe and passable.
- 29.1.1.4 First check the primary exit route. If it is clear and safe, use this exit if evacuation is ordered.
- 29.1.1.5 Should the inspection reveal that the primary exit is blocked, use the secondary exit as the means of escape.
- 29.1.1.6 Should both exits be blocked, make every effort possible to clear at least one of the exits. Should additional assistance be needed, the person in charge shall immediately deploy such personnel to the area.
- 29.1.1.7 Do not evacuate until the order has been given unless emergency conditions warrant other actions be taken. It may not be necessary to evacuate. It could be more dangerous to evacuate than to remain in an area. Follow all instructions issued.

29.1.2 Order to Evacuate – Ground Level:

- 29.1.2.1 When the order has been given to evacuate, use only those exits that have been declared safe.
- 29.1.2.2 Close doors as they are passed through to slow down the advancing fire.
- 29.1.2.3 Evacuate persons nearest the danger area first.
- 29.1.2.4 Work away from the danger area, if possible, and evacuate all persons to the assembly area designated for that exit, unless otherwise instructed.
- 29.1.2.5 One person must remain at the assembly area to ensure that everyone remains in the area. Do not let anyone return to the building or danger area.
- 29.1.2.6 Should evacuation become necessary before an exit has been cleared, that is, if both the primary and secondary exits are blocked, go to the furthest room from the danger area. Close the door to the room. Take an object and break the window. Remove the glass from the window. Place a blanket, coat, etc., over the window sill to prevent cuts. Use the window as an escape route.
- 29.1.2.7 All patients/personnel shall be counted upon arrival at the assembly area.
- 29.1.2.8 Report any missing patient/person, by name, to the person in charge immediately.

29.1.3 Order to Evacuate – Multiple Levels:

- 29.1.3.1 Follow evacuation procedures outlined.
- 29.1.3.2 Establish the primary and secondary evacuation route as the means for escape.
- 29.1.3.3 If not instructed otherwise, proceed down the stairwell. If the stairwell is blocked, go up.
- 29.1.3.4 Should both stairway exits be blocked, go up to the next floor. Be sure all doors are closed as they are passed through.
- 29.1.3.5 Should exit ways be blocked, go to the furthest room away from the danger area. Close the door to the room. If necessary, break out a window. Remove all glass from the window. Place a blanket, coat, etc., over the window sill to prevent cuts.
- 29.1.3.6 Do not attempt to use the window as an exit at this point. Call for assistance and await their arrival. Serious injury or death could result from the jump.
- 29.1.3.7 Do not use elevators. They can become instant death traps should they fail to operate.
- 29.1.3.8 Use exits as they are assigned. Do not alter your exit route unless absolutely necessary.
- 29.1.3.9 Once evacuation is made, use the assembly area designated for that exit unless otherwise instructed.
- 29.1.3.10 Once out, do not return. Stay with the group unless otherwise instructed.

**29.2 Safety Precautions During Evacuation:**

- 29.2.1 When travelling through smoke, keep low. Smoke and heat rise. Crawl along the floor if necessary, but remain low
- 29.2.2 Do not run or allow anyone to run in smoke filled areas
- 29.2.3 When going through smoke, cover the face from the nose down.
- 29.2.4 Do not touch anything. Watch for falling debris, wires, etc.
- 29.2.5 Do not open a door into an area where a suspected fire might be, even if the door is not warm. Do the following before opening the door. Should a fire be on the other side, this test will aid you in closing the door instead of letting the fire blast through:
  - 29.2.5.1 Brace your shoulder against the door.
  - 29.2.5.2 Brace your foot against the base of the door.
  - 29.2.5.3 Place one hand on the doorknob.
  - 29.2.5.4 Place one hand along the door opening about head level.
  - 29.2.5.5 Open the door slowly.
  - 29.2.5.6 Be sure that the face is turned away from the door opening.
  - 29.2.5.7 If smoke seeps through, close the door immediately.
  - 29.2.5.8 Place a blanket, coat, etc., under the door to prevent smoke from entering the room.
- 29.2.6 If safe, proceed to evacuate. Be sure that all doors are tested in this manner. Should the door be opened, and fire is present, the air from the room could cause the room to explode.
- 29.2.7 Choose the safest way out.
- 29.2.8 Be sure all doors and windows are closed as they are passed through.
- 29.2.9 Once out, do not let anyone return.
- 29.2.10 Remain calm. Do not panic. Follow all instructions issued.

**29.3 Exit/assembly Areas:**

- 29.3.1 Exit routes and assembly areas have been pre-assigned to each section of the building.
- 29.3.2 A primary and secondary area has been established and must be used as instructed.

**29.4 Emergency Medical Treatment:**

- 29.4.1 Once evacuation has been made, check patients and personnel for any injuries.
- 29.4.2 Should injuries exist, take the injured persons to designated areas as instructed.
- 29.4.3 Only emergency first aid treatment that can be adequately provided by the hospital while in evacuation mode will be administered. Those injuries requiring treatment beyond the present capabilities shall be transferred to a facility that is capable of treating such injuries.

**29.5 Missing Persons:**

- 29.5.1 Once evacuation has been made to an assembly area, a head count should be made to ensure that all residents and personnel are accounted for.
- 29.5.2 Should anyone be missing, report it to the person in charge immediately.
- 29.5.3 Do not return to look for missing persons. Special teams will be assigned to this task.

**30. BOMB THREAT PLAN – OPERATIONAL PROCEDURES:**

**30.1 Receipt of Bomb Threat - Telephone communication:**

- 30.1.1 Should a bomb threat be received by telephone, the person taking the call shall immediately institute the following procedures:
  - 30.1.1.1 Remain calm. Do not panic.
  - 30.1.1.2 Keep the caller on the line as long as possible.
  - 30.1.1.3 Record, as near as possible, every word spoken by the person calling. (See "Record of Bomb Threats: report form located in the recordkeeping chapter of this manual.)
  - 30.1.1.4 If the caller does not give the location of the bomb, or when it is set to detonate, ask the caller to give you this information.
  - 30.1.1.5 Tell the caller that the building is occupied and serious injury or death could result if this information is not obtained.

- 30.1.1.6 Listen for any strange or unusual background noises such as music playing, motors running, traffic sounds, etc., which might be helpful in providing clues to determine from where the call was made.
- 30.1.1.7 Determine whether the voice is male or female, familiar or unfamiliar, and listen for any accents, speech impairments, nervousness, etc.
- 30.1.1.8 Record as much information as you possibly can. You may not be able to get everything, but do get all you can.
- 30.1.1.9 Remember, remain calm. Do not panic. Panic will cause confusion.
- 30.1.2 Immediately after the caller hangs up, contact the Police Department and relay as much information as possible. ( AFTER INFORMING ADMINISTRATION)
- 30.1.3 Once the police department has been notified, contact the person in charge at the time, and relay to him/her all information received and that the Police Department has been notified.
- 30.2 **Receipt of Bomb Threat - Other Communication or Sources:**
  - 30.2.1 Whenever a Bomb Threat is received by means other than telephone communication, the person receiving the information shall immediately contact the Police Department and relay to them as much information as possible.
  - 30.2.2 Once the Police Department has been notified, contact the person in charge at the time and relay all such information to him/her.
  - 30.2.3 As much information as can be ascertained from the bomb threat shall be recorded on the appropriate forms.
  - 30.2.4 All information pertaining to the bomb threat shall be provided to the authorities when they arrive on the scene.
  - 30.2.5 All threats shall be treated as an actual bomb placement within the building and proper procedures shall be implemented immediately.
- 30.3 **Evacuation Procedures:**
  - 30.3.1 The person in charge at the time shall make the determination whether or not to evacuate the premises when a bomb threat is received.
  - 30.3.2 The decision not to evacuate the premises shall be determined by the advice received from local law enforcement agencies having jurisdiction over such matters. Their input shall be given a great deal of consideration when the decision to evacuate or not becomes necessary.
  - 30.3.3 When the decision has been made to evacuate the premises, Exit Routes to be used, shall first be inspected and declared safe for evacuation. This must be completed prior to ordering evacuation. (Evacuation shall be conducted in accordance with the Fire Safety Plan.)
  - 30.3.4 When evacuation has been ordered only those exits declared safe shall be used.
  - 30.3.5 Assigned personnel, or as may be assigned, shall be responsible for assuring that exit routes are safe.
  - 30.3.6 Evacuation procedures must be conducted in an orderly manner to ensure the safety and well-being of all those on the premises.
  - 30.3.7 During evacuation procedures, if possible, leave all windows and doors open. This will minimize damage in the event an explosion occurs.
  - 30.3.8 Once evacuation is ordered all persons shall assemble in their designated assembly areas.
  - 30.3.9 Once persons have assembled, no one is to return to the building, for any reason, until an "ALL CLEAR" has been given by authorities conducting the search.
- 30.4 **Alarm Signals:**
  - 30.4.1 Code Alarm:
    - 30.4.1.1 In order to reduce panic or confusion, this facility has instituted a Code for Bomb Threats and shall be used solely for that purpose.
    - 30.4.1.2 The Code for Bomb Threats shall be announced over the intercom, or by word of mouth, throughout the entire building.
    - 30.4.1.3 The Code word for Bomb Threats shall be "Code Black".
  - 30.4.2 Sounding the Alarm – Receipt of Bomb Threats:
    - 30.4.2.1 When a Bomb Threat is received, the person in charge, or his/her designee, shall announce the Code Alarm.

