Patient Safety

Purpose

This document establishes the procedures for assuring patient safety and the ongoing staff education conducted to maintain competence with safety procedures.

Scope

This policy does not identify specific Environment, Disaster or Infection Control procedures. Those procedures are outlined in: UTMB Health System Institutional Handbook of Operating Procedures:
Healthcare Epidemiology Policies & Procedures:

Audience

The information in this document is intended for all members of the Rehabilitation Services staff.

Policy

The Department of Rehabilitation Services will ensure the safety of the patients receiving its services through regular inspection and maintenance of equipment, supplies, and work areas; orientation to and education concerning emergency and evacuation procedures, and adherence to infection control procedures.

Safety Procedures Orientation and Education

Staff Education regarding patient safety will be completed on a yearly basis with required online training or In-service/All Staff Presentations.

- Healthcare Fire & Safety
- Compliance
- Safe Medical Devices Act.
- Annual Required Training
- Immunization
- TB Skin Test
- Flu shots
- Infection Control and Universal Precautions
- Environmental Health and Safety
- Maintain current certification in Cardiopulmonary Resuscitation (CPR).

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Patient Safety, Continued

Safety Procedures Orientation and Education (continued)

Rehabilitation Services staff will implement routine and emergency procedures to ensure the safety of the patients within their care

- In case of injury to a patient, the involved nursing unit will be notified immediately and any injury to a patient will be documented as per hospital policy on UHC Patient Safety Net (http://www.utmb.edu/policy/ihop/search)
- Procedures for initiating a "CODE" will be performed in a timely and effective manner as per hospital policy on CPR-Calling a Code 99, (http://www.utmb.edu/policy/ihop/search/09-13-01.pdf)
- Staff will respond to all alarms in a timely and effective manner.

Maintenance of Clinical Areas

Rehabilitation Services staff will monitor all clinical areas in order to assure patient safety. Potential or existing safety problems concerning areas, equipment or supplies will be reported immediately to the area Team Leader and rectified with the help of administrative resources as per hospital policy on Handling of Malfunctioning or Defective Equipment Devices and Supplies, (http://www.utmb.edu/policy/ihop/search/09-13-22.pdf).

- Clinical areas will be cleaned and maintained daily. This includes but may not be limited to mats, tables, and equipment.
- UTMB Health System Infection Control Procedures will be followed.
- Exits must be accessible at all times and should not be blocked by supplies or equipment.
- Storage areas will be clean, uncluttered and organized.
- Food is not allowed in patient care areas.
- Staff food may not be stored in patient refrigerator.
- Food containers must be dated with initial opening date and discarded when no longer usable.
- Garbage must be immediately placed in closed containers and discarded.
- Dishes, pots, pans must be washed immediately after use.

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Patient Safety, Continued

Maintenance of Tools and Equipment

Rehabilitation Services staff will monitor tools and equipment with regard to patient safety. No personally owned tools or equipment will be used in clinical areas.

- All tools and equipment will be maintained in good repair.
- Staff and patients will be instructed as to correct and safe use of all tools and equipment. Written instructions, precautions and handbooks will be available.

- Electrical equipment must be kept in good repair and inspected at regularly intervals by CES.
  Equipment will be tagged by the appropriate color coded tag.
  Green Stickers: equipment is safe for use in patient care areas.
  Yellow Stickers: equipment is safe for use in patient care areas where there is not external pacemaker in use.
  Blue Stickers: equipment is not intended for use in patient areas.
  Red Tag: equipment is unsafe and should not be used at all. Equipment considered to be damaged or unsafe will be tagged with red tags and must be discarded or sent out for repair as appropriate.
- Damaged or frayed cords, plugs or receptacles will not be used until repaired or replaced.
- Power and extension cords will not be placed across walkway
- Electrical circuits must never be overloaded.
- Safety devices such as automatic shut-offs, goggles, guards, shields, etc., must be used at all times when equipment is in operation.

Fire Safety and Maintenance of Flammable Chemicals

- All staff will know fire reporting procedures, escape routes, and location and use of fire extinguishers in their areas.
- Fire extinguishers will be easily accessible and in good repair in each clinic setting. Employees must know use and handling methods.
- Fire extinguishers will be checked by the Fire Marshal on a regular basis.
- Evacuation routes from Clinical Areas are posted.
- All items must be stored in their proper containers, and these containers must be labeled for content.

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- Flammable liquids and hazardous chemicals must be stored in vented, locked metal cabinets when not in use.
- Any potential sources of ignition must be removed from the immediate work area when flammable materials are in use.
- Flammable/hazardous material, liquids, etc., will be disposed of in keeping with guidelines established by Environmental Health and Safety Policies and Procedures.
- Documentation regarding safe use of hazardous chemicals or dangerous materials is maintained in the Department/clinics and can be found on the utmb Health System home page.
- All equipment and materials must be stored at least 18" from the ceiling.
- Potentially flammable articles may not be suspended from the ceiling or blocking entries/exits as per hospital policy on Decorations Safety (http://www.utmb.edu/policy/ihop/search/08-01-14.pdf).

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