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Chapter 1... Introduction

ORGANIZATION & ADMINISTRATION

Scope of Services
The Infection Control Safety (ICS) Committee provides direction and oversight for the Infection Control and Safety Program. The ICS Committee is responsible for the development and coordination of the program. The committee members work in direct consultation with the NCCMH Medical Director and the physicians in the Infectious Diseases Department of McLaren Northern Michigan, the Safety Specialist, and nursing personnel.

Primary Functions of the Infection Control Safety Committee

○ Assessment of agency and program needs.
○ Development and implementation of infection control/safety policies and procedures.
○ Evaluation and aggregation of site surveys, surveillance information, infection prevention, and control measures.
○ Participation in accreditation and regulatory activities related to infection/safety monitoring, prevention and control.
○ Liaison with Risk Management and Quality Improvement Committees regarding infection control and safety aspects.

Other Functions of the Committee

Internal

○ Monitoring rates of nosocomial infections.
○ Identifying risk factors for nosocomial infections.
○ Participating in implementation of strategies to reduce the risk of nosocomial infections to consumers, visitors, healthcare providers, students, volunteers, and other staff within the agency.
○ Identifying and investigating unusual clusters, exposures, or outbreaks of infectious disease.
○ Identifying safety and risk issues.
○ Providing education, training, and consultation to staff on infection control and safety issues.
○ Acting as liaison with departments and programs regarding infection control and safety.
○ Interacting routinely with Risk Management, Quality Improvement, Environment of Care, and safety staff.

External

○ Liaison with the Public Health Department regarding communicable diseases.
○ Consult with infection control and safety professionals at other facilities.
○ Participate in infection control organization activities (CEU).

INFECTION CONTROL SAFETY COMMITTEE

Purpose
At NCCMH infection control and safety is a priority. The goal of the Infection Control Safety Committee is:
○ To identify and reduce the risks of acquiring and transmitting infections among consumers, visitors, healthcare providers, students, volunteers and other staff within the agency.
○ To identify and reduce the number of injuries and illnesses to an absolute minimum.
Function
A major function of the committee is the review of infection control and safety principles and practices for all personnel.

Functions include:

- Reviewing trends and other analyses of nosocomial infections and advising on appropriate interventions.
- Investigating outbreaks of infection.
- Identifying persons at special risk for infection.
- Intervening.
- Identifying and maintaining a healthful and safe working environment free from unacceptable risks.
- Developing and providing general safety education and training programs.
- Assisting in the development of specific job safety training programs.
- Developing plans and training response personnel to control emergency situations (earthquake, radiation, injury, tornado, bomb, fire, etc.).
- Providing health and safety support services to supervisors.
- Maintaining the Infection Control Safety Manual to OSHA standards and NCCMH policies.
- Checking plans of all new projects for construction safety, industrial safety, and other safety reviews as required by OSHA regulations and NCCMH policies.

The ICS Committee approves:

- Type of site surveillance.
- Actions to prevent or control infection based on surveillance reports of infections or exposures among consumers or staff.
- Actions to prevent or control injury based on survey or surveillance reports of potential hazards or risks that may affect consumers or staff.
- Policies and procedures related to infection, safety, surveillance, prevention and control activities in the agency.

The ICS Committee also assists in the formulation and evaluation of policies and procedures in the management of exposures and communicable diseases among consumers and employees.

Membership
The ICS Committee includes representatives from programs within the agency. The committee is Co-Chaired by the Nursing Supervisor and Safety Specialist. New appointments are made as needed. A current list of committee members can be found on the NCCMH Intranet at: http://intranet2:81/committees/infection_control_and_safety.html. In the event of an influx or risk of influx of infectious disease, the infection control specialist at McLaren Northern Michigan will be consulted for appropriate procedures. The Director of NCCMH will make a determination regarding operational procedures should infectious disease continue over an extended period of time.

Authority
In situations concerning communicable diseases, the ICS Committee, in consultation with physicians and nursing personnel, has the authority to institute any appropriate control measures when there is reason to believe that a danger exists to consumers or personnel. This authority and responsibility is understood and approved by the NCCMH Medical Director, Director, Leadership Committee and Board.
Chapter 2 …Infection Control

SECTION I - INFECTION CONTROL MEASURES

Initiation of the Emergency Infection Control Measures

Goal
When there is a reasonable certainty of a contagious disease representing a danger to consumers or to personnel, the ICS Committee shall have the authority to institute appropriate infection control measures.

Purpose
To protect consumers, visitors, and personnel from the hazards of infectious diseases acquired from others or the agency environment.

Identification and Reporting of the Hazard
The recognition and designation of persons with an infectious disease which might pose a threat to consumers, visitors, or employees, is the responsibility of physicians and nursing personnel. This manual contains the criteria, definitions, and appropriate preventive measures for identification and reporting of the hazard. These measures are initiated with the approval of the responsible physician or on the advice of the Infectious Disease Consultant as needed.

The Infection Control Safety Chair is to be notified if there is a question of potential infectious hazard to consumers, visitors, employees or the agency environment.

Initiation of Control Measures
The Nursing Supervisor or Safety Specialist, or, if unavailable, their designee, upon advice from the Medical Director and the Infectious Disease Consultant (if needed), renders a judgment of whether such a hazard or potential danger is present.

The existence of the infectious hazard and potential danger is discussed with involved physicians, nurses, and other personnel. In this emergency situation, the Nursing Supervisor or Safety Specialist, or, if unavailable, their designee, the infectious disease consultant if needed, and administrative designee, shall authorize and supervise initiation of the appropriate procedures to protect consumers and personnel.

Infection Control Surveillance
Surveillance is the systematic collection and analysis of information about nosocomial infections and dissemination of the results of monitoring to those who need to know. The purpose of monitoring is to determine various endemic rates of nosocomial infections so that increases above that level (epidemic) can be identified and investigated and appropriate prevention strategies can be initiated.

All day programs and North Country Residential include monthly surveillance for targeted infections to describe the risk related to populations or locations within the agency. Previous experience indicates that targeted surveillance provides more useful information than attempts at a total surveillance program. Certain infections (e.g., bacteremias) or certain pathogens (e.g., MRSA, VRE) may be monitored regularly.

The methodology of case findings is self-reported surveillance and CQI reports. Results will be shared with the Medical Director and affected programs, and includes consultation with the Infectious Disease Consultant when necessary. Surveillance is the responsibility of the Infection Control Safety Committee with the assistance and supervision of the Leadership Team.
Results of monitoring are reported periodically to the Infection Control and Safety Committee, Quality Improvement Council, Medical Director, and other committees or programs as indicated.

**Guidelines for Restriction of Participation in Day Program**

To ensure the health and safety of consumers receiving services and to mitigate the spread of communicable illness, these guidelines will be used to restrict a consumer’s participation in day program services and psychosocial rehabilitation clubhouses. When program census (staff and participants) falls below 70% due to illness, information will be conveyed to the Program Director and, in consultation with the Nursing Supervisor or the Medical Director, decision will be made whether to close until such time as situation is resolved.

**Definitions**

1. **Fever:** A raised body temperature of 2 degrees above normal baseline or:
   - Greater than 100 degrees.
   - Greater than 99 when taken under the arm.
   - Greater than 101 when taken rectally.
2. **Diarrhea:** At least three watery stools within 24 hours.
3. **Private Area:** A location away from the other persons attending the day program while observable by direct care staff.

**Procedure**

**Symptom Identification**

1. Staff should observe consumers for symptoms of illness throughout the day. (See Guidelines for Identification of Communicable Illness chart on page 2-3.)
2. If symptoms of illness are identified, the consumer will be placed in a private area that minimizes contact with other people until the consumer can be transported to his/her place of residence.

**Transportation**

1. Staff must contact the residential provider or home and arrange for the consumer’s transportation home.
   Residential providers must be available by phone or pager, or arrange for a contact person in cases of emergency or illness while the consumer is attending a day program.
2. Public transportation is discouraged due to possible transmission of communicable illness.

**Documentation of Illness**

1. Documentation of an illness observed at a day program will be recorded on the Client Infection Surveillance Sheet.
2. If a doctor’s office visit is required, or has occurred (as indicated on the Symptoms of Illness reference sheet), a note from the doctor for return to the day program is required.

**Communication between Day Program and Residential Providers**

If the residential provider observes symptoms while the consumer is at home, the consumer shall remain at home and the home provider will call the day program to inform them of the consumer’s absence. A call will be made each day that the consumer remains at home.
# Guidelines for Identification of Communicable Illness

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Return to Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>One of the following (unusual for individual):</strong></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td>24 hours after</td>
</tr>
<tr>
<td>Respiratory or head congestion (see page 2-4, Respiratory Symptoms)</td>
<td>symptoms subside</td>
</tr>
<tr>
<td>Cough</td>
<td></td>
</tr>
<tr>
<td>Drainage that is yellow, green or rust colored</td>
<td></td>
</tr>
<tr>
<td>Open draining wound</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
</tr>
<tr>
<td>Diarrhea (watery stools)</td>
<td></td>
</tr>
</tbody>
</table>

| **Undiagnosed or untreated symptoms of pinkeye which includes most of the following:** |  |
| Pain and burning or itching of the eyes | 24 hours after |
| Redness and swelling of one or both eyes | treatment and |
| Redness of the white part of the eye | after draining subsides |
| Drainage, white, yellow or crusted eye |  |

| **Untreated scabies or lice having the following symptoms:** |  |
| Red bumps on the hands, wrists or fingers | 24 hours after |
| Raised wavy line on the skin | treatment |
| Eggs on the scalp of the head |  |
| Direct observation of lice |  |

| **Medical diagnosis of the following:** |  |
| Measles | Physician approval |
| Mumps |  |
| MRSA |  |
| Chicken Pox |  |
| Whooping cough |  |
| Pneumonia, bronchitis |  |
| Strep throat |  |
| Tuberculosis |  |
| Hepatitis B |  |

| **Draining, uncovered skin sores such as:** |  |
| Impetigo | Sore crusted or |
| Cold sores | covered |
| Herpes lesion |  |

| **Positive TB test with signs of active TB:** |  |
| Cough for more than three weeks | Physician approval |
| Night sweats |  |
| Weight loss |  |

| **Immune-compromised illness** |  |
| Person with cold-like symptoms unable to cover their mouth or use Kleenex when coughing (not allergy related) | When symptoms subside |
| Person with diarrhea and perianal digging of fecal smearing | When symptoms subside |
General Criteria for Identification of Nosocomial Infections

Respiratory Symptoms
The person must have at least two of the following signs or symptoms:

- Runny nose or sneezing
- Stuffy nose (congestion)
- Sore throat, hoarseness, or difficulty swallowing
- Dry cough
- Swollen or tender glands in the neck
- Fever 2° over the person’s baseline temperature

Influenza Symptoms
The person must have a fever on two or more occasions, at least twelve hours apart, with no known infection or infectious cause. Other symptoms may include the following:

- Chills,
- Headache,
- Sore muscles,
- Sore throat, or
- Dry cough.