- 30.4.2.2 When the code alarm "Code Black" is announced, all personnel shall immediately prepare for evacuation. However, do not evacuate. Only prepare for evacuation. Remember, all exits must be inspected prior to evacuation.
- 30.4.3 Sounding the Alarm – Evacuation of Premises:
  - 30.4.3.1 When evacuation is ordered, you must evacuate only through those exits declared safe.
  - 30.4.3.2 The person in charge shall have the responsibility of assuring that all persons have been evacuated from the premises prior to leaving the building.
- 30.5 **Assembly Areas:**
  - 30.5.1 Assembly areas are designated on the floor plans posted throughout the facility and on all bulletin boards.
  - 30.5.2 Each exit has an assembly area respective to its exit and must be used, unless otherwise instructed or as may become necessary.
- 30.6 **Floor Plans:**
  - 30.6.1 A floor plan of this building has been designed to show the general layout of all functions of this facility.
  - 30.6.2 The floor plan indicates all exits, storage rooms, boiler rooms, maintenance and work areas, hazardous areas, restrooms, lounges, office areas, and assembly areas.
  - 30.6.3 A copy of our floor plan has been provided to the local authorities having jurisdiction over such matters so that expedient searches can be made when necessary.
  - 30.6.4 All personnel shall be required to familiarize themselves with our floor plan and shall be required to undergo an orientation program of this plan.
  - 30.6.5 Floor plans are posted so that all persons may have the opportunity to review such plans from time to time.
- 30.7 **Availability of Keys:**
  - 30.7.1 The administrator, or person in charge, shall make available to search parties all keys to locked rooms being searched.
  - 30.7.2 The administrator, or person in charge, may assist search commanders during the search so that his/her knowledge of the keys and floor area can be used to expedite the search.
- 30.8 **Chain of Command:**
  - 30.8.1 The chain of command shall be followed by all personnel during bomb threat procedures.
  - 30.8.2 The administrator, or person in charge at the time a bomb threat is received, shall remain in charge until someone higher in the chain of command arrives and relieves him/her or until the local authorities arrive and take command of the situation.
- 30.9 **Law Enforcement Responsibility:**
  - 30.9.1 Immediately upon arriving at the scene, the person in charge shall relinquish all authority to the search commander and provide any assistance or information needed.
  - 30.9.2 The local law enforcement agency, having jurisdiction over such matters, shall be responsible for the orderly search of the building and investigation of bomb threats received.
- 30.10 **Locating Suspicious Objects:**
  - 30.10.1 When a suspicious object located, do not move, jar or touch the object or anything attached to it. Leave it exactly the way you found it.
  - 30.10.2 Immediately upon discovering a suspicious object, notify the search team leader and follow the instructions.
  - 30.10.3 Once the search commander or search team leader has arrived at your location, the decision shall be made as to whether or not to continue searching for the other objects.
  - 30.10.4 If the decision is to continue searching, the area in which the object is located shall be roped off, if the object has not been removed, only authorized law enforcement officials shall remain or have access to the area.
  - 30.10.5 Remember, follow the instructions of the search commander or search team leader. Do not attempt to do anything else.

**30.11 30.11 Removal of suspicious Objects:**

- 30.11.1 Once the search is completed, or has been terminated by the search commander, all employees participating in the search shall leave the premises, unless otherwise instructed by the search commander, and return to the assembly areas designated during the evacuation process.
- 30.11.2 Only authorized law enforcement officials shall remain in the building during the removal of the suspicious object(s) and such agencies shall direct the removal as quickly as possible.
- 30.11.3 A pre-selected area, designated for removing the object(s) found, shall be designated, by the search commander, prior to the removal of such object(s). This area shall be away from designated assembly areas, as many buildings as possible and shall be kept clear of all unauthorized personnel at all times.

**30.12 Notification of Area Hospitals:**

- 30.12.1 When a Bomb Threat received, the person in charge, or his/her designee, shall notify area hospitals that a Bomb Threat has been received by the facility and a possibility of injuries exists.
- 30.12.2 The person making such calls shall relay only that information and shall not answer any questions related to the Bomb Threat at all.
- 30.12.3 When an "ALL CLEAR" has been given to re-enter the building, the person in charge, or his/her designee, shall notify area hospitals that the alert has been cancelled and that no injuries exist.

**30.13 All Clear Signals:**

- 30.13.1 After the search has been completed, and/or the suspicious object(s) have been removed, an "ALL CLEAR" shall be announced by the search commander.
- 30.13.2 No person(s) shall be allowed to re-enter the building, for any reason, until an "ALL CLEAR" signal has been issued.

**30.14 Telephone Procedures:**

- 30.14.1 The person answering the telephone shall not give out any information, unless so authorized, concerning the Bomb Threat to any caller. Simply state, "I'm sorry; I'm not authorized to release that information." If such calls persist, refer the caller to the administrator or person in charge.
- 30.14.2 Telephone lines must remain open so that emergency information can be relayed without unnecessary delays.

**30.15 Publicity:**

- 30.15.1 Publicity shall be avoided as much as possible, for this only generates a tendency to create additional threats.
- 30.15.2 Only the administrator, or his/her designee, shall answer questions concerning this matter and only to those persons with a need-to know basis.

**31. FIRE DISASTER PROTOCOLS:**

**31.1 The fire response plan is summarized by the acronym **RACE**:**

- 31.1.1 **Rescue:**
  - 31.1.1.1 Rescue patient visitors and staff from the immediate area of smoke and/or fire.
  - 31.1.1.2 Make people aware that there is a fire alarm activation or actual fire within the building.
- 31.1.2 **Alarm:**
  - 31.1.2.1 Activate the nearest fire alarm and contact switchboard.
  - 31.1.2.2 Give your name, location of (e.g., fire, medical, hazardous chemical spill) you are reporting.
- 31.1.3 **Contain:**
  - 31.1.3.1 Turn off all sources of ignition (e.g., stoves, hot plates and Bunsen burners [Lab]).
  - 31.1.3.2 Close all doors to rooms and corridors.
- 31.1.4 **Extinguish:**

- 31.1.4.1 Extinguish the fire using the appropriate fire extinguisher for the type of fire being fought. Check the label on the extinguisher for identification of the classification for which that extinguisher is approved.
- 31.1.4.2 **Note:** If you are not comfortable with the process of extinguishing a fire, leave the area immediately and close all doors.
- 31.1.4.3 When operating the fire extinguisher, follow the acronym **PASS**.
  - 31.1.4.3.1 Pull the pin.
  - 31.1.4.3.2 Aim the extinguisher nozzle (horn or hose) at the base of the fire.
  - 31.1.4.3.3 Squeeze or press the handle to release the extinguishing agent.
  - 31.1.4.3.4 Sweep the extinguisher from side to side at the base of the fire.

31.2 **Relocate:**

- 31.2.1 Relocate to a safe area outside and away from the building.
- 31.2.2 Do not use elevators within the building as a means of egress during a fire alarm activation or actual fire.
- 31.2.3 Once outside, someone in a supervisory capacity needs to take roll call to ensure that all staff and students are out of the building.
- 31.2.4 If staff or patients are unaccounted for, immediately notify a representative from the Fire Department, Police Department, or Person in Charge – Fire and Safety Dept.
- 31.2.5 Do not re-enter the building/department until instructed do so by the Fire and Safety Officer.

## 32. GENERAL SAFETY PRECAUTIONS:

- 32.1 Remove, cut off or hammer all protruding nails and slivers when unpacking boxes, supplies, etc.
- 32.2 Do not cut metal straps or wire from packages in areas where a passer-by can be hit by flying straps.
- 32.3 When carrying items, approach corners with caution.
- 32.4 When carrying items down stairwells, do not obstruct vision. Make more trips rather than carrying an overload.
- 32.5 Handle drums with caution. Use gloves or mittens to protect fingers and hands.
- 32.6 Use proper tools for the job.
- 32.7 Do not use equipment that is not safe.
- 32.8 Place heavy objects on the bottom of the load.
- 32.9 Do not leave equipment or supplies in passageways or exits.
- 32.10 Do not use benches, tables, chairs, boxes, etc., as step ladders.
- 32.11 Keep floors dry of spills. Clean up spills immediately.
- 32.12 Do not leave works unattended where supplies or equipment are being used.
- 32.13 Do not place items where they will protrude into a room or hallway.
- 32.14 Keep cords from crossing hallways or rooms.
- 32.15 Use only equipment for which training for use has been provided.
- 32.16 When cleaning/washing floors, leave a dry area for persons to walk on safely.
- 32.17 Place caution signs in work area.
- 32.18 Do not leave a wet floor area unattended. Stay until it is dry or safe to use.
- 32.19 Use gloves when working with steel wool.
- 32.20 Follow manufacturer's directions when using chemicals, equipment, and other supplies.
- 32.21 Report all unsafe acts or conditions as soon as practical.
- 32.22 Pick up debris from the floor. Wipe up spills as soon as practical.
- 32.23 Report all injuries no matter how minor they may be.
- 32.24 Do not run in the building.
- 32.25 Do not engage in the horseplay or practical jokes.
- 32.26 Jumping from an elevated position such as from a table, bench, chair, platform, etc., may result in serious injury. Don't do it!
- 32.27 If a load is moved above a work station being used, move to one side until it has passed. Do not stand directly underneath the load.
- 32.28 Learn the right way to do the job. If unsure about a task, ask for instructions.

- 32.29 Obey warning tags and signs.
- 32.30 Know where all exits, medical, fire, and emergency equipment are located.
- 32.31 Turn off all machinery when not in use or when the machinery must be left unattended.
- 32.32 Wash hands whenever a job is finished, before eating, after going to the toilet, after using chemicals, etc.
- 32.33 Use a broom and dustpan when cleaning up broken glass. Never use bare hands.

