SAFETY
AND
EMERGENCY
PREPAREDNESS
POLICIES
AND
PROCEDURES
Safety/ Emergency Management Policies and Procedures

Table of Contents

Emergency Preparedness Plan 1-4
Emergency Backup 5-6
Fire Safety 7
Hazard Communication Program 8
Hazardous Waste Management 9-10
Home Safety Education 11
Identification, Handling and Disposal of Hazardous Waste Materials 12-13
Incident Reporting 14-16
Safety Management 17-24
Sentinel Events 25-28
EMERGENCY PREPAREDNESS PLAN

APPROVED BY: Board of Directors
DATE EFFECTIVE: 3/30/05 DATE(S) REVISED: 7/03/2011 – 2/09/2013

Joint Commission Standard:

Oxygen Plus, Inc. supplies Category I and Category II HME equipment and associated Medical/Surgical supplies. The Classification of HME equipment is as follows:

Category I - Equipment that is issued but does not need ongoing assessment of use. The equipment is non-invasive. Examples include canes, bedside commodes, patient lifts, walkers, hospital beds, and wheelchairs.

Category II - Equipment that involves oxygen therapy, administration of pharmaceuticals, or invasive procedures. The equipment and use of is monitored on an ongoing basis. Examples include oxygen concentrators, oxygen cylinders, liquid oxygen, medication compressors, high flow air compressors, suction machines, CPAP / BIPAP /PSV machines, CPM units, TENS units, Enteral Feed Pumps, etc.

Category III - Equipment that sustains life or monitors life functions. The equipment and use of is monitored on an ongoing basis. Examples include Ventilators, apnea monitors, phototherapy lights, infusion pumps, dialysis units, uterine monitors, etc.

MEETING CLIENT/PATIENT ONGOING NEEDS FOLLOWING A DISASTER OR EMERGENCY:

Oxygen Plus has conducted a hazard vulnerability analysis to identify potential emergencies that could affect the need for its services or its ability to provide those services. Disasters and emergencies that justify implementation of the Emergency Preparedness Plan include hurricanes, tornadoes with widespread destruction, earthquakes, electrical blackouts, floods, and other emergencies that may cause an interruption of services.

Each client/patient will receive a Client/patient Handout with emergency planning and a list of Oxygen Plus, Inc. Emergency Contact Telephone Numbers. Each
client is educated with available community resources to include: offices of the local Civil Defense, Red Cross, National Guard, Local Fire Department and Local Hospital. A list of all local emergency response numbers will be posted at each office.

**LOCATION DISASTER PROCEDURE**

The President or Clinical Coordinator will notify all staff members of disaster/emergency situations. The President will maintain a list of all employee communication devices, including telephone, pager, and cellular phone numbers. The list will also be given to each staff member and posted in the office. The President or Vice President will coordinate notification to support staff members in order to avoid duplication of services.

If the power is out, the President or CFO will contact the power company. If communication systems are unavailable, the President will contact the local police or fire department to assist in reaching the telephone company, the Power Company, and Location personnel as needed.

Each employee must be aware of the fire safety and evacuation plan and be prepared to function accordingly. The fire safety and evacuation plan will be reviewed at least annually or after each emergency which required activation of the Plan.

Copies of all patient charts and billing information is stored off site in a secured area of the Billing Office.

Answering Service has backup generator to answer phones in the event of a location disaster. Employees are provided with cell phones to communicate with answering service.

**LOCATION EMERGENCY**

**OFFICE FIRE:** Call 911 to report a fire. Clear employees and visitors from the immediate area. Attempt to put out the fire with the nearest fire extinguisher. Do not jeopardize safety to fight a fire.
Close, but do not lock, all doors leading to fire area to help contain the blaze.

The President or CFO will check all accessible rooms (such as bathrooms and warehouse areas) to ensure that all persons are evacuated.

Exit quietly.

Touch all doors before opening. Do not open a hot door. Do not break windows. If an individual cannot exit the area, stuff a rug, a coat, or other bulky item underneath the door and cover vents to prevent entry of smoke.

STAY LOW.

Do not attempt to retrieve coats, purses, or other items.