Gastrointestinal Tract Infection
The person must have one of the following:

- Two or more loose stools above what is normal for that person in a 24-hour period.
- Two or more episodes of vomiting in a 24-hour period.
- Nausea and vomiting and abdominal pain or tenderness.

Eye and Mouth Infection

Conjunctivitis (Pink eye)
The person must have drainage appearing in one or both eyes or new eye redness with or without itching or pain.

Mouth Infection
The person must have a diagnosis from a physician. This includes oral candidiasis/thrush. (For Cold Sores, see Skin Infections).

Skin Infection

Contact Dermatitis (poison ivy)
Inflammation of the skin characterized by vesicles redness, edema, oozing, crusting, scaling and itching.

Herpes Simplex (including cold sores) and Herpes Zoster (Chicken Pox and Shingles)
The person must have vesicular rash and or physician diagnosis.

Impetigo
Inflammation of skin marked by isolated pustules, which become crusted and rupture.

Lice
Small nits are seen fixed to hair shafts around the occiput and behind ears.
MRSA (methicillin-resistant Staphylococcus aureus)
A dangerous type of staph bacteria that is resistant to certain antibiotics and may cause skin and other infections.

Scabies
The person must have a maculopapular and/or itching rash and a physician diagnosis.
Scabies Protocol;
When there is a confirmed diagnosis of scabies by a physician, control measures should consist of heightened surveillance for early detection of possible other cases for example, monitor others for intense itching and a pimple like rash. Everyone coming in contact with a diagnosed individual is to use proper infection control measures; avoidance of direct skin-to-skin contact and handwashing.
Immediate treatment for the infected person is prescribed by his/her physician and treatment may also be recommended for symptomatic household members, particularly those who have had prolonged direct skin-to-skin contact with the infected person.
Employees needing guidance on whether or not to seek treatment, contact Human Resources.
Bedding, clothing, and towels used by any symptomatic persons anytime during the three days before treatment should be decontaminated by either washing in hot water and drying in a hot dryer, by dry-cleaning, or by sealing in a plastic bag for at least 72 hours. Scabies mites generally do not survive more that 2 to 3 days away from human skin.

Shingles (also called Herpes Zoster)
A severe infection caused by varicella zoster virus, affecting mainly adults. It causes painful skin blisters that follow the underlying route of brain or spinal nerves infected by the virus.

Skin Disorders
The person must have drainage present at wound, skin, or soft tissue or heat, redness or swelling at the affected site.

Ringworm (also called Tinea)
Fungal infection of the skin characterized by reddish patches, often scaly or blistered, with itching and soreness. The fungi are highly contagious.

Reporting Of Communicable Diseases to the Public Health Department
There are certain diseases which are required by state regulations to be reported to your local health department. These diseases are required to be reported by diagnosing physicians. The list of reportable diseases is available from the Community Health Agency and/or the Infection Control Safety Specialist. A partial list includes the following:

Requires prompt action. Report within 24 hours of diagnosis:

- Botulism
- Cholera
- Confirmed Active Tuberculosis
- Diphtheria
- Hemophilus Influenza
- Meningitis (meningococcal)
- Plague
- Poliomyelitis
- Rabies (animal or human)
- Viral hemorrhagic fever
- Yellow fever

Unusual outbreaks of any disease, for example, food or waterborne outbreaks or poisonings or a significant increase in the rate of nosocomial infection, must be reported.
Infection Control

Report not later than 3 days from date of diagnosis:

- Acquired Immunodeficiency
- Amebiasis
- Brucellosis
- Campylobacter enteritis
- Chancroid (other than meningococcal)
- Dengue Encephalitis
- Giardiasis
- Hepatitis
- Histoplasmosis
- Influenza (outbreaks)
- Lead Poisoning
- Legionnaire’s Disease
- Leptospirosis
- Lymph granuloma venereum
- Malaria

Report not later than 3 days from date of diagnosis: (continued from page 2-5)

- Meningitis, bacterial
- Meningitis, viral
- Mumps
- Pertussis
- Q Fever
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Rubella
- Salmonellosis
- Shigellosis
- Staphylococcal Infections (neonatal, first 28 days of live, mother or infant)
- Toxic Shock Syndrome
- Trichinosis
- Typhoid
- Typhus
- Venereal Diseases
- Syphilis, Gonorrhea, Granuloma inguinal
Work Restrictions for Communicable Diseases

**Purpose**
To prevent nosocomial spread of communicable diseases (as listed below) to consumers and staff within North Country Community Mental Health from staff with contagious illnesses.

**Goal**
Persons with communicable diseases who are susceptible and/or exposed to communicable disease shall be restricted from direct contact with consumers and staff when:
- Transmission of the diseases to the recipients of care or others in the workplace can occur in that particular job environment.
- The disease can cause serious illness.

**Inclusions**
North Country Community Mental Health staff, students, volunteers, and all persons who work within our agency. (Refer to page 2-1 Infection Control Surveillance)

Employees are to report diagnoses of communicable diseases to their immediate supervisor. Persons who have questions concerning the safety of consumers and staff by allowing an employee with a communicable disease to work may call the Nursing Supervisor. Guidelines for managing employees with communicable diseases are listed below.

<table>
<thead>
<tr>
<th>Employee Illness</th>
<th>Duration of Restriction – Known Period of Communicability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox (Varicella zoster)</td>
<td>Until all vesicles are dried and crusted.</td>
</tr>
<tr>
<td>Shingles (Herpes zoster)</td>
<td>Patient contact is limited to consumers immune to chicken pox (Varicella zoster) and lesions are covered.</td>
</tr>
<tr>
<td>Measles (Rubella, hard measles)</td>
<td>Until 4 days after rash appears.</td>
</tr>
<tr>
<td>Mumps</td>
<td>For 9 days after onset of swelling; less if swelling has subsided.</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>Until 5 days after rash appears.</td>
</tr>
<tr>
<td>Scabies or Pediculosis (Head lice)</td>
<td>Until 24 hours after initiation of appropriate treatment.</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Until receiving appropriate therapy and clinical improvement. The employee is responsible for submitting to Human Resources documentation from the treating physician allowing the employee to return to work.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Until 24 hours after fever has subsided or doctor’s approval.</td>
</tr>
<tr>
<td>Upper Respiratory Infection</td>
<td>Employee to use own discretion unless fever accompanies congestion, then 24 hours after fever has subsided or doctor’s approval.</td>
</tr>
</tbody>
</table>
## Employees May Or May Not Require Work Restriction Due To Specific Acute Infections Or Carrier States.

<table>
<thead>
<tr>
<th>Infection</th>
<th>Work Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group A Streptococcus</strong></td>
<td>No restriction unless clearly associated with disease transmission.</td>
</tr>
<tr>
<td>Staphylococcus, coagulase</td>
<td></td>
</tr>
<tr>
<td>positive</td>
<td></td>
</tr>
<tr>
<td><strong>Acute hepatitis B, or HBsAg</strong></td>
<td>Individual evaluation by treating physician. Work restriction will depend upon the employee’s hygiene and preventing his/her blood and other body fluids from contacting others.</td>
</tr>
<tr>
<td>positive</td>
<td></td>
</tr>
<tr>
<td><strong>Acute hepatitis C</strong></td>
<td></td>
</tr>
<tr>
<td>HIV positive or AIDS</td>
<td></td>
</tr>
<tr>
<td><strong>Neisseria meningitides</strong></td>
<td>No restriction or treatment for carrier state required; for acute meningococcal disease, including meningitis, employees would be too ill to work.</td>
</tr>
<tr>
<td>(meningococcus)</td>
<td></td>
</tr>
<tr>
<td><strong>Amebiasis, Salmonella</strong></td>
<td>Food handlers are restricted. In other health care workers, evaluation by treating physician is necessary.</td>
</tr>
<tr>
<td><strong>Campylobacter, Shigella</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cholera, Worms/Parasites</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Employees Should be Evaluated By Their Primary Care Or Treating Physician Regarding Ability To Work If They Have Any Signs Or Symptoms Of The Following Conditions:

- Diarrhea
- Draining abscesses, boils
- Exudative dermatitis
- Herpes simplex (whitlow, stomatitis)
- Uncontrolled respiratory symptoms/infections
- Impetigo
- Influenza

**Regulatory Reference:** Washington Administrative Code (WAC) 248-100-186  
**Additional Reference:** Control of Communicable Diseases in Man, American Public Health Association
SECTION III – CLEANING, DISINFECTION & STERILIZATION

General

Goal
The goal of reprocessing shared items is to achieve a level of cleanliness, disinfection or sterilization, which eliminates the risk of these objects as the source of microorganisms causing infections. Decisions regarding cleaning, disinfecting or sterilizing are based on the potential risk of infection associated with their use.

Procedure

Cleaning
○ All objects to be disinfected or sterilized should first be thoroughly cleaned to remove all organic matter and other residue.
○ Cleaning can be done manually (using friction) or mechanically (ultrasonic cleaners, washer-sterilizers).
○ Whenever possible, cleaning in a washer is preferred.
○ Manual cleaning is done by gloved personnel.
○ Hinged items take special attention and inspection to ensure that debris has been removed.

Disinfecting
○ Any surface (tables, chairs, countertops, etc.) and/or equipment (stethoscopes, hammers, toys, etc.) that touches intact skin when visibly soiled and before use with another individual should be thoroughly disinfected.
○ Disinfection can be done with a bleach/water ratio of 1/10 or approved disinfecting wipes.
○ To eliminate the chance of disinfection contamination, certain control measures are implemented.
  • The disinfectant is prepared correctly to achieve the manufacturer’s recommended use-dilution.
  • Preparation is done using clean containers and in a clean work area.

Toy Cleaning

Practice
○ Children who do not have airborne communicable diseases (e.g. measles, mumps, rubella, pertussis, chickenpox, influenza, TB) may use the toys provided in the waiting rooms.
○ Toys that are shared between consumers are washed weekly by staff using a 10% bleach solution.
○ Toys that are used in the waiting room or in therapy are washed after each use with soap and water or disinfecting wipe.
○ Toys that cannot be cleaned are not used are sent home with child.
○ Staff members share the cleaning responsibilities for toys in the waiting room.