### **33. FIRE SAFETY PRECAUTION:**

#### **33.1 General Safety Rules:**

- 33.1.1 All frayed or worn electrical cords must be replaced immediately.
- 33.1.2 Electrical cords may not be run under carpet, rugs, over doors, etc.
- 33.1.3 Only UL-approved electrical extension cords shall be used to operate office equipment in administrative office areas.
- 33.1.4 Fuses must be of right amperage or wattage.
- 33.1.5 Circuits should not be overloaded.
- 33.1.6 Gasoline, benzene, etc., shall not be used inside. (Fumes will ignite from any spark.)
- 33.1.7 Paints, thinners, and other flammable liquids must be stored in separate areas away from resident care or treatment areas.
- 33.1.8 Flammable liquids must be stored in a locked metal cabinet.
- 33.1.9 Gasoline shall not be stored in the facility.
- 33.1.10 Rags soaked in oil, gasoline, etc., shall be placed in metal containers with self-closing cover devices and stored outside.
- 33.1.11 Chemicals, cleaners, etc., shall be stored as instructed on the containers.
- 33.1.12 All storage rooms shall be kept clean at all times, and only items permitted shall be stored.
- 33.1.13 All storage rooms must be properly ventilated.
- 33.1.14 Do not let trash accumulate.
- 33.1.15 Do not allow accumulation of papers, boxes, cloths, etc., in storage rooms.
- 33.1.16 Do not use open flame devices during or after a disaster. (Building must be inspected and cleared for possible gas leaks.)
- 33.1.17 Never go back inside a burning or damaged building until an all-clear has been given.
- 33.1.18 Never strike a match in a closed area (closets, etc.).
- 33.1.19 Do not position television sets where they cannot receive proper ventilation (i.e., bookshelves, etc.).
- 33.1.20 Attics and crawl spaces may not be used as storage areas.
- 33.1.21 Stay clear of fallen electrical wires.
- 33.1.22 Never touch an electrical appliance when standing in water or otherwise wet.
- 33.1.23 Do not use defective equipment.
- 33.1.24 Use the proper equipment for job assignments.
- 33.1.25 Keep filters on heating systems, dryers, etc., free of lint.
- 33.1.26 Be sure heating/cooling system is checked, by authorized persons, before turning on such equipment.
- 33.1.27 All boilers, hot water heaters, etc., must have automatic pressure relief valves.
- 33.1.28 Keep exit ways clear at all times.
- 33.1.29 Do not run in smoke-filled rooms.
- 33.1.30 Keep low when going through smoke.
- 33.1.31 Do not open doors during evacuation until proper procedures are completed.
- 33.1.32 Smoke only in designated areas.
- 33.1.33 Do not put cigarettes in trash cans.
- 33.1.34 Use fire-retardant paints in the office/facility.
- 33.1.35 Be sure fire extinguishers are in designated locations.
- 33.1.36 Be sure proper fire extinguisher is available.
- 33.1.37 Report all hazardous conditions and safety violations.

**33.2 Oxygen General Safety Rules:**

- 33.2.1 Oxygen cylinders must be stored in racks with chains, sturdy portable carts, or approved stands.
- 33.2.2 All oxygen cylinders must be tagged or properly labelled to indicate the contents of the cylinders (i.e., full, half-full, empty, etc.).
- 33.2.3 Tools used for oxygen equipment shall be kept free of grease, oil, etc.
- 33.2.4 Smoking, open flames, and spark-producing devices shall be prohibited in oxygen storage areas or in areas where oxygen is being administered.
- 33.2.5 No Smoking signs shall be visible where oxygen is stored or being administered.
- 33.2.6 Oxygen cylinders in use shall be on approved carts or stands.
- 33.2.7 Oxygen cylinders not attached to therapeutic equipment shall have the protective valve caps firmly attached.
- 33.2.8 Oxygen cylinders shall not be dragged or slid across floors.
- 33.2.9 Oxygen cylinders should never be left free-standing.
- 33.2.10 Avoid cross-treading or forcing cylinder regulators.
- 33.2.11 Turn off oxygen cylinders when not in use.
- 33.2.12 Oxygen cylinders shall not be stored with combustible gases or other flammable materials.

**33.3 Oxygen in Use:**

- 33.3.1 No Smoking signs shall be prominently displayed on oxygen cylinders in use at all times.
- 33.3.2 No Smoking rules shall be strictly enforced while oxygen is in use or in oxygen storage areas.
- 33.3.3 Only approved electrical devices such as telephones, call systems, battery-powered flashlights, radios, etc., shall be used in areas where oxygen is in use.
- 33.3.4 Any plug-in device shall be plugged into outlets located away from the site of oxygen administration before the oxygen is started.
- 33.3.5 Oxygen supply shall be turned off before any plug-in device is unplugged.
- 33.3.6 Lotions, oils, alcohol or other flammable compounds shall be strictly prohibited from use on residents during oxygen use. All such materials must be removed from the area before the oxygen is started.
- 33.3.7 All gauges and cylinders shall be inspected before oxygen is turned on to assure that cylinders are in proper working order and are properly fitted.
- 33.3.8 Report all violations immediately.

**34. SAFETY AND PRECAUTIONS:**

**34.1 Electrical Safety:**

- 34.1.1 Dry hands before using an electrical device.
- 34.1.2 Do not use electrical devices while standing on a wet floor.
- 34.1.3 Pull electrical cords out by the plug. Never yank the cord.
- 34.1.4 Do not use any electrical device that has shocked anyone – no matter how mild the shock.
- 34.1.5 Report any plug that is broken, bent, or loose.
- 34.1.6 Report switches that are loose or do not snap into proper position.
- 34.1.7 Report all worn, cut, frayed, spliced, exposed, or burned power cords.
- 34.1.8 Unplug any electrical device that by smell or touch appears to be overheating.
- 34.1.9 Do not use any electrical device that has been dropped or abused, or if liquid has spilled into it. Wait until it has been checked and declared safe for use.
- 34.1.10 Report control knobs that are loose or do not turn smoothly.
- 34.1.11 Report loose wall receptacles.
- 34.1.12 Do not use electrical appliances where oxygen is being administered or stored.
- 34.1.13 Use only receptacles that are properly grounded (three-wire type).
- 34.1.14 Do not overload circuits. Use only UL-approved adapters.
- 34.1.15 Do not leave electrical areas open and unattended. Make sure hazardous areas are properly labelled.
- 34.1.16 Keep boiler and electrical areas free from accumulated trash.
- 34.1.17 Do not remove the ground plug from electrical cords.

- 34.1.18 Report any and all unsafe electrical hazards immediately.
- 34.1.19 Tag all defective equipment, outlets, electrical cords, etc., so others will not use it.
- 34.1.20 Turn off and unplug machinery before cleaning, clearing jams, or making repairs.

**34.2 Hand Tools:**

- 34.2.1 Use the right size wrench for the job.
- 34.2.2 Never use a shim to make a wrench fit a nut.
- 34.2.3 Be sure that a wrench is in good condition before using.
- 34.2.4 Never use a wrench as a hammer.
- 34.2.5 Be sure footing is secure before pulling on a wrench.
- 34.2.6 Never use a pipe extension on a wrench.
- 34.2.7 Never use a screwdriver that has a split handle.
- 34.2.8 Be sure screwdrivers are in good condition to prevent slipping and injuring knuckles or hands.
- 34.2.9 Use insulated screwdrivers for electrical work.
- 34.2.10 When working with or around flammable or explosive fluids, use non-sparking tools.
- 34.2.11 Place a warning tag on the closed valve of a steam or a hot water pipe line so that it will not be opened while working on it.
- 34.2.12 Never use equipment for which training for use has not been provided.

**34.3 Stepladders:**

- 34.3.1 Always inspect a ladder before using to make it is safe.
- 34.3.2 Red tag any ladder that is unsafe so others will not use it.
- 34.3.3 Place ladders on a firm base and level.
- 34.3.4 Use ladders so that the work can be performed without leaning and stretching. Move the ladder as necessary.
- 34.3.5 Be sure that step ladders are fully spread and locked before using.
- 34.3.6 Do not use a stepladder that wobbles.
- 34.3.7 Do not exceed two steps from the top of a ladder. Never stand on top of a stepladder.
- 34.3.8 Remove all tools from the ladder before descending. Never leave tools on a ladder.
- 34.3.9 Place ladders in doorways with caution. Make sure that someone guards the door.
- 34.3.10 Always look up when climbing ladders to keep from striking the head on objects.
- 34.3.11 Face the ladder when ascending or descending. Hold on with both hands.
- 34.3.12 Never place a metal ladder near electrical wires.
- 34.3.13 Never climb a ladder that is occupied by someone else.
- 34.3.14 Be sure shoes and rungs are free of mud or grease before climbing the ladder.
- 34.3.15 Never use a ladder that is too short to accomplish the job.
- 34.3.16 Never use benches, boxes, chairs, tables, etc., as ladders.

**34.4 Lifting:**

- 34.4.1 Never lift a heavy object until having an idea of how heavy it is.
- 34.4.2 Inspect materials for slivers, jagged edges, protruding nails, rough or slippery surfaces, etc., before lifting the object.
- 34.4.3 Be sure hands are free of greasy substances before lifting an object.
- 34.4.4 Grip objects with the palm of hands, not just with fingers.
- 34.4.5 Keep fingers away from pinch points.
- 34.4.6 Wear glasses if necessary.
- 34.4.7 Be sure to have good footing. Spread feet naturally and comfortably before lifting any object.
- 34.4.8 Bend at the knees. Grasp the weight. Squat instead of stooping when lifting any objects.
- 34.4.9 Keep the center of the object close to the body. Get a firm hold. Move with smooth, steady motions, avoid sudden jerks.
- 34.4.10 Keep the arms and back as straight as possible. Never try to lift a position where the spine is twisted.
- 34.4.11 Lift gradually by straightening the legs.
- 34.4.12 If the weight is too heavy or bulky for one person to lift, seek for assistance. Do not try to lift it alone.
- 34.4.13 When working in unison, work on the count of "1,2,3, go".
- 34.4.14 Be sure to have room to move freely. Do not hurry the procedure.

- 34.4.15 To set the load down, bend the knees using leg and back muscles. When the load is securely positioned, release it.
- 34.4.16 Report equipment that is in need of repairing and/or replacement as soon as practical.

**34.5 Lockout/tag out safety checklist:**

- 34.5.1 Inform all affected employees of the equipment lockout.
- 34.5.2 Stop the equipment by the usual method (e.g., turn off switch).
- 34.5.3 Once the machine is turned off, the main power switches, circuits, etc., should be turned off.
- 34.5.4 Locks should be placed on the power switches.
- 34.5.5 Lockout/tag out warning signs should be affixed to each source that controls power to that piece of equipment.
- 34.5.6 Test the equipment to be sure that it does not start up.
- 34.5.7 Only one person should be designated to remove lockout/tag-out signs when the equipment has been repaired.
- 34.5.8 Inform employees when the equipment is back in service.