If any staff member becomes aware of a potential problem in which Oxygen Plus would implement the Emergency Preparedness Plan, this individual should immediately notify the CEO. If the CEO is not available, the CFO should be notified. The CEO or designee will initiate the call log to notify employees. Employees are to notify the person on the call log whose name is directly beneath their name. All employees are instructed to report to their assigned offices for further instructions. In the event of a disaster at any of the physical locations, the CEO will instruct the staff on alternative meeting place at the time of the initiation of the emergency preparedness time. The employee list will be updated as needed when new employees are hired or leave the organization. The call log will be redistributed to employees with each update. Staff may be asked to work in other areas as needed, i.e. CSR's may be needed to assist in warehouse management, loading vans, equipment management. Service technicians may also be utilized in calling patients. Each staff member will be assigned a code. A-Team will be responsible for contacting and coordination of care for patients A-K, B-Team will be responsible for L-S, C-Team will be responsible for T-Z. Each office will maintain at least 1 telephone that does not require electrical power for operation.

In the event of widespread disaster, Oxygen Plus will relocate employees from its other offices to assist in the Emergency Preparedness Plan. If more help is needed, Oxygen Plus will obtain temporary help from local staffing agencies. If additional equipment is needed, it will be transferred from other branches of Oxygen Plus or rented from other Medical Equipment Companies in the area.

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During periods where there is potential for inclement weather or high risk for disaster, I.E. increase in National Safety Security Level, expected hurricane or tornado season, Oxygen Plus will fill 10% more tanks to have on hand to handle potential needs. Oxygen Plus, Inc. will make reasonable attempts to contact each client/patient who has Category II equipment following a disaster to access their needs. Oxygen Plus, Inc. will prioritize clients/patients based upon the urgency of the need for service. The Clinical Coordinator will develop a method to list the clients/patients in order of descending need. The priority list will be updated as new clients/patients are added to the service. Each on-call person will receive a copy of the list in case of emergency.

Clients/patients with oxygen concentrators that do not have electric power will have oxygen cylinders delivered to them on an as-needed basis as long as the supply lasts. Clients/patients who need electric power for their needs (e.g. Medication compressors, suction machines, etc.) will be directed to go to the nearest emergency shelter that has a generator. Clients/patients on life-sustaining equipment will be directed to call 911 and be taken to an area hospital.

If additional equipment or personnel are needed in an emergency, the following services are to be contacted:

Call 911, DOT, Fire Department, Local Health Department, Police Department, Rescue Squad, and area Hospitals.

After exiting the Location, the senior staff member will perform a head count in the designated meeting area.

Do not leave the designated meeting area or return to the Location until instructed to do so.
EMERGENCY BACKUP

APPROVED BY: Board of Directors
DATE EFFECTIVE: 03/30/05 DATE (S) REVISED: 4/15/2011 – 2/09/2013

Joint Commission Standard:

It is the policy of OXYGEN PLUS to establish and maintain open communication with the local office of FEMA. Our staff should be informed as to the local provisions from the local FEMA office for the emergency planning. This will include monthly updates if necessary and at least once a year in-service to the staff on what these provisions will encompass.

Each client on Clinical Respiratory Care Services will be provided emergency back up equipment appropriate to the level of care provided.

Oxygen Concentrator Clients will be provided a back up Oxygen Cylinder that will, at a minimum, provide oxygen at the prescribed liter flow for 24 hours.

Client's receiving humidity to a tracheotomy by either a Jet Nebulizer/High Flow air compressor or heated Humidifier/Air Compressor will be provided a minimum of 3 Heat Moisture Exchangers (Artificial Noses) for emergency backup for equipment failure or electric service interruption. In case of equipment failure, the company will replace the equipment within 8 hours of notification. Clients on both humidity therapy to a tracheotomy and oxygen therapy will also be provided a system to provide oxygen to the Heat Moisture Exchanger humidifier.

Clients requiring suctioning of artificial airways, e.g. tracheotomy tubes will be provided both a stationary suction machine that uses regular household current and a battery operated suction device.

Each piece of equipment set up in a client's home will include an Instruction Sheet that outlines the use of the equipment, settings, and trouble shooting of the equipment in case of failure. Each client is provided the telephone number for OXYGEN PLUS Each piece of rental equipment will also have a OXYGEN PLUS sticker attached to it with the company's telephone number.