Procedure

Dirty Toys Are Separated Into Three Categories
○ Immersible toys have no moving parts, no hollow spaces, and a non-porous surface.
Infection Control

• Immerse, surface wash, and rinse immersible toys.
• Dry and replace toys in therapists’ offices or waiting rooms.
  ○ Non-immersible toys have inside spaces, small openings, or hinges (e.g., dolls, cars) or are too large to be immersed (e.g., castles, slides).
  • Wipe surface of non-immersible toys using a washcloth or disinfecting wipe.
  • Wipe the surface thoroughly and clean all the nooks and crannies.
  ○ Uncleanable toys soak up water and are damaged by immersion (e.g., games, books, puzzles, activity books, stuffed animals).
  • Uncleanable toys are discarded if soiled or wiped down with a damp cloth and ultimately sent home with the child.
  ○ Weekly Toy Cleaning will be documented in a Toy Cleaning Schedule (example below) to be maintained at each worksite where toys are used. Toy Cleaning Schedule form may be found under “Forms” on the NCCMH Intranet.

Weekly
Clean washable toys in a solution at a 1:10 ratio of bleach to water. Tumble-dry stuffed toys in the dryer for ten minutes.

<table>
<thead>
<tr>
<th>Month/ Date</th>
<th>Waiting Room</th>
<th>Therapist Office 1</th>
<th>Therapist Office 2</th>
<th>Therapist Office 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Initialed in each column by person doing cleaning</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Animals in the Agency

Purpose
The purpose of this policy is to govern the potential occurrence of animals in the agency for the purpose of maintaining order, preventing transmission of potential zoonosis, and to provide guidance for staff and visitors who may be involved in situations in which animals are present. While unlikely, transmission of diseases from pet animals to agency consumers or staff is theoretically possible. Conditions which have the potential to be transmitted include, but may not be limited to, ecto and endo parasites of dogs, such as fleas, round worms, and ringworm, toxoplasmosis in cats, Chlamydia psittacosis in birds, and salmonella from turtles and fowl. In addition, animals may also initiate allergic reactions in some people.

Definitions

Service Animals
Service are defined as dogs that are individually trained to work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack or performing other duties. Serviced animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person’s disability.

• When it is not obvious what service an animal provides, only limited inquiries are allowed. Staff may ask two questions: (1) is the dog a service animal required because of a disability, and (2) what work or task has the dog been trained to perform. Staff cannot ask about the person’s disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.
Therapy Animal
This shall refer to animals that are brought by specially trained professionals, para-professionals, and/or volunteers to provide opportunities for motivational, educational, recreational, and/or therapeutic benefits to enhance quality of life.

Pet Animal
This shall refer to any animal which belongs to a patient and whose presence in the agency is requested by the patient and his/her physician.

In general, pet animals will be excluded from the agency buildings unless there is a legitimate reason for them to be there. Employees are not to bring pets into an agency building.

Such reasons are presently limited to:
- Guide dogs for the blind and hearing impaired.
- Service dogs for other handicapped individuals whose presence is required for the benefit of the patient, visitor, or staff member.
- Pet Therapy animals.
- In the very limited number of cases where a patient's welfare is judged to be significantly enhanced by the presence of this pet, upon the recommendation of his/her physician and with the explicit agreement of the program supervisor where the animal will be present, an exception to the exclusion policy may be granted.
- Professionally maintained and documented fish aquaria, pre-approved by Program Director.

A trained handler or owner must accompany the animal at all times. A therapy or guide dog must have a responsible adult present who will be responsible for feeding, watering, toileting, and exercising the dog, and may be held responsible for the dog’s behavior and health condition.

Any animal not clean and in apparent ill health or found to harbor parasites, may be excluded at the discretion of any staff member responsible for the care of consumers. Immunizations must be current and documentation of such must be available on request. Such vaccinations will include: Rabies, Canine Distemper, Canine Parainfluenza, Canine Adenovirus type 1 and 2, Canine Leptospirosis, Canine Parvovirus, Canine Coronavirus, and Bordetella.

All animals will be restricted to the area of the agency where their presence is required. The rights of all other consumers, visitors, and staff not to have contact with the animal will be respected at all times. At no time will the animal be allowed to run loose or cause a disturbance. Any animal posing a threat to consumers, visitors, or staff because of odor, noise, health, temperament, or behavior will be removed from the premises.

In the event that an accident occurs, the owner/handler shall request assistance from the staff for appropriate disposal of animal waste. Soiled areas will be treated by using the standard method of cleaning and disinfection unless the area is carpeted, which will be cleaned using a professional carpet cleaning service. The presence of animals in the agency shall not lessen the standard of housekeeping or contribute to an objectionable odor.

Should an injury occur (scratch, bite, allergic reaction, etc.) standard agency injury protocols will be implemented and the supervisor will complete and file a CQI Report.
- All persons handling animals or animal products shall practice proper and frequent hand washing.
- The Infection Control Safety Committee must approve any pet therapy programs at NCCMH.
Approved pet therapy animals must have a health certificate provided by a licensed veterinarian within the past six months and a current license. This examination must include a fecal check, teeth and gum check, blood analysis, and cardiopulmonary exam. In addition, the animal must be certified free of infection, contagious disease, or dermatological conditions, including parasites. These records will be maintained by the pet therapy organization and must be available on demand.

Reference: Delta Society of Agency Programs www.deltasociety.org
Food Preparation and Storage for Consumer Consumption

Definitions

Damaged food goods
Fresh, canned, or frozen goods that are damaged, rusty, bulging, bruised, wilted, or decayed.

Equipment
Stoves, ranges, hoods, tables, counters, refrigerators, sinks, dish washing mechanisms, and similar items other than utensils used in the performance of food preparation.

Potentially Hazardous Food
Any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustaceans, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms is considered potentially hazardous.

Sanitize
Effective bactericidal treatment of clean surfaces and utensils by a process which has been approved by the health authorities as being effective in destroying microorganisms, including pathogens. An effective sanitizing solution is one-tablespoon chlorine bleach to one gallon of 70 degree F water.

Disposable Utensils
Cups, containers, lids or closures, plates, knives, forks, spoons, straws, napkins, wrapping materials, and all similar articles which are constructed wholly or in part from paper, foil, wood, or plastic, which are intended by the manufacturer and generally recognized by the public as for one time usage.

Utensils
Any tableware and/or kitchenware used in the storage, preparation, conveying, or serving of food.

Food Sources
According to the specific needs, food shall be purchased to meet the nutritional needs of all consumers. Food must be stored and prepared on premises unless the contracting agency agrees otherwise. Food items to be served will be labeled with date, heating, and serving instructions. Food shall be in sound condition, free from spoilage, filth or other contamination and will be safe for human consumption. Damaged food goods shall not be purchased. All purchased foods shall be obtained from identified approved sources.

Meat, Canned Goods, and Frozen Foods
Meat, canned goods, and frozen foods shall be from government-inspected sources.

Milk and Milk Products
Milk and milk products must be pasteurized and be graded “A.” Dry milk may be used for cooking and baking purposes. It may not be mixed with water and used as a beverage.

Canned Foods
All canned foods must be from commercial sources. No home canning is allowed due to hazards involved; however frozen foods are allowed.

Food Storage
All foods shall be stored at temperatures that will protect against spoilage. Staple items shall be stored in a clean, dry area that is free of vermin.
Freezer Storage
Freezer storage must be at 0°F or below. An accurate thermometer shall be provided and kept in each refrigerator and freezer to ensure they are functioning properly. A thermometer with a 1-inch face and a temperature range from 0 degrees F to 220 degrees F should be used frequently to test the temperature of food. It is very important when holding hot and cold food to check the temperatures of the food frequently during food preparation and service.

Leftover Storage
Leftovers will be labeled and stored in refrigerator immediately after serving and consumed within 72 hours. Leftovers may be frozen and used within one week. If not used, frozen leftovers will be disposed of in one week.

Cooking of Potentially Hazardous Food
Potentially hazardous foods, as listed below, are to be cooked according to the following recommended internal temperature. Re-heat all potentially hazardous foods to an internal temperature of 165°F.

Poultry
Poultry, poultry stuffing, stuffed meats and stuffing containing meat should be cooked to an internal temperature of 180°F.

Pork
Pork and foods containing pork should be cooked to an internal temperature of 170°F.

Rare beef
Rare roast beef and rare beefsteak should be cooked to an internal temperature of 130°F.

Ground Meat
All ground meat must be cooked until juice runs clear.

Frozen Foods
All potentially hazardous frozen foods will be thawed in the following manner:
- Under refrigeration at 36°-40°F, or
- Under running water with a temperature of 70°F, or
- In a microwave oven, or
- During cooking.

Egg Products
Liquid, frozen, dry eggs, and egg products shall be used only for cooking and baking purposes. Serving of raw eggs is not permitted.

Raw Fruits and Vegetables
Raw fruits and raw vegetables shall be thoroughly washed with potable water before being cooked or served.

Food shall be examined before use to determine presence of spoilage, contamination, mold, infestation, malodor, etc. If any of these conditions are present, the food shall be discarded.

Kitchen Cleaning and Sanitation
The dining area shall be clean and provide sufficient space to accommodate all persons consuming the meal.
Dishwashing
Dishes, flatware, utensils and adaptive feeding devices shall be washed in dishwasher or by the Department of Public Health's approved method for hand dishwashing. Dishes and flatware must be prepared properly for washing, whether using a dishwasher or using hand dishwashing method.

Preparation
Preparing the dishes and flatware to be washed can be done by following these steps:

- Scrape food from plates and bowls into garbage disposal or garbage can.
- Pre-rinse all items to remove gross food soil. If the wash water is kept clean, the detergent can be kept at levels needed for proper cleaning and will work more effectively.
- Separate glasses, flatware, china, and trays either into racks, cylinder, baskets, or stacks.
- Stack like pieces together for easier racking or hand washing.
- Soak silverware and dishes that have hard-to-remove food on them such as egg, cereal, potato, and some casserole items. Flatware should not be soaked longer than 15 minutes. Long soaking causes pitting in stainless steel flatware.

Dish Washing By Machine
Load and operate according to manufacturer's direction.

Dish Washing By Hand
All utensils must be washed this way if the dishwasher is not used. Wash dish compartments with hot water detergent or soap before beginning the dishwashing. There must be a three-compartment sink (or two-sink compartment with a tub that may be sanitized used for the third compartment). Water in all sinks should be hot and clean. Frequent changing of water may be necessary:

Order for washing dishes:
1. Glassware
2. Silver
3. Plates, cups, saucers, etc.