**34.6 Paint Safety Checklist:**

- 34.6.1 Checklist label and MSDS for hazard and protective information before using product.
- 34.6.2 Report any missing, incomplete, or illegible label.
- 34.6.3 Don't use paint from an unlabelled container.
- 34.6.4 Use paint only in well-ventilated areas.
- 34.6.5 Check to make sure ventilation is working properly before starting the job.
- 34.6.6 Paint only in well-ventilated areas.
- 34.6.7 Remove clothing used during painting from premises overnight unless left in metal locker.
- 34.6.8 Keep open paint containers away from heat and ignition sources.
- 34.6.9 Check MSDS for paint reactivity to avoid mixing with substance that could create dangerous reaction.
- 34.6.10 Don't smoke in areas where paint is used or stored.
- 34.6.11 Keep paint containers closed and tightly sealed when not in use.
- 34.6.12 Store paint in fireproof containers and/or cabinets in areas where the temperature doesn't get too hot.
- 34.6.13 Check paint containers regularly and report leaks immediately.
- 34.6.14 Dispose of any paint containers promptly and properly.
- 34.6.15 Dispose of combustible rags in proper, closed containers that are emptied daily.
- 34.6.16 Clean up all paint leaks and spills immediately and properly.
- 34.6.17 Wear recommended clothing that fully covers the skin.
- 34.6.18 Wear gloves recommended for protecting against specific ingredients.
- 34.6.19 Wear eye and face protection.
- 34.6.20 Wear respirators when painting in a closed area.
- 34.6.21 Use protective skin creams when appropriate.
- 34.6.22 Move into fresh air if you have inhalation-related overexposure symptoms.
- 34.6.23 Wash skin thoroughly with soap and water if you have rashes or other exposure symptoms.
- 34.6.24 Use water-based rather than oil-based paint whenever possible.
- 34.6.25 Remove paint from skin promptly with soap and water or according to manufacturer's instructions.
- 34.6.26 Don't use solvents or thinners to remove paint from skin.
- 34.6.27 Remove and dispose contaminated protective clothing according to company policies.
- 34.6.28 Flush eyes with warm water for at least 13 minutes after eye contact and get immediate medical attention.

## **35. APPLICATION:**

- 35.1 This policy applies to all Hospital Personnel working at the maintenance department.

## **36. PURPOSE:**

- 36.1 The purpose of the Fire and Safety Program at the MCH is to:
  - 36.1.1 Provide a safe environment in which patients may receive treatment, employees may work and others may visit;
  - 36.1.2 Prevent personal injury, property damage and reduce medical costs by:
    - 36.1.2.1 Promoting and maintaining an effective method of hazard control.
- 36.2 The program will be carried out by the Safety Committee.
- 36.3 The purpose of the Fire & Safety Program will be achieved by:
  - 36.1.1 Establishing and enforcing fire and safety policies and guidelines.
  - 36.1.2 Maintaining a safe working environment.
  - 36.1.3 Educating and training employees in safety practices.
  - 36.1.4 Establishing and performing fire, disaster and evacuation plan drills.
  - 36.1.5 Conducting regularly scheduled maintenance of equipment and safety inspections of the premises.
  - 36.1.6 Promoting safety.
  - 36.1.7 Complying with all applicable safety laws, standards, codes and regulations including the Fire and Safety Program established by the Royal Commission and the Ministry of Health's Policy and Procedure.

## **37. POLICY:**

- 37.1 Each supervisor is responsible for their own area, stores will be kept clean and tidy at all time, maintaining stock locations and ensuring stock rotation is practiced.

## **38. GENERAL PROCEDURE:**

- 38.1 All materials shall be in accordance with approved standards, international industrial standards, health related institutional recommendations, and approved procedures recognised by the Ministry of Health KSA. In respect to Flammable and Combustible liquids/solids, strict compliance with NFPA 30 CODE and NFPA 56C.
- 38.2 Disposal of all hazardous materials will be in accordance with the Ministry of Health's Safety regulations and recommendations.

## **39. INSTALLATION OF EQUIPMENT:**

- 39.1 Equipment, e.g. Cylinders; must be performed by engineering qualified personnel, (Facility/Bio-Medical Engineering). All hazardous materials and/or equipment must be labelled with appropriate hazard warnings. SAFETY MEASURES MUST BE OBSERVED AT ALL TIMES: e.g. wearing of safety goggles, clothes, shoes, gloves, aprons etc., in the handling of hazardous equipment/materials.

## **40. EMERGENCY SITUATIONS:**

- 40.1 In the event of any emergency situation e.g., contact with acids, damage occurrence, and exposure to fumes. All incidents must be reported immediately to the Head of the Fire & Safety Dept. and the Material Management Dept.
- 40.2 Personal Injuries: Must be treated immediately and reported to the Head of the Fire & Safety Dept. and the Material Management Dept. without delay.

## **41. FLAMMABLE AND COMBUSTIBLE LIQUIDS:**

- 41.1 All flammable liquids shall be stored in compliance with NFPA 30. Flammable and Combustible Liquids Code, and handled in accordance with NFPA 56C, Laboratories in Health Related Institutions code.

41.2 Disposal of flammable materials will be in accordance with Royal Commission and Ministry of Health Safety Regulations.

41.3 **Xylene:**

- 41.3.1 Used in tissue processing, it contains several potential safety hazards. If ingested by the person using it. Xylene is highly toxic and can cause death. Xylene is an irritant to the skin, causing dryness, cracking, blistering or dermatitis.
- 41.3.2 When inhaled at high concentrations, acute signs may include flushing and reddening of the face, and increased body heat.
- 41.3.3 Xylene is also highly flammable. IMMEDIATE MEDICAL ATTENTION in all instances of exposure must be requested.
- 41.3.4 It must be kept covered when not in use and any spillage immediately washed clean. Gloves, apron and goggles must be worn when handled.

41.4 **Formalin:**

- 41.4.1 It must be stored in a flame retardant storage cabinet. Safety clothing must be worn at all times when handling formalin. It must be kept covered when not in use and any spillage immediately washed clean. In the event of spillage, use absorbent materials and dispose of.

41.5 **Acids:**

- 41.5.1 Acids are to be stored in accordance with approved safety standards, and labelled appropriately.
- 41.5.2 Protective clothing must be worn at all times when handling acids.
- 41.5.3 Catchment trays are to be placed under stored acids. NEVER USE WATER for clearing spillage, only absorbent materials, and dispose of in accordance with safety instructions.
- 41.5.4 **Sulphuric Acid:**
  - 41.5.4.1 Should be stored separately in an approved safety storage cabinet, located in a cool, well-ventilated area, and protected from direct sunlight. A supply of sand should be readily located to clear up any spillage.
- 41.5.5 **Hydrochloric Acid:**
  - 41.5.5.1 Shall be stored as per Sulphuric Acid in ( See paragraph 48.5.4.1)
- 41.5.6 **Ethylene Oxide:**
  - 41.5.6.1 Shall be stored in a well-ventilated area; at a temperature less than 85 F and clearly labelled "Flammable" and "Ethylene Oxide".
  - 41.5.6.2 Handling shall be by qualified Engineering personnel only who should wear goggles, gloves and aprons.  
Note: Ethylene Oxide is extremely hazardous if not handled correctly.
  - 41.5.6.3 Exposure to vapour causes damage; symptoms include: headache, dizziness, cough, difficulty breathing, nausea, CNS depression and pulmonary edema. Contact with the liquid can cause burning. In the event of suspected leakage; evacuate area, IMMEDIATELY call 'Fire' - and then inform the Director of Engineering.
  - 41.5.6.4 Disposal is by land-fill only - An air analysis should be conducted every three months minimum, of the storage area, by Bio-Medical Engineers, a record maintained in the warehouse.

## 42. NON-HAZARDOUS STORAGE:

42.1 All materials shall be stored by category; Bin Stock Cards shall be maintained. Storage areas must be kept clean and tidy at all times, and proper maintenance of stocks usage circulation, e.g. issue of old stocks first, utilize a colour system if necessary.

42.2 First Aid and safety equipment must be readily available at all times.

42.3 Fire extinguishing equipment and materials as appropriate must be readily available at all times.

42.4 **Application:**

- 42.4.1 All materials shall be stored by category; Bin Stock Cards shall be maintained. Storage areas must be kept clean and tidy at all times, and proper maintenance of stocks usage circulation, e.g. issue of old stocks first, utilize a colour system if necessary.

- 42.4.2 First Aid and safety equipment must be readily available at all times.
- 42.4.3 Fire extinguishing equipment and materials as appropriate must be readily available at all times.
- 42.5 **Purpose:**
  - 42.5.1 To ensure that there are mechanisms for the safe disposal of acids that ensure that the staff, patients and members of the public are not placed in any danger due to careless handling/disposal of acids.
- 42.6 **Policy:**
  - 42.6.1 Acids shall be stored in accordance with approved Safety Standards and labelled accordingly.
  - 42.6.2 Protective clothing shall always be worn when workers are handling acids and acid shall be disposed of using approved procedures in accordance with the Royal Commission and the Ministry of Health Safety Policy and Procedures.