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OXYGEN PLUS provides On Call personnel for service to our clients 24 hours per day and 7 days per week. During hours the office is closed all telephone calls will be forwarded to our answering service, which will record the client's message or concern and page the On Call personnel. Every attempt will be made to return each call within 30 minutes of the initial telephone call. Personnel are directed to response to equipment failure or concerns as quickly as possible.
FIRE SAFETY

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Joint Commission Standard:

Smoking is prohibited in all Oxygen Plus, Inc. buildings and delivery vehicles. No smoking signs are to be posted in any client/patient care/service area, each hallway, each utility area and each warehouse/storage area. No smoking signs will also be posted in any area that oxygen is stored including delivery vehicles.

Oxygen Plus, Inc. will maintain smoke detectors, smoke alarms and fire extinguishers in accordance with National Fire Protection Agency (NFPA), Life Safety Code (LSC) and all local fire codes. Oxygen Plus, Inc. will cooperate with all local Fire Marshall Inspections and adhere to all recommendations.

All fire extinguishers will be inspected annually by a contracted fire safety company. Each extinguisher must have a label affixed that states the last inspection and the expiration date. Fire extinguishers will be placed in all areas recommended by the local Fire Marshall or fire safety consultant.

Fire exits and escapes routes will be identified throughout the building. Each client/patient service or care area will have the fire exits and escapes routes posted, as will each hallway and storage area. Each exit will be marked by an illuminated exit sign with battery backup lighting.

Oxygen Plus, Inc. will, at least quarterly, conduct a fire drill. The drill will be documented on the Safety Evaluation form. All Oxygen Plus, Inc. staff members will receive an annual in-service education program on Fire Safety.
HAZARD COMMUNICATION PROGRAM

APPROVED BY: Board of Directors
DATE EFFECTIVE: 3/30/05 DATE(S) REVISED: 7/06/2011 – 2/09/2013

Joint Commission Standard:

It is the policy of Oxygen Plus, Inc. to provide communication of hazards for the protection of staff members. Material Safety Data Sheets (MSDS) are an OSHA approved method to make readily available to employees, current information and protective measures for chemical health hazards present in the workplace.

The Compliance Officer will obtain and maintain current MSDS on each hazardous chemical used in the workplace.

MSDS will be placed at each physical office site in order to be readily available to employees and regulating agencies.

Employees will be provided with information and training on hazardous chemicals in the work area during initial orientation and yearly thereafter.

Employee orientation and yearly training will include:

1) Hazard communication requirements of OSHA
2) The presence of hazardous chemicals in the work area
3) Location and availability of written hazard communication program
4) How to read and interpret labels and MSDS
5) Emergency procedures
HAZARDOUS WASTE MANAGEMENT

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Joint Commission Standard:

It is the policy of Oxygen Plus, Inc. to handle, store and dispose of Biomedical/Biohazard or infectious waste in compliance with all Federal and State regulations. Biomedical/Biohazard Waste is any solid waste or liquid waste that may present a threat of infection to humans.

This term includes, but is not limited to, discarded sharps, human blood, human blood products, laboratory waste, and body fluids. The following are also included:

1) Used, absorbent materials such as bandages gauze or sponges saturated with liquid, semi-liquid or dried blood, body fluids secretions or excretions that are visibly contaminated with blood.

2) Non-absorbent disposable devices which retain blood adhering to inner surfaces after use such as IV tubing and catheters or articles which have been contaminated with blood, body fluids or blood contaminated secretions and/or excretions that have not been sterilized or disinfected by an approved method.

Biomedical/ Biohazard Waste is identified and segregated from other waste at its point of origin into its proper container. "Point of origin" is defined as the room or area where the waste is generated.

All non-sharp Biomedical/Biohazard Waste will be disposed of directly into red bags or identified with the Biohazard symbol.

All items classified as sharps will be placed immediately into a puncture-resistant, leak-proof Sharps container. Do not exceed the fill line (one to one and a half inches from the top).

All employees who handle Biomedical/Biohazard Waste must wear personal protective equipment.
When filled, all Sharps containers and red bags will be sealed and labeled properly. Bagged Biomedical/Biohazard Waste prepared for off-site transport must be enclosed in a rigid type container that conforms to the construction requirements as defined by DOT regulations (DOT 178.205). The President is responsible for arranging disposal through a contracted off-site waste disposal.

Biomedical/Biohazard waste returned to the Location for disposal must be labeled appropriately and stored in a separate designated area for such waste.