Procedure
- Wash dishes and utensils in first compartment of sink.
  - Use proper amount of detergent and water temperature above 110 degrees F.
- Rinse dishes in fresh hot water (140 degrees F) in the second compartment of the sink.
  - Place dishes in a long handled basket and move up and down in the rinse water.
  - If a long handled basket is not available, remove dishes from wash sink by using tongs or rubber gloves.
  - Allow dishes to remain in the sink rinse for several minutes.
- Sanitize dishes and silverware in the third sink containing warm water and approved sanitizing solution (1 tablespoon of bleach per gallon of water).
  - Submerge dishes for at least two minutes – Note – bleach may be corrosive to aluminum if left in solution for a prolonged period of time.
- Remove basket or remove dishes with rubber gloves and place on a clean surface to dry. Do not use a towel to dry dishes.
- Wash brush, sponge, etc. in clean water containing detergent. Wash, rinse, and sanitize drain boards and sinks.
- Check dishes for cracks before putting away and dispose of cracked ware.

Kitchen Equipment and Work Surfaces
Kitchen equipment, utensils, and work surfaces shall be designed to facilitate cleaning. They shall be kept in good repair. A cleaning schedule will be prepared and followed on a consistent basis to ensure that all appliances, equipment, windows, sinks, walls, doors, floors, and storage areas are
maintained in a clean and sanitary manner. The following procedures will be followed in order to accomplish this:

**Procedures**
- Floors will be swept and damp-mopped every day. Carpeting in the kitchen and dining areas is discouraged; however, if it is there it must be vacuumed daily and shampooed every six months in order to keep it clean, disinfected, and free of odor.
- All tables, countertops, and range tops must be cleaned after each meal and as necessary.
- Spills or splatters will be wiped up as they occur in refrigerators and ovens.
- Appliances will be thoroughly cleaned once a week including refrigerators, ovens, microwave ovens, etc.
- Cupboards and drawers must be cleaned weekly.
- Walls and windows must be cleaned annually or more frequently as needed.
- Food containers including canisters, salt and pepper shakers, etc., will be cleaned weekly or as necessary.
- Dining room chairs, kitchen stools, etc. will be cleaned daily or after each meal as necessary.

**General Guidelines and Restrictions**
- Disposable eating or drinking utensils or dishes shall be stored, handled, and dispensed in a sanitary manner and shall be used only once.
- The kitchen shall be restricted to food preparation activities when meals are being prepared and served.
- All staff and consumers involved in food preparation shall wash their hands with soap and dry them with a paper towel before beginning food preparation.
- Poisonous or toxic materials shall be used in a manner and under such conditions that will not contaminate food or constitute a hazard to people.
  - A separate area for storage of poisonous or toxic materials and cleaning materials shall be provided away from the preparation, meal service, and food storage areas.
  - Containers of poisonous or toxic materials shall be prominently and distinctly labeled for easy identification of contents.
- Garbage and trash shall be kept in leak-proof, non-absorbent containers with tight fitting lids prior to disposal. Trash containers shall be maintained in a clean sanitary condition.
- Appropriate housekeeping procedures shall be practiced to avoid pest infestation. Pest infestations that do occur shall be eliminated by appropriate methods. Use of poisons for extermination is prohibited by staff.
- Animals shall be excluded from the kitchen and dining area during food preparation and mealtimes.
- Individuals having symptoms of a communicable disease or open wounds shall not work in any capacity in food preparation or service if there is a likelihood of contaminating food or food contact surfaces or other persons' body fluids.
- Individuals must wear clean garments. Hair shall be effectively restrained during meal preparation. Individuals that have inadequate hygiene shall be supervised when helping in any manner with food preparation or clean up.
- Dishes and eating utensils will be handled correctly with staff refraining from touching rims of glasses, cups, bowls or any part of the eating utensils where the mouth may touch.
  - All table service must be handled in such a way as not to contaminate the part of the tableware that is placed into the mouth or the part from which food is eaten. If consumers assist in setting the table or emptying the dishwasher, provide them correct instructions and supervise them as needed to ensure compliance with these recommendations.
SECTION IV - BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Introduction
On December 6, 1991, the Occupational Safety and Health Administration (OSHA) published a final rule on Bloodborne Pathogens effective March 1992 (29 CFR 1910.1030). Copies of the federal Bloodborne Pathogens Standard and the state regulation, WAC: Part J, "Biological Agents" are available at these websites online. In November 1999, a NIOSH Alert, “Preventing Needlestick Injuries in Health Care Settings” was published to promote use of improved engineering controls to reduce needle stick injuries. Ultimately, the Needle Stick Safety & Prevention Act was signed and a revised national standard was published in the Federal Registry effective April 2001.

The purpose of these rules and regulations is to minimize or eliminate occupational exposure by healthcare workers to bloodborne infectious agents such as HIV, hepatitis B, and hepatitis C. This rule applies to all NCCMH employees and volunteers who may be exposed to blood or other potentially infectious materials in the workplace. Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's regular work duties.

This plan summarizes the elements of the infection control and employee health programs that are important in reducing or eliminating occupational exposure. A combination of engineering and work practice controls, use of personal protective clothing and equipment, training, and medical surveillance are effective strategies and are outlined in this plan. Additional details may be found in other sections of this manual.

This plan is updated using feedback and input from staff, incident report summaries, consultations with the Medical Director, Health Services, Risk Management, and referrals from committees or programs.

Methods of Compliance

Body Substance Isolation

Universal Precautions + Standard Precautions

Summary of Key Elements of Body Substance Isolation (BSI)
Infection precautions place a barrier of plastic, rubber, or other material (gloves), fabric (gowns), or paper (masks) between potentially infectious body substances and the caregiver.

- All humans have potentially infectious agents in pus, feces, and sputum/saliva.
- Many people also have potentially infectious pathogens in blood, urine, and other body fluids, tissues, and substances.
- Precautions to prevent transmission of these potentially infectious agents are practiced with all consumers, not only those who have diagnosed infections.

Effective infection control precautions provide protection to both consumers and healthcare providers. Whenever precautions are used to protect healthcare providers (i.e., gloving for touching a patient's mucous membranes), the impact on the patient must be considered and protection of both accomplished (i.e., using fresh clean or sterile gloves immediately before touching the patient's mucous membranes).

A consistent approach to managing all body substances, including blood, from all consumers is essential to prevent transmission of all infectious agents.
Practices
The following practices are used for all consumers at all times to prevent transmission of infectious pathogens to consumers and to healthcare workers:

- Healthcare providers put on clean or sterile gloves just before contact with mucous membranes or non-intact skin for all consumers.
  - When direct contacts with moist body substances (blood, pus, sputum, urine, feces, saliva, etc.) from any patient is likely, gloves are worn.
- Personnel gathering trash and personnel who hand-clean soiled items and equipment wear heavy latex gloves or suitable alternative gloves.
- When soilage of clothing or bare skin by body substances is anticipated, a gown or apron is worn.
  - If a gown or apron becomes penetrated by body substances, it is removed immediately or as soon as possible.
- Selection of body covering is based on anticipated volume of body substance, duration of contact, and rubbing/friction of body substance into the covering.
- When splattering of body substances to the face is anticipated (to facial skin, eyes, nose, mouth), appropriate face wear is worn.
  - When splatter to the face is expected, it is important to cover the face entirely.
  - Face-wear includes glasses/goggles with side shields and masks with upper face shields.
  - Face-wear is needed when draining body fluid collection containers.

Hand Washing
Hand washing remains the most effective method of infection control and is done:

- After handling used equipment.
- Between contacts with different consumers.
- After using the bathroom.
- When hands are soiled.
- Before eating.
- Immediately after gloves or other barriers have been removed.
  - Hand washing after glove removal is important since some gloves may have undetected holes and my not completely prevent hand contamination.

Hand washing can be done using soap and running water or by using an alcohol gel provided in the clinical areas.

- Alcohol gels should not be used when hands are soiled.
- If hands are soiled, they should be washed with soap and water.

Following Accidental Contact Exposure of Any Body Substance to the Employee's:

Skin

- Wash the exposed area immediately, or as soon as reasonably possible, with soap and running water for at least 20 seconds.
- If skin is not intact and was exposed to blood, seek medical attention.

Eyes or other mucous membranes

- Flush with normal saline or water immediately, or as soon as reasonably possible, for at least 20 seconds.
- Report body substance exposures to ICS Committee Chair.
Handling and transporting of soiled and/or wet linen

- Soiled linen is bagged in standard cloth linen bags at the point of use.
- Wet linen that is likely to leak through cloth bags is first placed into a plastic leak proof bag, then into a cloth linen bag that identifies it as laundry.
- Patient clothing infested with lice or scabies are placed in plastic bags to contain the parasites.
- Transporters wear gloves and laundry workers gloves and gowns when handling all soiled linen.

Handling and transporting of waste

- General waste is placed into plastic-lined cans.
- Waste with body substances in an absorbed form is considered to be general waste if it is in a leak proof bag (i.e., gloves, gowns, masks, dressings, emptied collection containers, etc.); these items are placed into waste containers.
- Infectious/biomedical wastes (defined in the Waste Management section) are handled in a separate waste system; infectious/biomedical waste is placed in special biohazard labeled containers, collected and transported to designated collection sites.

Cleaning is performed in a standard and consistent manner. Disinfectant and spill clean-up equipment are available at each site.

- Prompt clean-up of body substance spills is done by gloved personnel using a germicidal disinfectant and safe procedure.
- Cleanup of broken glass is not done by hand; a dustpan and broom are used.

Engineering and Work Practice Controls
Engineering controls are measures that isolate or remove a bloodborne hazard, and include self-sheathing needles and needle devices that contain built-in safety features.

Private rooms will be made available for consumers with airborne communicable diseases when necessary. This will be determined on a case-by-case situation. For consumers who consistently soil the room and articles in the room with body substances, protective covers/pads will be made available for consumers use and the protection of others.

Needle/Sharps Management
Needles and sharp objects are handled to minimize risk of inadvertent puncture or other injuries. All used sharps are considered contaminated with potentially infectious materials.

Patient Notification
- Let consumers know what is about to happen and what you want them to do or not do.
- Sudden movements from startled consumers add to the risk of injury.

Recapping and handling of used needles
- Routine recapping of used needles is avoided.
- Whenever recapping is necessary, it is done using a one-handed recapping technique.
- Used needles and other sharps are not cut, bent, sheared, broken, removed, or otherwise manipulated by hand.
- If a used needle needs to be removed from a syringe, forceps or other sharps removal devices are to be used.
Passing of needles

- For procedures which involve passing of needles or other sharps, the passer places the sharp on a surface or neutral zone (tray, basin, etc.) for the recipient to pick up rather than use hand-to-hand passing.
- If this is not possible, then visual or verbal communication is used before passing.

Disposal of Sharps

- All used sharp objects are separated from general waste by placing them into special puncture resistant red or biohazard-labeled, leak proof containers located near the point of use.
- When ¾ full, these sharps containers are sealed, replaced, and transported to the infectious/biomedical waste disposal site listed below.
- Do not dispose of sharps in waste cans or leave them hidden in pockets.