### **43. SULPHURIC ACID PROCEDURES:**

- 43.1 **Sulphuric Acid:**
  - 43.1.1 Is a clear, colourless, non-flammable, oily liquid with no odour. Although sulphuric acid is non-flammable, it is hazardous when diluted with water and can mix with metals to liberate flammable hydrogen gas.
  - 43.1.2 **DO NOT ADD WATER TO ACID.** Water added to acid can cause boiling uncontrolled splashing of acid.
- 43.2 **Sulphuric Acid Storage:**
  - 43.2.1 All acids shall be stored in an approved safety cabinet which is labelled "ACID" on the front and has acid resistant finish.
  - 43.2.2 The storage cabinet shall have catchment trays capable of containing up to 110% of the volume of the largest container in tray. Trays shall have acid resistant finish.
  - 43.2.3 Combustibles and alkalis shall not be stored in the same area but shall be separated by at least 8 feet when not in a cabinet.
  - 43.2.4 Sulphuric acid should be stored separately from other acids or at least in a separate catchment tray. It should be stored away from reactive materials, chlorides, nitrates, carbides, metal powders, oxidisers, etc.
- 43.3 **Sulphuric Acid Handling:**
  - 43.3.1 Always wear protective rubber gloves, rubber apron, rubber sleeves, and chemical safety goggles or face shield. **ALWAYS ADD ACID SLOWLY INTO WATER, DO NOT ADD WATER INTO ACID.**
  - 43.3.2 Be familiar with the location of the eye wash, safety shower, and spill control kit. (Soda Ash can be used until spill control kit arrives). Use in a well-ventilated area and work on acid resistant surface, not on a metal surface.
- 43.4 **Safe Disposal of Sulphuric Acid:**
  - 43.4.1 In the event of a Sulphuric Acid spill proceed as follows:
    - 43.4.1.1 Alert surrounding personnel to stand clear.
    - 43.4.1.2 While wearing protective rubber boots, gloves, apron and goggles, build a small wall of neutralising compound around the spill. (Soda ash or Lime)
    - 43.4.1.3 Fill in the spill with a neutralising compound such as soda ash or lime and then shovel into plastic bags for later disposal at the approved land fill.
    - 43.4.1.4 Wash the just cleaned area with plenty of water. Do not use a chlorinated cleaning agent.
    - 43.4.1.5 Note: Sand, ashes, or gravel can be used to absorb the acid. Soda ash can be added if not readily available in sufficient quantities. A 14 lb. bag of soda ash is suitable for neutralising 1 gallon of acid.
- 43.5 **First Aid (Sulphuric Acid):**
  - 43.5.1 Skin contact:
    - 43.5.1.1 Immediately flush affected areas with water, removing contaminated clothing under a safety shower. Continue washing with water and get medical attention.

43.5.2 Inhalation:

- 43.5.2.1 Remove to fresh air;
- 43.5.2.2 Restore breathing;
- 43.5.2.3 Call physician immediately.

#### 44. NITRIC ACID PROCEDURES:

##### 44.1 Nitric Acid:

- 51.1.1 A white-to-yellow liquid which is non-flammable has a distinct NO<sub>2</sub> odour. Although non-flammable, it is a strong oxidising agent and can react with combustible materials to cause fire. (Use water on fires involving nitric acid to dilute the acid and to absorb liberated oxides of nitrogen). It can also react with metals to liberate flammable hydrogen gas.

##### 44.2 Nitric Acid Storage:

- 44.2.1 Nitric Acid should be stored in an approved storage cabinet, when available, which is coated with an acid resistant finish, labelled for ACID STORAGE, and contains appropriate catchment trays as discussed in the section for sulphuric acid storage.
- 44.2.2 Nitric acid should be stored in a clean, cool, well-ventilated area, away from organic chemicals, strong bases, metal powders, carbides, sulphides and any readily oxidizable material.
- 44.2.3 Protect from direct sunlight.
- 44.2.4 Keep a supply of neutralising and absorbing material such as soda ash and sand readily available in the areas of use and storage.

##### 44.3 Nitric Acid Handling:

- 44.3.1 This material is corrosive to all body tissue and the inhalation of acid fumes over a period of eight hours may cause pulmonary irritation and symptoms of lung damage. Eyes may be permanently damaged if nitric acid gets in them and ingestion will produce burns of the digestive tract.
- 44.3.2 Therefore, when handling nitric acid ensure that the following steps are taken:
  - 44.3.2.1 Ensure that adequate ventilation is available.
  - 44.3.2.2 Use under an exhaust hood at minimum velocity.
  - 44.3.2.3 Must wear gloves, apron, protective rubber sleeves, and goggles or face shield when working with nitric acid.
  - 44.3.2.4 Be familiar with the location of the eye wash and safety shower.
  - 44.3.2.5 Be familiar with the location of the absorbing and neutralising material.
  - 44.3.2.6 Always pour acid into water, not water into acid.

##### 44.4 Safe Disposal of Nitric Acid:

- 44.4.1 Alert surrounding personnel to stand clear.
- 44.4.2 While wearing protective rubber boots, gloves, apron and goggles build a small wall of neutralising compound around the spill. (Soda Ash or Lime).
- 44.4.3 Fill in the spill with a neutralising compound such as soda ash or lime and then shovel into plastic bags for later disposal at the approved land fill.
- 44.4.4 Wash the just cleaned area with plenty of water. Do not use a chlorinated cleaning agent.

##### 44.5 First Aid (Nitric Acid):

###### 44.5.1 Nitric Acid Ingestion:

- 44.5.1.1 Give 3 or more glasses of milk or water.
- 44.5.1.2 Get medical attention.

###### 44.5.2 Eye Contact:

- 44.5.2.1 Immediately wash with water for at least 15 minutes.
- 44.5.2.2 Get medical attention immediately.

###### 44.5.3 Skin Contact:

- 44.5.3.1 Wash immediately with soap and water. (Remove contaminated clothing promptly).
- 44.5.3.2 Get medical attention.
- 44.5.3.3 Observe for up to 30 hours up to exposure.

## 45. HYDROCHLORIC ACID PROCEDURES:

### 45.1 Hydrochloric acid:

45.1.1 A colourless to light yellow fuming liquid with a pungent, suffocating odour. It is non-flammable, but can react with many metals to produce flammable hydrogen gas. It is highly corrosive to many materials but is stable if properly contained and handled

### 45.2 Hydrochloric Acid Storage:

45.2.1 Store closed containers in storage cabinet as discussed in the section for Sulphuric Acid. The area of storage must be clean, cool, and well ventilated.

45.2.2 Isolate HCL from metals, metal oxides, hydroxides, carbonates, and other alkaline materials.

### 45.3 Hydrochloric Acid Handling:

45.3.1 Prolonged inhalation of HCL vapours can damage the teeth and irritate mucous membranes and is Life Threatening.

45.3.2 HCL is corrosive and causes burns on human tissues.

45.3.3 Ingestion can produce burns of the mouth and digestive tract.

45.3.4 Therefore, those handling HCL should use protective clothing to prevent body contact with the liquid. Use rubber gloves, sleeves, apron and chemical safety goggles or face shield for eye protection from splashing acid.

45.3.5 An eye wash station and safety shower must be located near areas where hydrochloric acid is handled or used.

45.3.6 Be familiar with where neutralising and absorbing materials are stored and know how to use them.

45.3.7 Always work in a well-ventilated area such as an under an exhaust hood.

### 45.4 Safe Disposal of Hydrochloric Acid:

45.4.1 Follow the safe disposal procedures the same with the sulphuric acid.

### 45.5 First Aid (Hydrochloric Acid):

#### 45.5.1 Ingestion:

45.5.1.1 Give lime water or water and milk of magnesia to drink.

45.5.1.2 Do not induce vomiting.

45.5.1.3 Get medical attention.

#### 45.5.2 Skin Contact:

45.5.2.1 Flush thoroughly with running water.

45.5.2.2 Get medical attention.

#### 45.5.3 Inhalation:

45.5.3.1 Remove to fresh air, restore breathing if required.

45.5.3.2 Get medical attention immediately.

## 46. FIRST AID (FOR ALL ACIDS IN GENERAL):

### 46.1 Ingestion:

46.1.1 Dilute acid immediately with large amount of water, and then give milk of magnesia to neutralise. Do not induce vomiting. If it occurs spontaneously, continue to administer fluids.

46.1.2 Obtain medical attention as soon as possible.

### 46.2 Eye Contact:

46.2.1 Immediately flush with plenty of running water for at least 15 minutes, (including under eyelids). Speed in diluting and rinsing out acid with water is extremely important if permanent eye damage is to be avoided.

46.2.2 Obtain medical help as soon as possible.

### 46.3 Application:

46.3.1 This policy applies to all hospital Personnel working in MCH.

### 46.4 Purpose:

46.4.1 To implement mechanisms for the safe storage, handling, disposal, and first aid concerning flammable liquids in order to ensure the safety of the personnel, patients and visitors to the MHC.

**46.5 Policy:**

- 46.5.1 All flammable liquids shall be stored in accordance with NFPA 30, FLAMMABLE AND COMBUSTIBLE LIQUID CODE, and will be handled in accordance with NFPA 56C, Laboratories in Health Related Institutions.
- 46.5.2 Disposal of flammable liquids will be performed in accordance with Industrial Safety recommendations.
- 46.5.3 Whenever flammable and/or toxic liquids are being used the appropriate safety clothes, gloves, aprons, and protective goggles must be used.

**47. XYLENE PROCEDURES:**

**47.1 Used in tissue processing, it presents several safety hazards:**

- 47.1.1 If ingested by the person using it, Xylene is highly toxic and can cause death.
- 47.1.2 In direct contact with the skin, is an irritant and causes dryness, scorching, blistering, or dermatitis.
- 47.1.3 When inhaled at high concentrations, human acute signs may include flushing and reddening of the face and feeling of increased body heat. Death has resulted from acute over exposure to Xylene fumes.
- 47.1.4 It is also highly flammable

**47.2 Xylene Storage:**

- 47.2.1 Xylene used for tissue processing or blood work should be kept at least 5 feet away from the tissue processing equipment when not being used.
- 47.2.2 The quantity kept in the laboratory should be kept to a minimum and should be stored in approved storage cabinets.
- 47.2.3 When approved storage cabinets are not available a storage quantity of one day supply is recommended).

**47.3 Xylene Handling:**

- 47.3.1 Xylene shall be kept covered when not actually in use. Where liquids are used or handled, except in closed containers, means shall be provided to dispose promptly and safely of leakage and spills. (See safe disposal methods below).
- 47.3.2 Xylene may be used only where there are no open flames or other sources of ignition within the possible path of vapour travel.
- 47.3.3 When transferring xylene from an original shipping container into a smaller vessel wear protective gloves (Nitrile, Neoprene, or PVC), sleeves, apron, and goggles. Perform the transfer within a fume hood or in a well-ventilated area.
- 47.3.4 When using xylene wear protective gloves and work in a well-ventilated area. (An eyewash and shower should be located nearby).

**47.4 Safe Disposal of Xylene:**

- 47.4.1 When a small quantity of xylene must be disposed of the recommendation given by the Industrial Safety representative is to add this small quantity (1 litre or less) to the gasoline tank of a hospital vehicle and let it burn with the gasoline. Avoid large quantities because engine overheating will result.