All records pertaining to Biomedical/Biohazard Waste disposal (e.g., manifests, invoices, and certificates of disposal, etc.) are to be kept for three years. The Compliance Officer will maintain these records.
HOME SAFETY EDUCATION

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JCAHO STANDARD:

It is the policy of Oxygen Plus, Inc. to educate all clients/patients in basic home safety.

As part of this process, the client/patient will be asked at set-up to give information about the safety of their residence. At the first home visit the home will be assessed and the client/patient or caregiver(s) informed of any hazards and suggested corrective measures, as appropriate. This information is to be documented in the client/patient's medical record on the Assessment and Plan of Service Form.

A general Client/patient Handout with Home Safety Information has been developed. This information will be discussed with and distributed to all clients/patients at admission.

If the equipment being supplied has a three-prong plug, and the outlets are two pronged, the client/patient will be informed that a three-prong adapter must be used at all times. For all equipment that the manufacturer recommends a grounded outlet, the client/patient will be informed of the need to have outlets grounded to ensure safe use of their equipment. Oxygen Plus, Inc. will inform clients/patients that are uncertain of the electrical safety of their home to contact a licensed electrician to evaluate their residence. This statement is contained in the Home Safety Information given to all clients/patients at the time of set-up. A recommendation will be made that if the fuse blows or the circuit breaker opens that an electrician should be contacted to correct the problem.
IDENTIFICATION, HANDLING AND DISPOSAL OF
HAZARDOUS MATERIALS

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Joint Commission Standard:

It is the policy of Oxygen Plus, Inc. to adhere to applicable federal, state, and local environmental regulations regarding the use, labeling, storage and disposal of hazardous wastes. All containers will be labeled with their contents, and used and stored as recommended by the manufacturer. The following materials have been designated as hazardous material and require specialized disposal techniques:

1) acetaldehyde
2) acetone
3) acetylene
4) adhesives
5) ammonia
6) ammonium picrate
7) antifreeze compound
8) benzene
9) brake fluid
10) butane or butane mixtures
11) butanol
12) camphor oil
13) carbon remover
14) cement (rubber, wallboard, etc.)
15) chlorine
16) disinfectants

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17) ethyl alcohol
18) film drugs
19) formaldehyde solutions
20) gas oil
21) gasoline
22) hydrogen bromide
23) hydrogen fluoride
24) hydrogen sulfide
25) isobutylene
26) kerosene
27) lighter fluid
28) mercury fulminant
29) motor fuel
30) neon
31) nitro urea
32) nitrogen
33) nitrous oxide
34) oxygen
35) paint or varnish dryers
36) paints, enamels, lacquers, stains, shellac petroleum oil
37) propylene
38) rust preventive coating
39) surface flares made with hydrogen chloride
40) trinitrobenzenosulfonic acid
41) zirconium picramie
INCIDENT REPORTING

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Joint Commission Standard:

It is the policy of Oxygen Plus, Inc. to require timely documentation of any unusual, harmful, or potentially harmful occurrence involving clients/patients, employees, visitors, or property. This will be reported on an Incident Report Form.

Through use of Incident Reports, all unusual occurrences will be evaluated, and potential risks identified. Incident Reports will be used as a tool to decrease employee and Company liability exposures. An incident is defined as an occurrence that is unusual in the course of the Company rendering service which results or may result in harm for clients/patients, employees, visitors, or property.

Examples of incidents include, but are not limited to:

1) Injury or alleged injury related to Oxygen Plus, Inc.
2) Medication errors, drug reactions or complications.
3) Delivery problems.
4) Employee injuries/illness or endangerment, which may be related to service delivery.
5) Accidental injuries to clients/patients, employees, visitors or property.
6) Motor vehicle accidents involving a Company vehicle or an employee's vehicle while on Company business.
7) Employees contaminated with blood or body fluid.
8) Property damage, loss or breakage.
10) Equipment or medical device failure.
11) Suicide threats or attempts
12) Death of a client/patient when an employee is present.
13) Adverse client/patient service or care outcomes

All incidents are to be recorded on an Incident Report Form. The Incident Report Form will be utilized to report any Client/patient, Employee or Product Incident by checking the appropriate box. A Product Incident Report will be written when a device has malfunctioned and/or may have caused injury. A Client/patient Incident

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Report will be written when reporting injury of the client/patient or caregiver related to the Company's Service. An Employee Incident Report will be written when reporting an employee related incident.