The following North Country CMH location will be used for the pick-up of medical waste in need of disposal:

Administration
1420 Plaza Drive
Petoskey, MI 49770

Safer Medical Devices

Certain safer medical devices (i.e. self-sheathing needle syringes) are available through our medical supply procedures and are recommended for use. Self-sheathing needles are available and are to be primarily used. Self-sheathing needles can still cause needle sticks before the safety feature is engaged.

As new and safer medical devices become available from manufacturers, assessment of the benefit of these devices and decisions regarding their systematic implementation are managed through the Health Services Committee. The Health Services Committee is composed of nurses and the Medical Director. If you have safer product alternatives to suggest, safer work practice ideas, or wish to report problems with any safety device or other needlestick hazard, contact Health Services, the ICS Committee, or the nursing supervisor.

Hand Washing

Hand washing facilities are readily accessible. Plain soap or an antiseptic soap is available at each sink. Proper hand washing includes the use of running water allowing the water to run distally down the arm or hand, soap, and a friction-creating technique making sure to clean all surfaces of the hands and fingers for 20 seconds.

Hands should be washed…

- Before and after consumer contact.
- After handling used equipment.
- After using the bathroom.
- Before eating.
- After gloves and other barriers have been removed.
- Whenever the hands are soiled.
- If hands are inadvertently soiled with body substances hand washing is done as soon as reasonable possible.
- Alcohol-emollient gel is also available for hand cleansing and can be used except when hands are soiled.
- When hand-washing facilities are not available an antiseptic hand cleanser or towelette containing an alcohol-emollient solution (i.e., Hibistat, Calstat, or Cionex) may be used to clean the hands.

RN's are available for consultation to employees with broken skin or hand dermatitis.
Membrane Exposure Prevention
To avoid accidental inoculation of mucous membranes with blood and body substances, certain activities are not done in work areas where there is a reasonable likelihood of occupational exposure. Eating, drinking, using tobacco products, applying cosmetics or lip balm, handling contact lenses, and other activities that involve placing any article in the employee's mouth, eyes, or nose are not done in these work areas.

Examples of such work areas include consumer rooms during touch-contact consumer care, housekeeping closets, and other similar areas.

Procedures involving blood or other body substances are done in such a way that minimizes or eliminates spraying, splashing, splattering, or generation of aerosol droplets of these substances. When possible, engineering controls, such as protective splatter shields, are used in areas performing these procedures.

Mouth pipetting or mouth suctioning of blood or other body substances is prohibited. In CPR situations pocket masks and other ventilation devices are used to eliminate the need for direct healthcare provider mouth-to-mouth contact during CPR ventilation. Resuscitation items are available at each site or in other designated areas.

Personal Protective Equipment
Personal protective equipment (PPE) is any barrier worn by healthcare providers to eliminate direct touch contact with body substances. PPE is selected by the healthcare provider as appropriate to the task and procedure. To be appropriate, PPE must prevent blood or other body fluids/substances from soaking through to the user's clothes, skin, eyes, nose, mouth, or other mucous membranes under normal conditions of use and for the duration of time for which the PPE will be used.

PPE includes, but is not limited to, gloves, gowns, aprons, laboratory coats, face shields, masks, and eyewear. Appropriate PPE in a variety of sizes and materials is readily accessible in the work area. PPE is provided, cleaned, repaired, replaced, and/or disposed of by NCCMH at no cost to the healthcare provider.

Disposable PPE is removed immediately following completion of the task or procedure and discarded into the general waste. Healthcare providers do not take home PPE which is soiled with blood or other body substances for cleaning or laundering.

A list of stocked PPE at NCCMH that are available routinely or by special order is available from the Safety Specialist. Latex-free gloves and other PPE are available upon request.

Gloves
Gloves provide a barrier between the hand and contamination.

Gloves are put on:
- Immediately before contact with any patient's mucous membranes.
- Immediately before contact with any patient's non-intact skin.
- Any contact with moist body substances.
- When handling or touching surfaces or items contaminated with body substances.

Hands should be thoroughly dry before donning latex gloves as additional moisture due to perspiration inside the glove has been shown to decrease the barrier integrity of latex, especially during extended wear. Whenever possible, latex gloves should not be worn for longer than one (1) hour at a time. Vinyl and Nitrile gloves are also available.
If gloves become torn, punctured, or the barrier ability is compromised, they are replaced as soon as possible. Disposable gloves are not washed or decontaminated for reuse. Utility gloves can be decontaminated for reuse if they are intact. Utility gloves, which are torn, punctured, or deteriorated, are discarded.

Cotton glove liners are available at any employee's request. For individuals with allergies or sensitivities to glove materials, alternate latex-free gloves are available through the medical supply purchaser.

**Protective Clothing**
Disposable gowns, aprons, laboratory coats, or other protective clothing are available in the work areas and are to be worn when exposure of healthcare provider clothing or skin is anticipated.

**Face Wear**
When splash, splatter, spray, or droplet aerosols of blood and other body substances is likely to occur, face protection that covers the entire face is worn. Available face protection includes masks with and without eye shields, plastic face shields, and glasses/goggles with side shields.

**Worksite Conditions**

**Routine Environmental Cleaning and Disinfection**
The primary responsibility for maintaining the worksite in a clean and sanitary condition rests with the Office Manager who contracts the cleaning. Sometimes, however, this responsibility is shared with each individual staff member.

A schedule for routine area cleaning including floors, walls, curtains, carpets, windows, and surfaces in each area is maintained.

- All bins, pails, cans, and similar receptacles intended for general and infectious waste are decontaminated on a regular schedule or as soon as possible if visibly soiled.
- Equipment, environmental, and working surfaces are cleaned and decontaminated after contact with blood or other body substances using an approved environmental disinfectant.
- Approved environmental disinfectants are available from the medical supplies purchaser.
- For general purposes, the approved environmental disinfectant is a generic quaternary ammonium compound.

Consultation regarding selection of an appropriate environmental disinfectant can be done upon request through the ICS Committee.

Protective coverings, such as plastic wrap, aluminum foil, or fluid-proof absorbent paper may be used to cover equipment and environmental surfaces; they are replaced when visible soilage is present and at regular intervals.

**Spill Clean-up**

- Clean-up of spills or other environmental soilage with blood and other body substances is done as soon as possible by gloved personnel using an approved environmental disinfectant.
- When the spill involves sharps or broken glass, it is done using appropriate tools such as a dustpan and brush, forceps, or tongs.
- Clean-up supplies are available in the custodial closets or other designated locations in each work area or from the medical supply purchaser.
Laundry
- All used laundry is handled as contaminated.
- Used, soiled laundry is not shaken out but is rolled and handled with minimum agitation.
- All soiled laundry is bagged in the work areas where it was used and placed in the laundry room.
- All dry, used laundry is bagged in standard laundry bags available.
- Heavy, wet laundry is placed into plastic, leak-proof bags and then placed in the standard cloth laundry bags.
- Linen that is wet and cannot be absorbed by the surrounding dry linen, and thus leaks through the cloth bag, is first bagged in plastic and then placed into a standard cloth laundry bag to identify it as linen.
- Bagged, soiled laundry is collected from the rooms by gloved personnel and transported to the laundry room. All laundry containers are plastic covered.

Waste Management
Wastes, which present potential infectious exposure hazards to agency waste handlers and the general public, are identified, handled, and disposed of in a safe manner consistent with the recommendations of advisory and regulatory agencies. A variety of terms are used by federal, state, county, and city regulatory agencies to describe agency waste. These terms include regulated waste, biomedical waste, infectious waste, and general medical waste.
- Discard live and attenuated vaccines and wastes from production of biologicals and serums.
- Blood, blood products and other body fluids in free flowing form are discarded in their containers into large, biohazard-labeled red bags.
- Needles and sharps waste (capable of causing punctures or injury) management:
  - Needles and sharps waste are discarded into rigid, biohazard-labeled, plastic sharps containers by the user. These wastes include, but are not limited to:
    - Needles and syringes with needles attached.
    - Lancets

Sharps containers are assessed by nursing and other departmental staff and replaced when ¾ full. Used sharps containers are transported to designated receiving area by nursing staff or designated individual.
- Liquid waste is discarded into the sanitary sewer system whenever possible.
- Waste collection and disposal is the responsibility of the nurse according to approved procedures. Waste handlers and transporters wear gloves when handling wastes.

<table>
<thead>
<tr>
<th>Infectious Waste - Wet Placed into RED Biohazard Bags</th>
<th>Dry Regular Solid Waste / Other Trash Goes into solid waste trashcans or recycling containers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grossly bloody materials that are saturated or dripping with blood/body fluids. Drainage containers containing blood or body fluids/substances i.e. colostomy or ileostomy bags. Specimen containers with any body fluids, tissues, or body substances.</td>
<td>Used disposable barriers (gloves, gowns, masks) not dripping with blood or body substances. Soiled disposable chux and diapers. Disposable patient items (toothbrushes, bath basins, tissues, etc.)</td>
</tr>
<tr>
<td>Sharps Containers Do NOT overfill containers.</td>
<td>Questions??? Contact your supervisor or ICS Committee member.</td>
</tr>
</tbody>
</table>
Hepatitis B Vaccination
HBV vaccine is recommended for all employees with potential occupational exposure. Healthcare workers who decline the vaccine are required to sign a waiver.

- Hepatitis B virus (HBV) vaccine is available at no cost to all NCCMH employees and volunteers who have potential for occupational exposure.
- The vaccination series is offered initially at the time of new employee orientation.
- The vaccine remains available throughout the duration of the healthcare worker's employment at NCCMH if at a later time the healthcare worker decides to accept it, and is arranged through Human Resources.

Employee health records are maintained confidentially.

Post-Exposure Evaluation and Follow-Up
Whenever an exposure incident occurs, it is the responsibility of the employee to act immediately and to initiate evaluation and follow-up by going to the nearest Emergency Department or agency approved physician or medical care facility.

Employee Follow-up
When an exposure incident occurs, confidential post-exposure counseling and testing of the exposed employee is provided by NCCMH. The employee can expect collection of blood for hepatitis B (HBV), hepatitis C (HCV), and HIV to be accomplished as soon as feasible and tested with informed consent and pre-test counseling.

- All individual employee health records are kept confidential and are not disclosed or reported without the employee's written consent to any person except as required by law.
- These records are maintained for at least the duration of employment.
- A sharps injury log is maintained by Health Services to ensure employee privacy and to document type and brand of device involved, location of the incident, and a description of the incident.
- Employee health medical records are provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee and to appropriate regulatory agency representatives.