**47.5 Xylene Spillage Procedures:**

- 47.5.1 Shut off all possible sources of ignition in the area.
- 47.5.2 Advise all personnel in the area to stand clear.
- 47.5.3 While wearing protective gloves, apron, sleeves, goggles, and respirator if available, surround the spill with an inert hydrocarbon absorption material.
- 47.5.4 Once the spill is surrounded, fill with absorption material.
- 47.5.5 Shovel absorption material into plastic bags and dispose of by placing in incinerator if the quantity is small,
- 47.5.6 Dispose of xylene absorption material by taking to the land fill if the quantity is large.
- 47.5.7 Do not pour Xylene into the sewage system.

**47.6 First Aid (Xylene):**

- 47.6.1 Eye contact: Immediately rinse with running water 15 minutes. Get medical assistance.
- 47.6.2 Skin contact: Wash thoroughly and promptly with water
- 47.6.3 Ingestion: Wash out mouth thoroughly with water and obtain medical attention.
- 47.6.4 Inhalation: Remove from exposure.
- 47.6.5 Get medical attention for severe or irritation persist.

**47.7 Xylene Biologic monitoring and Medical Aspects:**

- 47.7.1 Xylene is absorbed rapidly by the body and accumulates, thus repeated exposure to low concentrations over a long period may cause severe blood diseases.
- 47.7.2 For this reason employees working with xylene must wear an organic vapour monitoring badge
- 47.7.3 A log should be kept to record accumulated toxic material levels.
- 47.7.4 A routine air analysis should be conducted by the Bio-Medical Engineering Department with the use of MIRON.
- 47.7.5 Skin contact is irritating and damaging.
- 47.7.6 Ingestion may produce severe abdominal pain, nausea, coma, or death.

**48. FORMALIN PROCEDURES:**

**48.1 Formalin Storage:**

- 48.1.1 Formalin is partly methanol and is therefore flammable and should be stored in accordance with NFPA 30.
- 48.1.2 Non-flammable storage cabinets shall be used when available and only one day supply should be kept in the laboratory when approved cabinets are not available.
- 48.1.3 When small containers of formalin are not in use they must have a lid to prevent vapours from being spread.
- 48.1.4 Store under controlled temperature.
- 48.1.5 No eating or smoking in formalin storage or use area.

**48.2 Formalin Use and Handling:**

- 48.2.1 Use totally enclosed processing as much as feasible to reduce work place exposure.
- 48.2.2 Transfer of formalin from a large vessel to a smaller one must be done while wearing impervious sleeves, gloves, apron, and safety goggles or face shield.
- 48.2.3 Adequate ventilation must always be available
- 48.2.4 Safety showers and eyewash must be next to work station.

**48.3 Safe Disposal of Formalin:**

- 48.3.1 Formalin can be mixed with alcohol or acetone for disposal by oxidation;
- 48.3.2 Can be sprayed into the incinerator.
- 48.3.3 Another alternative is the land fill

**48.4 Formalin Spillage Procedures:**

- 48.4.1 Shut off all possible sources of ignition in the area.
- 48.4.2 Advise all personnel in the area to stand clear.
- 48.4.3 While wearing protective gloves, apron, sleeves, goggles, and respirator if available, surround the spill with an inert hydrocarbon absorption material.
- 48.4.4 Once the spill is surrounded, fill with absorption material.
- 48.4.5 Shovel absorption material into plastic bags and dispose of by placing in incinerator if the quantity is small,
- 48.4.6 Dispose of formalin absorption material by taking to the land fill if the quantity is large.
- 48.4.7 Do not pour Xylene into the sewage system.

**48.5 First Aid (Formalin):**

- 48.5.1 Eye contact: Immediately rinse with running water for 15 minutes. Get medical assistance.
- 48.5.2 Skin contact: Wash thoroughly and promptly with water.
- 48.5.3 Ingestion: Give 2 or 3 glasses of milk or water and induce vomiting. Get medical attention.
- 48.5.4 Inhalation: Remove from exposure. For severe exposure, or if irritation persists, get medical attention.

48.6 **Formalin Biological Monitoring and Medical Aspect:**

- 48.6.1 Formaldehyde vapour monitors shall be used periodically to measure the exposure to personnel using formalin.
- 48.6.2 Records shall be maintained of the results for three consecutive monitoring exercises to ensure the exposure levels are below limits for safe usage as defined by industrial Safety and OSHA Standards.
- 48.6.3 Alcohol used in the lab shall be stored and handled in accordance with procedures outlined for xylene.

48.7 **Application:**

- 48.7.1 This policy applies to all hospital personnel working at the MCH.

48.8 **Purpose:**

- 48.8.1 To implement mechanisms for safe handling of materials that have an explosive potential, to ensure the safety of the personnel, patients and visitors at the MCH.

48.9 **Policy:**

- 48.9.1 The term "Flammable Anaesthetising Location" shall mean any area of the hospital where flammable chemicals and anaesthetic agents are stored or administered.
- 48.9.2 Flammable substances shall be stored in cool areas away from any heat and separated from any inflammable materials.
- 48.9.3 Fire extinguisher shall be available and easy to access in all areas where flammable substance are stored and/or used.
- 48.9.4 No electrical equipment, except that judged by the Engineering Department as being in compliance with accepted standards, shall be used in any area where flammable substances are used.
- 48.9.5 All personal electric equipment, particularly in areas where flammable substances are stored or used, shall be inspected and approved by the Engineering Department.

## 49. ICU FIRE AND SAFETY PROCEDURES:

- 49.1 The ICU will follow the Fire and Safety General and Operational Procedures.
- 49.2 In case of fire in the ICU the charge Nurse and all personnel will follow the Operational and Evacuation procedures:
  - 49.2.1 **Ventilated patients:** will be transferred on their beds to a safe area. They will be hand ventilated with Ambo bags until they reach the designated area and can be reattached to the ventilator.
  - 49.2.2 **Trauma patients:** will be transferred by bed.
  - 49.2.3 **Patients with chest tube in situ:** will be moved slowly and safely with the bottle below the level of the patient's chest. If this is not possible the tube must be clamped for the least possible amount of time.
  - 49.2.4 **Coronary care patients:** will be transported by wheelchair or ambulating if condition permits.
  - 49.2.5 Staff will act swiftly and calmly, avoiding panic.
  - 49.2.6 As soon as the patient's condition allows the main oxygen valve will be switched off by the nursing staff.
- 49.3 **Application:**

  - 49.3.1 This policy applies to all hospital Personnel working at the Maternity and Children Hospital.

- 49.4 **Purpose:**

  - 49.4.1 To ensure all personnel follow the correct safety methods of disposing waste materials.

- 49.5 **Policy:**

  - 49.5.1 Glass containers and aerosol containers will be separated from main waste and disposed of in a safe manner. Glass and aerosols should not be placed in the incinerator.
  - 49.5.2 Sharps (needle, small ampoules, scalpel blades etc.) will be separated and disposed of in the designated sharps containers.
    - 49.5.2.1 These will be replaced at least daily or when the container is  $\frac{3}{4}$  full.
    - 49.5.2.2 Sharps containers shall be collected by the janitor staff at designated times.

- 49.5.3 Large containers, remove bag, tie, and put into waste cart, reline with a clean appropriate coloured bag.
- 49.5.4 With the exception of CSR, discarded boxes found in the above areas should be compressed and put into the waste cart.
- 49.5.5 When trash runs have been completed, clean the wash cart using sprayer in the area.
- 49.5.6 Non-hazardous waste can be placed in dumpster for transport to a landfill.

## **50. WASTE CONTAINER CLEANING:**

### **50.1 Take Small Containers to Custodial Closet:**

- 50.1.1 Fill plastic bucket with water and germicidal solution.
- 50.1.2 Use sponge to wash small containers inside and out.
- 50.1.3 Wipe dry with clean cloth.

### **50.2 Take Large Containers to Support Building:**

- 50.2.1 Use hose with germicidal solution in large container to remove soil.
- 50.2.2 Drain container to air dry.
- 50.2.3 Allow container to air dry.

## **51. CONTAMINATED WASTE REMOVAL:**

### **51.1 Waste removal from Isolation Room requires the following special handling:**

- 51.1.1 Put on disposable gloves, isolation gown, before entering the room.
- 51.1.2 Enter isolation room equipped with small plastic bag and a large plastic Isolation Bag.
- 51.1.3 Take waste from small waste basket and place into plastic bag. Reline small waste basket.
- 51.1.4 Take another bag folded over both hands and place first bag into this one (Double bagged).
- 51.1.5 Remove gown and place in laundry bag outside patient room door.
- 51.1.6 Throw away disposable gloves into the bag containing isolation waste.

## **52. OTHER CONTAMINATED WASTE:**

### **52.1 Place waste into bags. Bags are collected and placed within a closed container and transported to the incinerator.**

### **52.2 Disposal of Contaminated Waste:**

- 52.2.1 After double bagging contaminated waste, the bag is closed and transported to the incinerator room for disposal.

### **52.3 Application:**

- 52.3.1 This policy applies to all hospital Personnel working at Maternity and Children Hospital.

### **52.4 Purpose:**

- 52.4.1 To ensure that all staff have a clear understanding of the need and procedure for the correct and safe handling of contaminated linen.

### **52.5 Policy:**

- 52.5.1 All linen soiled with Blood and Body fluids will be treated as contaminated linen.
- 52.5.2 All linen from Isolation Room will be treated in the same manner, but will be retained within the Isolation Room until removal to the sluice. The linen bag will be sealed and tied before it is removed from the room.

### **52.6 Procedure:**

- 52.6.1 All isolation linens are bagged and labelled "Isolation" and placed in colour coded red isolation bag/alginate bag and closed with a twist tie before it is removed from the room and delivered to the laundry.

- 52.6.2 These items are processed/washed separately and last

- 52.6.3 Before they are processed they are soaked in a tank full of water with disinfectant solution diluted 1 to 2 ounces per gallon of water.