It is the responsibility of the employee to immediately report any unusual, harmful, or potentially harmful occurrences to their Supervisor. An Incident Report will be completed and the original will be sent to the President within 24 hours of the event being reported.

The President or designate will immediately investigate the incident. Corrective measures, where indicated, will be the responsibility of the President or designate. In case of client/patient injury the client/patient's physician will be notified as soon as possible. In case of Product Incident the manufacturer will be notified as soon as possible. In all cases the Company Liability Insurance carrier will be notified within 24 hours. The Workers' Compensation Insurance carrier will be notified within 24 hours in case of employee injury. Workers' compensation notices will be posted and visible to all personnel. All Incident Reports are summarized and become a component of the QI program.

**Unusual Events:**

Unusual events are any events that might occur to affect the status of the, PATIENT or AGENCY in a manner that could possibly be adverse in the care of that patient. When an unusual event occurs it must be reported to the Tennessee Department of Health Bureau of Health Licensure and Regulations. Reporting must be done on the official forms provided by the State of Tennessee, within 7 business days from the date of the identification of said event. These official forms are found as the last attachments in the forms section of this manual.

Included in the unusual events, is any disruption of service which would include but not limited to:

1) Medication errors;
2) Aspiration in a non-intubated patient related to conscious/moderate sedation
3) Volume overload leading to pulmonary edema
4) Second or third degree burn
5) Falls resulting in radiologically proven fractures, subdural or epidural
hematoma, cerebral contusion, traumatic subarachnoid hemorrhage, and/or internal trauma but does not include fractures resulting from pathological conditions.

Additional examples are available in the regulation. Examples of unusual events related to agency, not limited to:

a. Agency staff went on strike;
b. Internal/external disaster impacting agency
c. Disruption of services vital to the continued safe operation of the agency or to the health and safety of its patients and staff;
d. Fires at the agency which disrupt the provision of patient care services or cause harm to the agency staff, or which are reported by the agency to any entity but not limited to a fire department, charged with preventing fires.

These events must be reported to DOH within 7 business days. Within the next 40 days a corrective action plan in regards to the event must be made and kept on file.

**NOTE:** Incident reports are not to be placed in or referred to in the client/patient's record. The event that occurred should be documented in the client/patient's record; however, no reference to the actual Incident Report is to be made.
SAFETY MANAGEMENT

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Joint Commission Standard:

Safety management is the responsibility of each employee at all times in the workplace, and when in the client/patient's home. Employees will receive instruction in safety management during orientation and annually. The QI Coordinator is responsible for conducting annual safety evaluations of the Company work environment. This evaluation is to be documented and maintained at the Location.

Some of the topics will include, but are not limited to:

1) Body mechanics
2) Home safety
3) Personnel safety
4) Fire safety
5) Electrical safety
6) Office security
7) Safety related to medication administration and oxygen administration

Each employee will receive instruction in the following safety topics during orientation and during the annual safety in-service:

BODY MECHANICS

1) Proper lifting techniques to reduce back strain
2) Use of back supports
3) How to prevent strains and sprains
4) How to prevent Carpal Tunnel Syndrome

HOME SAFETY

1) Each employee is required to read "How to Make Your Home Safe for Medical Care", the client/patient handout that contains home safety information.
2) All clients/patients will be given "How to Make Your Home Safe for Medical Care", the client/patient handout that contains home safety information, at start of service. The client/patient must sign that they have received a copy of this document.

PERSONNEL SAFETY

It is the policy of Oxygen Plus, Inc. that our staff members shall exercise safety precautions at all times. To maximize the personal safety of employees, the following guidelines have been established:

When traveling by personal or Company vehicle:

1. Keep the vehicle in good working order with plenty of gas.
2. Store extra items in car, appropriate to the current season, which may be needed if stranded (e.g., blankets, extra clothes, water, flashlights, etc.).
3. Keep snacks in the glove compartment (e.g., granola bars, crackers, etc.).
4. Turn on emergency flashers and wait for the police if you have mechanical trouble.
5. Keep your vehicle locked when parked or driving. Keep windows rolled up if possible.
6. Know your route. If you get lost, look for a safe place to get additional directions or to view a map.

General safety instructions for all staff members:

   1) Use common walkways in buildings; avoid isolated stairs.
   2) Always knock or ring the bell before entering a client/patient's home.
   3) If relatives or neighbors become a safety problem, make joint visits or arrange for an escort or schedule visits when the unsafe individuals are not in the vicinity.
   4) Supervisor will evaluate the appropriateness of continuing this case.