Source Patient/Individual Follow-up
Post-exposure procedures involving the source patient is arranged by the nursing supervisor or in his/her absence the Medical Director, including pre-test counseling, consenting, and confidential HBV, HCV, and HIV testing. If the HBV, HCV, and/or HIV status of the source patient is already known, further testing is not necessary. Results of the source patient's tests are made available to the exposed employee and the employee is informed of pertinent regulations and laws concerning disclosure of the identity and infectious status of the source individual.
Flowchart for Reporting Bloodborne Pathogen Exposures

If exposed to blood or PIM* via:

○ Skin punctured with needle or other contaminated sharp laceration
○ Splashes of body fluids to eyes, mouth or nasal membranes
○ Mouth-to-mouth resuscitation without mask
○ Exposure of broken skin to body fluid (blood, wound drainage, etc.)
○ Bites or scratches that break the skin

You must:

○ Wash broken skin with soap and water for 5 minutes and cover with sterile bandage.
○ Flush eye or nasal membrane with eyewash or steady stream of water.
○ Rinse mouth with mouthwash or water.
○ Notify Supervisor (or appoint a proxy to notify Supervisor if unable).
○ Seek medical attention as directed by a medical professional or NCCMH Medical Director.
○ Complete CQI form when able.

Supervisor

○ Notifies Medical Director or NCCMH doctor on call.
○ Ensures CQI Indicator and Staff Injury Report have been completed and notifies Human Resources.

Medical Director or NCCMH doctor on-call

○ Determines if exposure has occurred.
○ Refers individual to Emergency Department or NCCMH approved physician or medical facility for medical evaluation. (Refer to Emergency Directory for current list.)
○ Orders source testing for HBV/HIV if indicated. Testing to be done at local hospital labs.

If source is a consumer – Supervising RN

○ Obtains consumer/guardian consent for HBV/HIV test. Specify results to be released to exposed person and NCCMH only.
○ Refers consumer to local lab (NOT doctor’s office!)

*PIM – Potentially Infectious Materials
Semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, peritoneal fluid, pleural fluid, synovial fluid, saliva, any body fluid that is visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Any unfixed tissue or organ, other than intact skin.
Communication of Hazards

Consultation Regarding Infection Control Issues
When an infection issue or concern is identified, the area supervisor should be initially notified for resolution. If resolution is not obtained, consultation with Health Services or ICS Committee is available. Referral to the appropriate committee, including ICS or Risk Management, is also an option available to employees.

Biohazard Signs and Labels
Biohazard warning labels are attached to:
- Containers for regulated wastes.
- Refrigerators, freezers, or other storage areas.
- Containers used to mail or ship potentially infectious materials.

Biohazard labels are either an integral part of the container or are affixed to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Biohazard labels include the universal biohazard symbol ⦿ and are fluorescent orange or orange-red with lettering and/or symbols in a contrasting color. These labels are not required for individual containers of blood or other body substances that are placed in a larger, labeled container during storage, transport, shipment, or disposal.
SECTION V - TUBERCULOSIS CONTROL PLAN

Tuberculosis Control

Purpose
- Provides mechanism of screening new employees for prior exposure to TB.
- Provides mechanism for referring employees and persons receiving services who demonstrate evidence of prior exposure for medical evaluation to rule out active disease.

Testing and Surveillance

Employees and New Hires
All newly hired employees will be required to provide NCCMH with a statement from a physician or local Health Department, certifying freedom from Tubercular Disease.
- If the employee/new hire has never been tested for Tubercular Disease in the past, a second TB skin test is to be completed within three weeks of first skin test.

Employees exposed to a case of TB (whether employment related or not) will be required to undergo a TB skin test immediately unless they have documented previous significant reaction.
- Those tested after exposure to TB who demonstrates a negative TB skin test will be required to be re-tested 10 weeks after exposure.
- The cost of Tuberculosis testing required as a result of an employee's exposure to TB while performing a NCCMH function will be reimbursed by the agency.
- Employees exposed to Tuberculosis in the course of activities performed outside the NCCMH employment setting will assume financial responsibility for any testing required.

Employees whose skin tests convert from negative to positive at any time after hire will be required to provide a physician’s statement or Health Department certification of freedom from active disease.

All cases of known or suspected exposure of a NCCMH employee to TB during the performance of a work related activity will be reported to the employee’s immediate supervisor, agency Medical Director, and the Nursing Supervisor.

Counseling related to agency protocol for TB exposure, follow-up testing required, and referral to appropriate medical resources will be provided to the exposed employee by the ICS Committee nursing personnel and documented as such in the employee’s medical file.

All cases of Tubercular Disease occurring within the agency will be reported to the agency Medical Director and the local Health Department.

Consumers
All persons receiving services will be encouraged to receive TB testing as appropriate.
- Positive reactions will be referred appropriately.
- All individuals who demonstrate evidence of prior exposure will be referred to their physician or the Health Department for medical work up and treatment if necessary.
Chapter 3 ... Safety

SECTION I - INJURY AND ACCIDENT PREVENTION PROGRAM

Written Plan
A copy of North Country Community Mental Health’s Injury and Accident Prevention Program is available at each worksite. Please read it carefully. While no plan can guarantee an accident-free workplace, following the safety procedures set forth in this manual will significantly reduce the risk of danger to employees, consumers, and visitors.

Introduction to Program
State and federal law, as well as organization protocol, makes the safety and health of our employees the first consideration in our operations. Safety and health must be a part of every operation, and every employee’s responsibility at all levels. It is the intent of North Country Community Mental Health to comply with all laws concerning our operations and the health and safety of our employees and the public. To do this, we must constantly be aware of conditions that can produce or lead to injuries. No employee is required to work at a job known to be unsafe or dangerous to their health. Your cooperation in detecting hazards, reporting dangerous conditions, and controlling workplace hazards is a condition of employment. Inform your supervisor immediately of any situation beyond your ability or authority to correct. Employees will not be disciplined or suffer any retaliation for reporting a safety violation in good faith.

Safety Program

Safety Program Goals
The goal of North Country Community Mental Health is zero accidents and injuries.

Statement
It is the intent of North Country Community Mental Health that accident prevention shall be considered of primary importance in all phases of operations and administration. It is the intention of North Country Community Mental Health’s management to provide safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees.

The prevention of accidents is an objective affecting all levels of our organization and its operations. It is, therefore, a basic requirement that each supervisor make the safety of all employees an integral part of his or her regular management function. It is equally the duty of each employee to accept and follow established safety regulations and procedures.

Every injury that occurs on the job, even a slight cut or strain, must be reported to the immediate supervisor and Human Resources as soon as possible. Under no circumstances, except emergency trips to the hospital, should an employee leave the worksite without reporting an injury. Safety is everyone’s business.

Rules for All Employees
It is the intent of North Country Community Mental Health that everything possible will be done to protect employees from accidents, injuries and/or occupational diseases while on the job. If an employee is injured, positive action must be taken promptly to see that the employee receives adequate treatment. All operations must be planned to prevent accidents.
To accomplish this, the following rules will apply…

- All employees shall follow the safe practices and rules contained in this manual and such other rules and practices communicated on the job. All employees shall report any unsafe conditions or practices to the proper authority, including their immediate supervisor, and, if corrective action is not taken immediately, the next level of supervision who has proper jurisdiction over such practices.
- The supervisor shall be responsible for implementing these procedures by insisting that employees observe and obey all rules and regulations necessary to maintain a safe workplace and safe work habits and practices.
- Good housekeeping must be practiced at all times in the work area. Clean up all waste and eliminate any dangers in the work area.
- Appropriate clothing and footwear must be worn at all times. Do not wear shoes with thin or torn soles. Personal protection equipment (disposable latex gloves, scrubs, respirators, eye protection) will be worn whenever needed.
- All employees will participate in safety education/meetings conducted on a regular basis.
- Anyone under the influence of alcoholic beverages or drugs, including prescription drugs, which might impair motor skills and judgment, shall not be allowed on the job nor will consumption of such substances be tolerated in the workplace. Refer to Tobacco and Drug Use Policy.
- Horseplay and other acts, which tend to have an adverse influence on safety or wellbeing of other employees, are prohibited.
- Work shall be well planned and supervised to avoid injuries in the handling of heavy materials and while transferring consumers with limited mobility.
- No one shall be permitted to work while the employee’s ability, alertness, or judgment is so impaired by fatigue, illness, or other causes that it might expose the employee or others to injury.
- Employees should be alert to see that all personal protection equipment is available and worn when the job hazard dictates, and shall report deficiencies promptly to the supervisor.
- Employees shall not handle or tamper with any electrical equipment, machinery, or air or water lines unless they have received specific instruction.
- All injuries should be reported to the supervisor and to Human Resources so that arrangements can be made for medical and/or First Aid treatment.
- Dispose of all items properly and carefully.

Agreement to Participate

Every employer is required to provide a safe and healthful workplace. A safe and healthful workplace is one of the highest priorities of North Country Community Mental Health.

The information in this manual constitutes a written Injury and Accident Prevention Program. While North Country Community Mental Health cannot anticipate every workplace hazard, the following general principals serve to guide your conduct. To be safe, you must never stop being safety conscious.

- Study the guidelines contained in this manual.
- Discuss potential workplace/safety situations with your supervisor.
- Attend all agency sponsored safety training.
- Read all posters and warnings.
- Listen to instructions carefully.
- Participate in accident investigations as requested.
- Accept responsibility for the safety of others.

Employee safety training is another requirement of an effective Injury and Accident Prevention Program. While North Country Community Mental Health believes in skill training, we also want to emphasize safety training. All employees should start the safety training by reading this manual and discussing any problems or safety concerns with your direct supervisor.
Training is required for all employees.

Federal laws require that North Country Community Mental Health staff, participating guests, and visitors receive appropriate health and safety training. Managers are responsible for ensuring that employees and guests under their supervision receive this training so they are fully informed about possible occupational health hazards and know how to work safely.

Training must include North Country Community Mental Health’s health and safety orientation for new employees plus any additional training specific to the nature of hazards on the job. Employees must complete this training before they can work unsupervised.

Managers should identify training needs for the job classifications for which they are responsible. Please refer to specific chapters in this manual for further information on training requirements or consult the Safety Specialist about training requirements.

Training not provided by Safety Specialist, such as on-the-job training, is the responsibility of management. This includes information on procedural changes or system modifications that impact safety.

ALL health and safety training/education must be documented. Supervisors must note the participants’ names, dates, and topics discussed. Supervisors are responsible for maintaining documentation of all health and safety topics discussed during site meetings.

North Country Community Mental Health committee representatives can conduct safety discussions and review material at meetings as needed. The purpose of this is to convey safety information and answer employee questions. Staff will review the content of the manual and environment of care, special worksite hazards, serious dangers, and material safety data sheets, and other required training.

Supervisors will notify employees whenever a new practice, protocol, or procedure is introduced into the workplace.