- 52.6.4 Purpose:

52.6.4.1 Is intended to provide guidance and assistance in the maintenance of a safe hospital environment by promoting and maintaining an effective method of radiation hazard control.

### 53. RESPONSIBILITY:

#### 53.1 Officers:

53.1.1 Chief Radiation Safety Officer:  
53.1.1.1 The Chief of Radiology

53.1.2 Radiation Safety Officers:  
53.1.2.1 Chief Bio-Medical Engineer  
53.1.2.2 Chief X-Ray Technologist  
53.1.2.3 They report to the Chief Radiation Safety Officer

#### 53.2 The Chief Radiation Safety Officer:

53.2.1 Is responsible for all matters regarding radiation hazard control.

#### 53.3 The Chief Bio-Medical Engineer:

53.3.1 Will organize environmental radiation survey of the hospital. He may arrange with a qualified Radiation or Health Physicist to perform such survey services.  
53.3.2 Arrange for the calibration of all x-ray equipment.  
53.3.3 Maintain records and submit a copy of all survey and calibration results to the Radiology Department and Quality Improvement Department for documentation.

#### 53.4 The Chief X-ray Technologist:

53.4.1 Will Organize personnel monitoring and maintain a monthly cumulative radiation dosimeter report of the hospital staff involved in radiation work  
53.4.2 Inspect safety devices, such as leaded gloves, aprons and genital shields.  
53.4.3 Maintain records and send a monthly copy to the Quality Improvement Department.  
53.4.4 Give lecture on radiation safety precautions and the management of emergency radiation hazards/accidents to all radiology employees.  
53.4.5 Collect and maintain all records, such as radiation survey, calibration preventive, and breakdown maintenance of all x-ray equipment, etc. for the documentation of the Radiation Safety Program.  
53.4.6 Ensure that there is adequate Radiation Safety at all times.

#### 53.5 Procedures:

53.5.1 The Radiation Safety Program includes the following procedures:

53.5.1.1 Posting of caution signs bearing the radiation symbol in required areas.  
53.5.1.1.1 **"Caution Radiation area"** - Level of radiation that could result in a whole body dose greater than 5 mrem (0.05 Sv)/hour or 100 mrem (1.00Sv)/hour  
53.5.1.1.2 **"Caution Radioactive Material"** - Level of radiation that could result in a whole body dose between 0.6 to 5 mr (0.006 to 0.05 mGy)/hour  
53.5.1.2 Monitoring of hospital personnel:  
53.5.1.2.1 Using film badges, the most commonly used personnel monitoring device.  
53.5.1.2.2 Individual exposure limit: The whole body dose during any calendar year should not exceed 3 rem (30 mSv) per quarter, and the accumulated whole body dose may not exceed 5 (N-18) where N=person's age in years.  
53.5.1.3 Survey for detection of contamination:  
53.5.1.3.1 Using the Geiger-Mullder (G-M) detector. A dose rate of 0.10 mrem (0.00qmSv)/hour at 2 centimetres or more is considered contamination.  
53.5.1.4 Area monitoring will be done to determine levels of radiation using the Curie-pie. Results of this monitoring should also be maintained in a logbook, including the location of radioactive materials and equipment.

53.5.1.5 The Radiation Safety Committee has adopted the new terms "gray" (abbreviated Gy) and "sievert" abbreviated Sr), which were established by the International Commission on Radiation Units and measurements for world-wide use. One gray is equivalent to 100 rad; similarly, one sievert is equal to 100 rem.

#### **54. RADIATION SAFETY PRECAUTIONS:**

##### **54.1 Monitoring of hospital personnel**

54.1.1 Recording monthly the cumulative radiation exposure of each individual (Using film badges).

##### **54.2 All diagnostic radiological equipment fixed and mobile should be calibrated annually:**

54.2.1 The evaluation must be done annually.

##### **54.3 Radiation Protection Surveys:**

54.3.1 Include calibration

54.3.2 Must be performed upon initial radiological equipment instalment.

54.4 Annual inspection and documentation of all leaded gloves, aprons, and genital shields for safety defects.

54.4.1 There Must be Documentation:

54.4.1.1 That deficiencies found at the time of previous equipment calibration survey have been corrected or are in the process of being corrected.

54.4.1.2 Preventive and reparative maintenance records shall be maintained for all x-ray rooms.

54.4.1.3 Doors, walls and windows shall be lined with lead or equivalent shielding to meet relevant regulations.

54.4.1.4 Lead aprons, gloves and genital shields shall be available in all x-ray rooms.

54.5 Interlock system for all access doors to radiological examination rooms in functioning condition is required.

54.6 Collimation of all diagnostic radiological units to no greater than the size of the image receptor.

##### **54.7 Radiation Exposure:**

54.7.1 Precautions will be taken to minimize radiation exposure to gonads and to unborn foetuses, particularly when exposed to the primary beam, yet still stay consistent with clinical objectives.

54.7.2 During Radiography: The time of exposure is kept to a minimum to reduce motion distortion and ensure the best sharpness of the picture.

54.7.3 During Fluoroscopy: The time of exposure should also be kept to a minimum to reduce patient and personnel exposure.

##### **54.8 The technician:**

54.8.1 Should wear an apron during all portable x-ray examinations while maintaining distance from the source.

54.8.2 The primary beam should never be pointed at the technician.

##### **54.9 Radiology personnel:**

54.9.1 Should never be used to hold patients.

54.9.2 Non-radiology personnel should be asked to help patients during radiographic studies.

54.9.3 Protective apparel must be provided to the non-radiology personnel.

##### **54.10 Radiation Occupational Exposure:**

54.10.1 No radiology personnel should receive a radiation dose in excess of the maximum permissible dose (MPD) (MPD – 5 rem (50mSv) in any one year combined whole-body) that is specified for occupational exposure.

54.10.2 It should not be confused with Medical X-ray exposure received as a patient. There is no recommended maximum patient dose.

54.11 The Physicians must be aware of the hazards to the patient caused by being exposed to unnecessary radiation.

54.12 Physicians should not request radiological studies when there is no precise medical indication.

##### **54.13 Application:**

54.13.1 This policy applies to all hospital Personnel working at Maternity and Children Hospital.

**54.14 Purpose:**

54.14.1 To maintain a safe and efficient department.

**54.15 Policy:**

54.15.1 Not Permitted Within the Department:

54.15.1.1 No smoking at any time.

54.15.1.2 No eating and drinking.

54.15.1.3 No magazines and newspapers in working areas.

54.15.2 Infection Control:

54.15.2.1 All personnel will observe and encourage strict hand washing, as it is essential for the prevention and control of infection.

54.15.2.2 Each Employee is Responsible for:

54.15.2.2.1 Maintaining good hygiene.

54.15.2.2.2 Maintain a sanitary environment through proper care of all equipment and facilities.

54.15.2.2.3 All work areas must be kept clean and tidy at all times.

54.15.2.2.4 Always be aware of any litter and promptly dispose using the proper receptacles for waste.

54.15.2.2.5 All employees' personal belongings are to be retained during duty hours in the lockers provided. The key to the

54.15.2.2.6 Locker becomes the personnel change of the employee during the course of their employment.

54.15.3 Leaving and Entering the department:

54.15.3.1 All personnel must indicate their departure to the person in charge at the time. Similarly, they will report on returning to the department.

54.15.4 Telephone Calls:

54.15.4.1 Please answer phone calls promptly and courteously stating the name of the department and your own name.

54.15.4.2 Do all you can to assist the person on the other end of the line.

54.15.4.3 Write telephone message clearly noting the time and date of message.

54.15.5 Fire and Safety rules for the department must be strictly adhered to by all personnel.

54.15.6 Doors entering the department will be kept locked during specific hours. Only authorized personnel will be permitted access during those hours.

54.15.7 Follow Equipment Rules and Instructions at all Times(Poster Close to Equipment):

54.15.7.1 Ultrasonic Cleaner - Decontamination Room.

54.15.7.2 Washer/Sterilizer - Decontamination Room.

54.15.7.3 Steam Sterilizer (3130) Packing area.

54.15.7.4 Steam Sterilizer (3230) Packing area.

54.15.7.5 Ethylene Oxide

54.15.7.6 Sterilizer Packing Area.

54.15.7.7 Packing Area.

54.15.7.8 Distiller Sterilizer

**55. GENERAL SAFETY PRECAUTIONS:**

55.1 Ensure that corridors within the department and doorways are not obstructed.

55.2 Wipe immediately any liquid spilled on the floor using safety precautions for hazardous chemicals.

55.3 When handling detergents, chemicals, germicides, etc, always wear protective rubber gloves.

55.4 When handling "sharp" instruments, keep sharp edges pointing away from your body.

55.5 Always wear protective cotton gloves when unloading sterilizers.

**55.6 Personnel Accidents:**

55.6.1 Immediate First-Aid facilities are available in CSS.

55.6.2 Further treatment is available in the Emergency Room.

55.6.3 All accidents involving personnel must be reported on an Incident Report Form and submitted to the Administrator in charge. A copy of the report shall be retained within the department

and the original incident report form given to the Infection Control Nurse who will then give it to the Quality Improvement Department once the proper procedures have been followed.

**55.7 Malfunctioning Equipment:**

- 55.7.1 Must be reported as soon as possible to the Engineering maintenance department.
- 55.7.2 Planned preventive maintenance will take place regularly for equipment such as sterilizers.

**55.8 Reaching above shoulder level:**

- 55.8.1 Must use stepladder.

**56. PERSONNEL INFECTION CONTROL:**

**56.1 Types of Exposures that can occur:**

- 56.1.1 Direct mucous membrane or eye contact (accidental splash of blood plasma or serum).
- 56.1.2 Mouth to mouth contact with a patient with a possible diagnosis of hepatitis or obvious bleeding from the mouth.
- 56.1.3 Puncture wound from a contaminated needle or sharp instrument.

**56.2 Possible Exposure to Hepatitis B – Protocols (Known Contact):**

- 56.2.1 Employee sustaining a puncture wound from a contaminated needle shall report immediately to the Emergency Room.
- 56.2.2 The name of the patient contact should be obtained so that review may be undertaken of the patient's history for hepatitis.
- 56.2.3 The Emergency Room will request the laboratory to draw a HBsAG (Australian Antigen) on the patient contact and a HBsAG plus an anti HBs on the employee.
- 56.2.4 Upon receipt of the results from the laboratory, the hospital will administer HBIG according to established Infection Control Procedures.