Some defense techniques that can be used:

   1) Scream and yell
   2) Kick shins, instep, or groin
   3) Bite and scratch
   4) Blow a whistle attached to your key ring
   5) Use chemical sprays

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6) Use keys or other items in your hands as a defense weapon

**When an incident occurs:**

1) Complete an incident report within 24 hours to document when personal safety was threatened while working.
2) All incidents must be reported to your supervisor.

**FIRE SAFETY:**

LOCATION OFFICE STAFF MEMBERS

Oxygen Plus, Inc. recognizes the importance of adequate response and management of staff activities to reduce the risk of injuries or loss of life in the event of a fire. Oxygen Plus, Inc. has adopted the following fire safety and evacuation plan. Each employee must be aware of the fire safety and evacuation plan and be prepared to function accordingly. The fire safety and evacuation plan will be reviewed at least annually or after each emergency which required activation of the Plan.

**The fire safety and evacuation plan includes the following:**

1) The development of Location-specific office fire safety programs, including location of exit doors, suggested fire escape routes, fire alarms and extinguishers, smoke detectors and sprinklers, designated meeting place, the phone number of the fire department and the process to follow in the event of a fire. This information must be posted in the office at several locations.
2) The fire safety and evacuation plan is shared with all staff members during orientation. This plan will be reviewed annually with all staff members.
3) The office will hold fire drills annually. The QI Coordinator will maintain documentation of the fire drill.
4) Fire extinguishers will be serviced annually. Smoke detectors will be serviced as required.

**Employees should utilize the following steps should a fire occur:**

1) Clear employees, clients/patients and visitors from the immediate area.
2) Call the Fire Department.
3) Attempt to put out the fire with the nearest fire extinguisher, if feasible. Do not jeopardize safety to fight the fire.
4) Close, but do not lock all doors leading to the fire area to help contain it.
5) Touch all doors before opening. Do not open a hot door. Do not break
windows. If an individual cannot exit the area, stuff a rug or coat, etc., underneath the door to prevent entry of smoke. STAY LOW.

6) Do not attempt to retrieve personal belongings.
7) Exit quietly and calmly.
8) All employees are to meet in the front parking lot and be counted by the President or Vice-President. Report any missing personnel to the Fire Department. Do not jeopardize your safety by returning to the fire.

ELECTRICAL SAFETY

1) Avoid "octopus" plugs and overloading electrical outlets.
2) Don't stretch electrical cords or allow them to lie in traffic areas.
3) If necessary to use extension cords, use heavy type.
4) Do not allow electrical cords to be placed under rugs.
5) Use protective outlet caps to protect children from electrical shock.

OFFICE SECURITY

1) The Location shall have a security alarm system that must be activated by the last person leaving the building. The alarm system will be maintained per manufacturer guidelines and serviced by the installer at least annually. Each employee with keys to the building shall receive instruction on the operation of the alarm system. In the case of alarm activation after work hours, the responding staff member shall not enter the building unless he or she has verified that there is no possibility of intruders or if he or she is escorted by a law enforcement officer.

2) Any display of inappropriate behavior by anyone present in the office during or after office hours will result in the senior staff member calling 911 and asking for police intervention.

3) Each staff member is required to inform management of any real or perceived security concerns.

SAFETY RELATED TO OXYGEN ADMINISTRATION

The difference between oxygen as a lifesaver and oxygen as a hazard to Life comes from the equipment chosen to control and dispense it, and the care taken with that equipment.
Oxygen does not burn, but oxygen supports combustion. A fire which will burn in air will burn explosively in pure oxygen. A material which will not burn in air may burn very well in pure oxygen, for example, the metal in the oxygen cylinder or the regulator.

Oxygen is stored at high pressures. A typical cylinder of gaseous oxygen will be pressurized to 2,200 psig. Released suddenly, as when a valve is broken off, there is enough power to drive a heavy cylinder through a concrete wall. Sudden release of this very high pressure into an enclosed space (such as when a cylinder valve is opened too rapidly) allows rapid compression. The result is heat, which can raise the temperature inside a regulator to thousands of degrees instantaneously, and make the outside so hot it cannot be handled.