Employee Responsibility for Training
Safety education requires employee participation. For some employees it is a requirement to take CPR and First Aid training. For all other employees it is strongly recommended to be trained in these categories.

Employees are responsible for reading the manual and bi-monthly training material, in addition to reviewing and applying general safety rules to specific situations.

Remember, the following general rules apply in all situations:

○ No employee should undertake a job that appears to be unsafe.
○ No employee is expected to undertake a job until he/she has received adequate safety instructions and is authorized to perform the task.
○ No employee should use chemicals without fully understanding their toxic properties and without the knowledge required to work with these chemicals safely.
○ Mechanical safeguards must be kept in place.
○ Employees must report any unsafe conditions to the job site supervisor and the Safety Specialist.
○ Any work-related injury or illness must be reported to supervisor and Human Resources at once.
○ Personal protective equipment must be used when and where required. All such equipment must be properly maintained.
Communication
Employers should communicate to employees their commitment to safety and to make sure that employees are familiar with the elements of the safety program. North Country Community Mental Health communicates with its employees orally, in the form of directions and statements from your supervisor, and in writing in the form of directives and this manual, and by example. If you see an individual do something unsafe, please tell that person.

Accident Prevention
Each employee has a personal responsibility to prevent accidents to themselves, to their fellow workers, to consumers, and to visitors. You will be expected to observe safe practice rules and instructions relating to the efficient handling of your work.

Employees’ responsibilities include the following:

○ Incorporate safety into every job.
○ Know and obey safe practice rules.
○ Know that disciplinary action may result from a violation of the safety rules.
○ Report all injuries immediately, no matter how slight the injury may be, to supervisor and Human Resources
○ Caution fellow workers when they perform unsafe acts.
○ Don’t take chances.
○ Ask questions when there is any doubt concerning safety.
○ Don’t tamper with anything you do not understand.
○ Report all unsafe conditions or equipment to your supervisor immediately.

It is the intent of North Country Community Mental Health to provide a safe and clean workplace and to maintain sound operating practices. Concentrated efforts shall produce safe working conditions and result in efficient, productive operations.

Accident prevention is the responsibility of all of us. Department heads and supervisors at all levels shall be responsible for continuous efforts directed toward the prevention of accidents. Employees are responsible for performing their jobs in a safe manner by observing safe and clean work practices in addition to ongoing compliance of established safety standards and codes. Supervisors are responsible for reviewing this with employees.

Safety Audits
In addition to other preventative practices, there will be a group discussion of the causes of accidents and methods to avoid accidents and injury situations. Work rules will be reviewed and modified based on the study of these accidents.

Workplace safety depends on workplace observation each day. Before you begin work, inspect the area for any dangerous conditions. Inform your supervisor of anything significant so other employees and guests are advised. If you are unclear or unsure of a suspected hazard, contact your supervisor and review your planned actions before starting to work.

Managers are required to report serious concealed dangers to the Safety Specialist who will contact OSHA or administrative agency within fifteen days or immediately if such danger would cause imminent harm.

Merely identifying the problem is not sufficient. The danger must be reported to the appropriate supervisor and the Safety Specialist, who then will attempt to correct the problem. If the danger cannot be corrected, then all employees will be warned to take protective action so that the danger will not result in any injuries.
Workplace safety inspections will occur periodically when conditions change or when a new process, protocol, or procedure is implemented.

**Accident/ Injury Reporting**
A tool used by North Country Community Mental Health to identify the areas responsible for accidents/injuries is through properly completed Staff Injury Report and CQI form. The completed Staff Injury Report and CQI is submitted for review to North Country Community Mental Health’s risk management advisors, and, if the accident resulted in serious injury, to legal counsel. If the accident resulted in serious injury, it will be directed by legal counsel to provide the most reliable evidence or description legally permissible. All investigations pursuant to the directions of legal counsel will be protected by all applicable privileges, if any.

If a formal police report or other official investigation is conducted by any government agency, get the name and badge number of the official (or a business card) and find out when a copy of the official report will be available to the public. If you are requested to make a statement, you have the right to have legal counsel attend your statement at no cost to you.

**OSHA Records Required**
Copies of required Staff Injury Reports and certification of employee safety training shall be maintained by North Country Community Mental Health. A written report will be maintained on each accident, injury, or on-the-job illness requiring medical treatment. A record of each such injury or illness is recorded on OSHA Log of Work Related Injuries and Illnesses Form 300 according to its instructions. Supplemental records of each injury and illness are maintained on OSHA Form 301. Every year a summary of all reported injuries or illnesses is posted no later than February 1 until April 30, on OSHA Form 300A. These records are maintained for five years from the date of preparation.

**Reporting**
All serious accidents must be reported to MI OSHA according to rules and regulations. In cases of hospitalization or death, a full investigation with copies to governmental authorities will be required. In less serious cases, the investigation report must be presented to the organization for disclosure to its insurance carrier and for remedial action at the worksite.

**Safety Equipment and Protective Clothing**
Proper safety equipment is necessary for your protection. The organization provides protective equipment.

Use all safeguards, safety appliances, or devices furnished for your protection and comply with all regulations that may concern or affect your safety. Wear your gear properly.

Your supervisor will advise you as to what protective equipment is required for your job.

Certain jobs require standard safety apparel and appliances for the protection of the employee. Your supervisor is aware of the requirements and will furnish you with the necessary approved protective equipment. These items shall be worn and effectively maintained as a condition of your continued employment and part of our mutual obligation to comply with the Michigan Occupational Safety and Health Act (MI OSHA).

Safety goggles, glasses, and face shields shall correspond to the degree of hazard (i.e., chemical splashes, impact hazard, and dust) and appropriate footwear must be worn. Do not alter or replace an approved appliance without permission from your supervisor.

No jewelry shall be worn around power equipment.
Tobacco
NCCMH is a governmental agency and therefore prohibits the use of tobacco products throughout the interior areas of facilities that are operated by the agency and in agency owned vehicles. An outdoor smoking area will be designated at each worksite where permitted. The area will be adjacent to or close to the building but far enough from any door or open window to ensure that smoke does not invade the building. (Please refer to the Administrative Manual, Chapter 3 – Human Resources, Tobacco and Drug Use/ Abuse Policy for further information.)

General Safe Work Practices
Ergonomics
With the introduction of computers into the workplace, new areas of physical debilitation have been recognized. These new potential hazards have required a redesigning of both the workplace and how employees work.

Furniture will be adjustable, positioned, and arranged to minimize strain on all parts of the body. Repetitive motions can harm back, shoulders, neck, wrists, and other parts of the body, so employees will not proceed with a task when they are physically feeling impairment. Each employee will be entitled to a rest break.

Ventilation for Indoor Air Quality
HVAC systems should provide at least the quantity of outdoor air required by the State Building Standards code, Title 24, part 2. The HVAC systems will be inspected annually with an approved inspection certificate available for review. Records should be retained for a minimum five-year period.

Mail Handling and Package Handling Guidelines
Due to infectious exposures through mail and package handling (i.e., anthrax) the following guidelines should be practiced to identify a suspicious package or envelope.

Identifying Suspicious Packages and Envelopes
Some characteristics of suspicious packages and envelopes include the following:

- Inappropriate or unusual labeling
- Excessive postage
- Handwritten or poorly typed address
- Misspelling of common words
- Strange return address or no return address
- Incorrect title or a title without a name
- Not addressed to a specific person
- Marked with restrictions such as “Personal”, “Confidential”, or “Do Not X-Ray”
- Marked with any threatening language
- Postmarked from a city or state that does not match the return address

Appearance
- Powdery substance felt through or appearing on the package or envelope
- Oily stains, discolorations, or odors
- Lopsided or uneven envelope
- Excessive packaging material such as masking tape, string, etc.

Other suspicious signs
- Excessive weight
- Ticking Sound
- Protruding wires or aluminum foil
**IF A PACKAGE OR ENVELOPE APPEARS SUSPICIOUS, DO NOT OPEN IT.**

**Handling of Suspicious Packages or Envelopes**
- Do no shake or empty the contents of any suspicious package or envelope.
- Do not carry the package or envelope, show it to others, or allow others to examine it.
- Put the package or envelope down on a stable surface; do not sniff, touch, taste, or look closely at it or at any contents which may have spilled.
- Notify senior supervisor onsite. Supervisor will be responsible for contacting others if needed (i.e., Safety Specialist, Director, law enforcement).
- Leave the area, close any doors, and take actions to prevent others from entering the area. If possible, shut off the ventilation system.
- WASH hands with soap and water to prevent spreading potentially infectious material to face or skin. Seek additional instructions for exposed or potentially exposed persons.
- Create a list of persons who were in the room or area when this suspicious package or envelope was delivered.

Reference: CDC Health Advisory CDCHAN-00050-01-10-31-ADV-N

**Safety Posters**
North Country Community Mental Health is required to post certain employment-related information. The required information is maintained at each worksite where employees can find the following required posters:

- Pay Day Notice
- Anti-Discrimination Posters
- Equal Employment Opportunity is the Law (EEOC Form)
- OSHA Safety and Health Protection on the Job
- Notice of Workers Compensation Carrier
- Notice to Employees: Unemployment Insurance and Disability Insurance
- Notice: Employee Polygraph Protection Act (Form WH 1462)
- Access to Medical and Exposure Records
- Notice to Employees: Time off to vote

In addition to the above listed notices, a copy of this injury prevention program, a log, and summary of Occupational Injuries and Illnesses, a copy of North Country Community Mental Health’s code of Safe Work Practices, and a Fire Prevention and Evacuation Plan must be posted.

Material Data Safety Sheets for North Country Community Mental Health’s premises are available at each worksite.

**Work Environment, General**
Worksites must be clean and orderly. Items must be two inches off the floor and 18 inches from the ceiling. Work surfaces must be kept dry or appropriate means taken to assure the surfaces are slip-resistant. Spills must be cleaned up immediately. All combustible debris and waste must be stored and removed promptly. Waste containers must be covered. Oily and paint soaked rags are combustible and should be discarded in sealed metal containers only. All oil and gas fired devices should be equipped with flame failure controls that will prevent flow of fuel if pilots or main burners are not working. Ask your supervisor where these controls are located. Make sure floor openings are either covered or otherwise guarded.
Walkways
All aisles, hallways, and passageways must be kept clear. Wet surfaces must be covered with non-slip material and all holes properly covered or marked with warnings. All wet or drying surfaces must be identified with "caution" signs.

Equipment must be properly stored so that sharp edges do not protrude into walkways. Changes in elevations must be clearly marked, as must passageways near dangerous operations like machinery operation or painting. If there is a low ceiling, a warning sign must be posted. If the walkway or stairway is more than thirty inches above the floor or ground it must have a guardrail.