**56.3 Possible Exposure to Hepatitis B - Protocols (Unknown Contact):**

- 56.3.1 Employees sustaining a puncture wound from a contaminated needle from an unknown source (i.e. needle box, needle on used tray in CSS) shall report to the Emergency Room for evaluation and treatment. If true needle from unknown source, employee shall receive ISG according to the recommended dosages.

**56.4 Application:**

- 56.4.1 This policy applies to all hospital personnel working at Maternity and Children Hospital.

**56.5 Purpose:**

- 56.5.1 To ensure that there are adequate safety guidelines for all employees working within the MCH and related facilities.

**56.6 Policy:**

- 56.6.1 All personnel working within the hospital and related facilities will at all times comply with safety procedures.
- 56.6.2 The administrative Head of the Department shall hold the responsibility for ensuring that the employees are equipped with and use the correct protective clothing/eyewear for the designated procedure.

**57. ABRASIVE GRINDING EQUIPMENT PROCEDURE:**

- 57.1 Safety Guards: All abrasive wheel bench and stand grinders must be provided with safety guards that cover the spindle ends, nuts and flange projection, and must be strong enough to withstand the effects of a bursting wheel.

- 57.2 A rigidly constructed adjustable work rest: Must be used on floor and bench-mounted grinders; fixed base, and offhand grinding machines with the work rest kept adjusted to a maximum clearance of 1/8 inches between rest and wheel.

**58. COMPRESSED AIR PROCEDURE:**

- 58.1 When cleaning with compressed air, it shall not exceed 30 psi when the nozzle end is obstructed or dead-ended.

- 58.2 There must be effective chip guarding
- 58.3 Employees must wear protection equipment.

#### **59. COMPRESSED GAS CYLINDERS PROCEDURE:**

- 59.1 Valve protection caps shall be in place when compressed gas cylinders are being transported, moved or stored.
- 59.2 Cylinder valves shall be closed when work is finished and when cylinders are empty or moved.
- 59.3 Cylinders shall be secured in an upright position at all times except when cylinder is actually being hoisted or carried.
- 59.4 Cylinders shall be kept at a safe distance or shielded from welding or cutting operations, and away from any danger of contact with an electrical circuit.
- 59.5 Oxygen and power gas regulators must be checked prior to use for proper working order, and not used when there is doubt during use.

#### **60. EYE AND FACE PROTECTION PROCEDURE:**

- 60.1 Approved eye and face protection must be provided and used when machines or procedures may present potential eye or facial injury, and during overhead drilling, cutting or chiselling of any material.
- 60.2 The following requires such protection:
  - 60.2.1 Grinding
  - 60.2.2 Drill press operation
  - 60.2.3 Power saw operation
  - 60.2.4 Lathe operation
  - 60.2.5 Employees involved in welding operations must use filter lenses of a proper shade number.

#### **61. FLAMMABLE AND COMBUSTIBLE LIQUIDS:**

- 61.1 Only approved containers and portable tanks can be used for storage and handling of flammable and combustible liquids.

#### **62. FOOTWEAR:**

- 62.1 Appropriate footwear must be worn on all jobs.

#### **63. LIQUEFIED PETROLEUM GASES:**

- 63.1 Each system must have an approved type of container, valve, connector, manifold valve assembly, and regulator.
- 63.2 Every container and vaporizer must be provided with one or more approved safety relief valves or devices.
- 63.3 Containers must be placed on firm foundations and secured in an upright position.
- 63.4 Liquefied petroleum gases may not be stored inside any building.

#### **64. HEAD PROTECTION:**

- 64.1 Safety helmets or similar type protection must be worn in areas where there is danger of head injury from impact, flying or falling objects, or electrical shock and burns etc.
- 64.2 Helmets must be worn when hazardous overhead work is being performed (drilling, chiselling, fastening material etc.)
- 64.3 They must be worn when any work is being performed on the exterior of buildings (setting up and securing scaffolding, working on ladders or scaffolding, or while working on roofs).

## **65. LADDERS:**

- 65.1 Ladders that have defects may not be used.
- 65.2 Portable ladders must be placed on a substantial base at a 4-1 pitch, have clear access at the top and bottom, be secured against movement while in use.
- 65.3 Portable metal ladders are prohibited in the performance of electrical work where they may come in contact with electrical conductors.

## **66. MECHANIZED EQUIPMENT AND MOTOR VEHICLES:**

- 66.1 All motor vehicles and mechanized equipment must be thoroughly checked prior to use to assure that they are in safe operating condition.
- 66.2 Defects must be corrected before such equipment is used.

## **67. POWER-ACTUATED TOOLS, HAND TOOLS:**

- 67.1 All power-actuated tools must be tested prior to their use and defects corrected before use.
- 67.2 Only well-trained personnel may be allowed to operate such equipment.
- 67.3 Pneumatic power tools must be secured to the hose in a positive manner to prevent accidental disconnection and safe operating pressure as stated by manufacturer for all fittings must not be exceeded.
- 67.4 Hand tools such as wrenches may not be used when jaws are worn down to the point that slippage occurs.
- 67.5 Impact tools must be kept free of mushroom heads.
- 67.6 The wooden handles of tools must be kept free of splinters or cracks and kept tight in the tool.
- 67.7 Electrical power tools must be either approved double-insulated or be properly grounded.

## **68. MECHANICAL POWER TRANSMISSION:**

- 68.1 Parts of equipment such as belts, gears, shafts, pulleys, sprockets, spindles, drums, fly-wheels, chains or other reciprocating, rotating or moving parts must be guarded if they are exposed to contact by employees or otherwise constitute a hazard.

## **69. RESPIRATORY PROTECTION:**

- 69.1 Respiratory protective device (e.g. gas masks, etc.) appropriate for the hazardous material involved and the extent and nature of the work performed must be used.
- 69.2 Employees must be instructed in their use.
- 69.3 Such equipment must be checked prior to use and maintained in good condition.

## **70. SAWS: (BAND SAW, CIRCULAR SAW, TABLE SAWS):**

- 70.1 All portions of band saw blades must be enclosed or guarded except for the working portion of the blade between the bottom of the guide rollers and the table.
- 70.2 Wheels must be fully encased.
- 70.3 Portable power driven circular saws must be equipped with guards above and below the base plate or shoe.
- 70.4 The lower guard must cover the saw to the depth of the teeth, except for the minimum required to allow proper retraction and contact with the work, and must automatically return to the covering position when the blade is removed from the work.
- 70.5 Circular table saws must have a hood over the portion of the saw above the table, so mounted that the hood will automatically adjust itself to the thickness of and remain in contact with the blade, spaced no more than 1/2 inch behind the largest blade mounted in the saw, except when grooving, dodging, or rabbeting. Such saws used for ripping must have non-kickback fingers.

## **71. SCAFFOLDING:**

- 71.1 Scaffolds must be erected on sound, rigid footing capable of carrying the maximum intended load and they and their components must be capable of supporting, without failure, at least 4 times the maximum intended load.
- 71.2 Guard rails and toe boards must be installed on all open sides and ends of platforms more than 10 feet above the ground or floor, except on needle beam scaffolds and floats.
- 71.3 Scaffolds 4 feet to 10 feet in height, having a minimum dimension in either direction of less than 45 inches, shall have standard guardrails installed on all open sides and ends of the platform.
- 71.4 When persons are required to work or pass under the scaffold, there must be a screen with maximum 1/2-inch openings between the toe board and the midrail.
- 71.5 Scaffold planking must be overlapped a minimum of 12 inches or secured from movement and planks must extend over their end supports not less than 6 inches or more than 12 inches.
- 71.6 All scaffolding and accessories must be checked for defects prior to use and defects corrected or parts replaced prior to use.

## **72. STORAGE:**

- 72.1 Any material stored in tiers must be secured to prevent sliding, or falling, or collapse.
- 72.2 Aisles and passageways must be kept clear and in good repair.
- 72.3 Stored materials may not obstruct exits.
- 72.4 Fire potential must be considered in storage of materials.
- 72.5 Outside storage areas must be kept free of weeds, grass must be kept cut, and area must be kept neat.

## **73. WELDING, CUTTING AND HEATING:**

- 73.1 Proper precautions against danger of fire must be taken in areas where welding and other "hot work" is being done.
- 73.2 All arc welding and cutting cables must be completely insulated and no repair or splices made within 10 feet of the electrode holder, except where splices are insulated equal to the cable.
- 73.3 Cables must be checked for defects and repaired prior to use.
- 73.4 When electrode holders are left unattended, the electrodes must be removed and the holders placed or protected so that they cannot make electrical contact with employees or conducting objects.
- 73.5 Fuel gas and oxygen hose must be easily distinguishable and they cannot be interchangeable.
- 73.6 Mechanical ventilation or airline respirators must be readily available when welding, cutting or heating.
- 73.7 Proper eye protection must be used to prevent exposure of personnel.

## **74. WIRE, ROPES, CHAINS AND ROPES:**

- 74.1 Wire ropes, chains, ropes and other rigging equipment must be inspected prior to use and as necessary and defective gear must be repaired prior to use.
- 74.2 Makeshift equipment fashioned from bolts, rods, etc. may not be used (e.g. hooks, links, fasteners).

## **75. APPENDICES:**

- 75.1 N/A

## **76. REFERENCES:**

- 76.1 Life Safety Code (LSC) and (NFPA) standards.
- 76.2 2000 International Fire Code.

**77. APPROVAL:**

	Name	Title	Signature	Date
<b>Prepared by:</b>	Mr. Mishari Fahad Al Mutairi	Facility Management Safety Manager		January 08, 2025
<b>Reviewed by:</b>	Mr. Thamer Nasser Al Anizi	Support Services & Maintenance Director		January 12, 2025
<b>Reviewed by:</b>	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 15, 2025
<b>Approved by:</b>	Mr. Fahad Hezam AlShammari	Hospital Director		January 22, 2025