For a fire to occur, you must have fuel, oxygen, and heat. Oxygen-related fires are unique because the high concentration of oxygen allows virtually anything (including metal fragments, dust, and dirt) to act as fuel.

The heat of compression provides the necessary heat for fire to start. A cylinder valve opened too rapidly raises temperatures into the thousands of degrees. Friction, another source of heat, can be caused by the sudden motion of particles inside your equipment, such as when a cylinder valve is first thrown open.

Hydrocarbons are oils and greases, e.g., skin oil. They are the ideal fire starters, because they ignite almost spontaneously in oxygen.

**Oxygen Safety**

1) Treat all oxygen-handling equipment with extreme care. Store all oxygen equipment in clean, dry locations.
2) Don't use oxygen equipment that is visibly dirty, in poor repair or damaged.
3) Maintain all oxygen equipment per the manufacturer's instructions.
4) Don't allow oxygen equipment to get near any oil or grease. If oil or grease is present on oxygen equipment, condemn the equipment until it can be properly cleaned.
5) Use plugs, caps and plastic bags to protect "off duty" equipment from dust and dirt.
6) Don't allow smoking in the presence of oxygen.
7) Proper handling of oxygen equipment:
1) Designate a special "clean area" for work with oxygen-handling equipment.

2) Don't work on oxygen-handling equipment with ordinary tools. Designate special tools for use with oxygen equipment; clean these tools and store them carefully, clearly marked "For Use With Oxygen Equipment Only".

3) Don't use oxygen equipment parts that may have come in contact with oil or grease. Always wear gloves when working on oxygen hardware to prevent skin oils from coming in contact with oxygen equipment parts.

4) If you need to clean oxygen equipment parts: Use tri-sodium phosphate in warm tap water, and scrub the equipment parts carefully inside and out.

5) When parts are clean, rinse them, then discard the water and rinse again. Use deionized or distilled water for this.

6) Let the parts air dry. Don't try to wipe them off unless you have lint-free cloths. Cover the parts while they are drying. This drying procedure will take longer, but it prevents dust from collecting on the parts.

7) Wear gloves while reassembling; use tools that have been cleaned. If you store parts or complete product, store in a sealed plastic bag.

Each employee who delivers and sets up oxygen equipment is required to undergo training and certification in the safe use of oxygen and oxygen equipment. Employees who handle oxygen are also required to read the FDA oxygen guidelines that may be found at: [http://www.fda.gov/cder/quality/cmqq89.htm](http://www.fda.gov/cder/quality/cmqq89.htm)

**SAFETY RELATED TO MEDICATION ADMINISTRATION**

Staff members who administer medications to clients/patients are responsible for the safe administration of the medications, and for determining any medication interactions, allergies, and the medications that the client/patient is currently taking. The clinician must document all medications in the Plan of Care, which enables the clinician to determine any interactions and/or if the client/patient may be doubling up on medications, e.g. taking a generic medication and a trade name medication that is the same medication. The clinician must ask the client/patient about any allergies, and must document the allergies on the assessment form. If the clinician has any questions concerning interactions or drugs that the client/patient is taking, he or she must consult with a pharmacist.

**The clinician is required to follow the 5 R's of medication administration:**
1) Right med
2) Right route
3) Right dose
4) Right time
5) Right patient

The clinician is directed to provide clients/patients the following instructions to enable the client/patient to get involved in the safe administration of medications, and to reduce errors:

1. Ask questions about your medicine. At a minimum, you should ask these questions:
   a. What are the brand name and the generic name of the product?
   b. What is this medicine used for?
   c. What does this medicine look like?
   d. How should I take this medicine?
   e. What should I do if I miss a dose of this medicine?
   f. What are the side effects of this medicine?
   g. What should I do if I experience a side effect?
   h. Are there any drug-drug or drug-food interactions with this medicine?
   i. How should I store this medicine?

   2. When you ask a question, listen to the answer. Take notes. If you don't understand the answer, ask again.

   3) Always make sure your health care provider knows about all of the medication that you are taking, including prescriptions, non-prescription drugs, vitamins, and herbal remedies. Health care providers want to make sure than any new medicine you might receive will not interfere with any medicines you are currently taking.

   4) Always alert your health care providers about your allergies, including allergies to food. Tell your health care provider about when you had an allergic reaction, what happened when you had this reaction, and how severe the reaction was.

   5) Read your prescription label each time you take a dose of medicine.
6) Make sure you are familiar with the appearance of your medicine. If the pills look different from those you normally take, ask your pharmacist about them. Sometimes, there's an easy explanation (there may have been a safe generic substitution, or the manufacturer may have changed the appearance of the pills). At other times, caution could help prevent a medication error.

7) Take your medicine exactly as it was prescribed.

8) Discard medicines that are old or are no longer needed. Don't put them in the trash - flush them down the toilet.

9) Do not share your medicine with other people. Do not take medicine prescribed for other people. This can be dangerous.

SAFETY RELATED TO MEDICAL EQUIPMENT

All staff members who deliver and set up medical equipment are required to read the manufacturer's guidelines for the equipment provided. These guidelines will instruct the staff member in the proper use and provide safety guidelines for the equipment use.

The client/patient shall be provided a copy of the manufacturer's guidelines for any equipment delivered.
Sentinel Events

A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Such events are called sentinel because they signal the need for immediate investigation and response.

Reviewable Sentinel Events:

- An event that has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition, or, The event is one of the following (even if the outcome was not death or major permanent loss of function unrelated to the natural course of the patient's illness or underlying condition):
  - Suicide of a patient in a setting where the patient receives around the clock care,
  - Unanticipated death of a full term infant,
  - Infant abduction or discharge to the wrong family,
  - Rape
  - Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities,
  - Surgery on the wrong patient or body part.

Oxygen Plus will report to the Joint Commission any sentinel event meeting the above criteria for reviewable sentinel events and conduct a root cause analysis.
Non reviewable Sentinel Events that will require a root cause analysis and action plan would include the following:

3. Any "near miss".
   © Full return of limb or bodily function to the same level as prior to the adverse event by discharge or within two weeks of the initial loss of said function
4. Any sentinel event that has not affected a recipient of care (patient, client, resident).
5. Medication errors that do not result in death or major permanent loss of function.
6. Suicide other than in an around the clock care setting or following elopement from such a setting.
7. A death or loss of function following a discharge" against medical advice" AMA.
8. Unsuccessful suicide attempts.
9. Unintentionally retained foreign body without major permanent loss of function.
10. Minor degrees of hemolysis with no clinical sequelae.

If the staff is aware of a sentinel event, the CEO should be informed immediately and the "Sentinel Event Policy initiated. See the 2004-2005 Comprehensive Accreditation Manual for Home Care for the complete Sentinel Event Policy.
client/patient's physician will be notified as soon as possible. In case of Product Incident the 
manufacturer will be notified as soon as possible. In all cases the Company Liability Insurance 
carrier will be notified within 24 hours. The Workers' Compensation Insurance carrier will be notified within 24 hours in case of employee injury. Workers' compensation notices will be posted and visible to all personnel All Incident Reports are summarized and become a component of the QI program.

Unusual Events:

Unusual events are any events that might occur to affect the status of the, PATIENT or AGENCY in a manner that could possibly be adverse in the care of that patient. When an unusual event occurs it must be reported to the Tennessee Department of Health Bureau of Health Licensure and Regulations. Reporting must be done on the official forms provided by the State of Tennessee, within 7 business days from the date of the identification of said event.. These official forms are found as the last attachments in the forms section of this manual.

Included in the unusual events, is any disruption of service which would include but not limited to:

6) Medication errors;
7) Aspiration in a non-intubated patient related to conscious/moderate swedataion
8) Volume overload leading to pulmonary edema
9) Second or third degree burn
10) Falls resulting in radiologically proven fractures, subdural or epidural hematoma, cerebral contusion, traumatic subarachnoid hemorrhage, and/or internal trauma but does not include fractures resulting from pathological conditions. Additional examples are available in the regulation. Examples of unusual events related to agency, not limited to:

a. Agency staff went on strike;
b. Internal/external disaster impacting agency
c. Disruption of services vital to the continued safe operation of the agency or to the health and safety of its patients and staff;
d. Fires at the agency which disrupt the provision of patient care services or cause harm to the agency staff, or which are reported by the agency to any entity but not limited to a fire department, charged with preventing fires.

These events must be reported to DOH within 7 business days. Within the next 40 days a corrective action plan in regards to the event must be made and kept on file.

NOTE: Incident reports are not to be placed in or referred to in the client/patient's record. The event that occurred should be documented in the client/patient's record; however, no reference to the actual Incident Report is to be made.