Ladders
Check ladders each and every time before you climb. Ladders should be maintained in good condition; joints between steps and side rails should be tight; hardware and fittings securely attached; and moveable parts operating freely without binding or undue play. Non-slip safety feet are provided on each ladder. Ladder rungs and steps should be free of grease and oil. Employees are prohibited from using ladders that are broken, missing steps, rungs, or cleats, or that have broken side rails or other faulty equipment.

It is prohibited to place a ladder in front of doors opening toward the ladder except when the door is blocked open, locked, or guarded. It is prohibited to place ladders on boxes, barrels, or other unstable bases to obtain additional height. Face the ladder when ascending or descending.

Be careful when you climb a ladder. Do not use the top step of ordinary step-ladders as a step.

All portable metal ladders must be legibly marked with signs reading “CAUTION" - “Do Not Use Near Electrical Equipment”. Employees are prohibited from using ladders for anything other than their intended purposes. Only adjust extension ladders while standing at a base (not while standing on the ladder or from a position above the ladder). Metal ladders should be inspected for tears and signs of corrosion. Rungs of ladders should be uniformly spaced at 12 inches, center to center.

Portable Power Tools
Portable power tools pose a special danger to employees because they are deceptively small and light, yet they can do great bodily harm if used improperly or if they are poorly maintained. These rules apply to all power tools, but are especially important when handling portable saws, drills, and power screwdrivers.

Check your equipment before you use it. All grinders, saws, and similar equipment should be equipped with appropriate safety guards. Power tools should not be used without the correct shield, guard, or attachment recommended by the manufacturer.

Portable circular saws must be equipped with guards above and below the base shoe. Circular saw guards should be checked periodically and before each use to ensure they are not wedged up, thus leaving the lower portion of the blade unguarded.

All rotating or moving parts of equipment should be guarded to prevent physical contact. All cord-connected, electrically operated tools and equipment should be effectively grounded or of the approved double insulated type. Effective guards must be in place over belts, pulleys, chains, and sprockets on equipment. If portable fans are provided, they must be equipped with full guards or screens having openings ½ inch or less.

Power tools are either battery-operated or wired. While not usually a shock hazard, the battery pack contains toxic chemicals and does emit a low voltage electric current. Don’t drop or incinerate the battery pack or a tool with a self-contained power source. Hard-wired equipment can be
portable or fixed. Typically used with extension cords, the more powerful hard-wired equipment presents a double safety problem: the actual equipment plus its electrical power source.

**First Aid Kits**

First Aid kits and required contents are maintained in a serviceable condition at each worksite and in agency vehicles. Unit-type kits have all items in the First Aid kit individually wrapped, sealed, and packaged in comparable sized packages. Items such as scissors, tweezers, tubes of ointments with caps, or rolls of adhesive tape need not be individually wrapped, sealed, or disposed of after a single use or application. Individual packaging and sealing shall be required only for those items which must be kept sterile in a First Aid kit. The First Aid kits are maintained at the ten, sixteen, twenty-four, or thirty-six level.

Where the eyes or body of any person may be exposed to injurious chemicals and/or materials, suitable facilities for quick drenching or flushing of the eyes and body are provided within the work area for immediate emergency use. First Aid kits are to be labeled and easily accessible.

**Safe and Secure Work Environment Officer**

**General Statement**

The Safety Specialist is the person who has been delegated the authority to develop and administer North Country Community Mental Health’s Injury and Accident Prevention Program.

**Duties**

The Safety Specialist is the person designated by the organization with the duty and authority to implement and maintain North Country Community Mental Health’s Injury and Accident Prevention Program. The Safety Specialist is assigned the responsibility of providing technical guidance and services in the field of health and safety needed by North Country Community Mental Health management. To fulfill this objective the Safety Specialist is required to:

- Provide management at all levels with the information, advice, and assistance needed to formulate North Country Community Mental Health’s health and safety protocol, directives, procedures, and standards.
- Assist management at all levels in establishing and maintaining a healthful and safe working environment free from unacceptable risks, in conformance with OSHA health and safety guidelines and in compliance with applicable standards, codes, and regulations.
- Monitor operations within North Country Community Mental Health (and offsite facilities when appropriate) and provide management with the information needed to maintain a healthful and safe working environment that is free from unacceptable risks.
- Develop and provide general safety education and training programs.
- Assist in the development of specific job safety training programs.
- Develop plans and train response personnel to control emergency situations (earthquake, radiation, injury, tornado, bomb, fire, etc.).
- Provide health and safety support services assigned by the supervisor to whom the responsible Safety Specialist reports.
- Maintain a staff of specialists or consultants knowledgeable in all areas of safety.
- Prepare and maintain North Country Community Mental Health’s Infection Control and Safety/Environment of Care Manual and other documents that relate to safety.
- Specify proper protective equipment for issuing to employees.
- Check plans of all new projects for construction safety, industrial safety, and other safety reviews as required by OSHA regulations and North Country Community Mental Health policies.
- Stop hazardous operations where life hazard or major property damage is imminent and follow with documented evidence.
○ To carry out responsibilities, the Safety Specialist maintains a staff of specialists and outside consultants in the appropriate environment, health, and safety disciplines. These disciplines include:
  • Construction safety
  • Engineering Services
  • Environmental Protection
  • Industrial Hygiene
  • Mechanical Safety
  • Occupational Safety
  • Radiation Safety
  • Safety Training and Education
○ The functions of the Safety Specialist is divided into five areas:
  • Operations
  • Health Physics
  • Engineering Services/Occupational Safety
  • Industrial Hygiene
  • Environmental Protection

Some of these functions may be delegated in whole or in part to staff/or outside consultants.

Safe Work Environment

Worker Safety
North Country Community Mental Health will provide a safe and secure work environment for all employees, both in the office and away from the office, performing business. A safe and secure work environment is one that is free of intimidation, harassment, and inappropriate behavior that intimidates, threatens, or frightens someone (verbal or physical). This requires maintaining a safe environment while in transit to and from North Country Community Mental Health locations whether transporting consumers or in transit to consumers’ homes. It further requires zero tolerance for the possession of weapons, firearms, alcohol, or drugs while on agency property or conducting agency business.

○ Each North Country Community Mental Health office or program site will maintain an appropriate and current written plan for that site, covering locked doors, supervisor’s emergency numbers, and staffing ratios* (see below).
○ A list of supervisors in predetermined order, with pager or cell phone numbers, will be posted in an easily accessible and predetermined place. All staff will have access to this list.
○ The door between waiting room and offices should be locked at all times. If code locked, the code will be changed at least monthly.
○ All offices should be arranged in such a way that the employee has an escape route.
○ Clinicians’ offices at the Bellaire, Kalkaska and Rapid City buildings are equipped with panic alarms to be used in cases where the clinician feels their safety is in jeopardy. Each site has established protocols to be utilized when the panic alarm is activated. Protocols are found in the emergency directories.

Recommended Staffing Ratio*
ACT, CC&T, DD - Two staff
Day Treatment - Ratio of one staff to four consumers
Clubhouse - Generally there will be two staff in the building during hours of operation.

*Residential - Two staff to six consumers. One-to-one ratios will be maintained when assigned to specific individuals or per certification/ licensing requirement.
Potentially Violent Situation Procedure

Violence or threat of violence in the workplace will be handled the same for all North Country Community Mental Health employees. These protocols are designed to protect visitors and guests, as well as employees.

- At the first sign of threatening behavior (this includes verbal attacks), which makes employees feel frightened in any way for their own safety or someone else’s, the employee is to take steps to remove themselves from the situation, seek supervisory assistance, and call 911 if necessary. The receptionist must be notified when 911 has been called.
- If an altercation occurs, the police are to be called immediately. Evacuate if appropriate.
  - State: “I want to report a (disturbance, fight, robbery, violent person, etc.) at North Country Community Mental Health, located at _____________________.
  - Don’t hang up until told to do so.
- If dialing 911 puts you at greater risk, contact an on-site staff by phone and ask for the “red file” (this will prompt the staff person to call 911 immediately). Ask for the “yellow file” if a physical presence or assistance is needed.
- Remain calm. Do not issue challenges.
- It is not recommended to try to restrain anyone unless you have been trained in CPI. Evacuation is the recommended course of action.
- It is required that all staff be trained in CPI.
- If the situation presents an imminent threat to consumers, employees, or visitors and restraint is possible without increasing this threat, an employee may take appropriate actions consistent with the CPI techniques taught by this organization.

Self-protection techniques:

- Stand with feet at a 45–60 degree angle, knees unlocked, weight on back leg (CPI supportive stance). You will be balanced enough so that you can lift your forward leg to protect against a kick without falling.
- Always maintain eye contact. It gives you information about when and where the attacker might hit you.
- State clearly the boundaries of behaviors that you will allow.
- Give the individual choices. For example, “you may stay and wait quietly for the doctor to see you or you may leave now.”
- Never put your hands in your pockets. Palms up are the least threatening gesture.
- Be aware of the presence of structures, doors, tables, and other people.
- Don’t be patronizing. Show respect and genuine concern.

If the incident results in an injury to anyone, notify the Human Resource Department, Risk Management Committee, and the Safety Specialist.

Complete a Staff Injury Report, CQI Indicator Report, Bloodborne Pathogen Exposure Report (if necessary), and Worker’s Compensation Forms (if necessary).

Off-Site Check-In Safety Practice Protocol

Off-Site Schedule

All employees working off-site on consumer related visits should leave a schedule of their anticipated itinerary.

Each department is required to monitor and update each off-site schedule. This schedule should be with an appointed staff person (ideally a support staff that can take calls and update the schedule as needed). This refers to staff conducting off-site consumer contacts or transporting consumers.
The schedule will include destination, time of appointment, anticipated time of return, a list of appointments, and the order if appropriate.

Changes in an employee’s schedule require a call to the office to report changes to responsible staff. In situations involving transport or travel for individuals with a history of, or potential for violence, it is recommended that a designated route be used.

**End of Day Check-In**
There are many times that employees are scheduled to make off-site visits extending after normal business hours and therefore call-in cannot be made. Each location should have a list of employees that may be faced with a possible volatile situation. Those employees should have an END OF DAY CHECK-IN practice. Example: page supervisor at assigned time, use your office extension number and “00”.

Personal emergency phone numbers should be given to supervisor and a back-up person to be used if the end of the day check-in was to occur and did not. Human Resources has access to this information for emergencies.

If employees have case specific concerns, they should notify their supervisor and/or Safety Specialist as appropriate. These emergency numbers should be posted in a predetermined location for all employees to access. If the issue is threatening to staff and seems relevant, staff may contact law enforcement for assistance.

All staff required to be in a situation alone with a consumer must be certified in CPI.

**Use of Buddy System**
Staff should never go alone to a site in which there is a potential of violence or harm.

At staff meetings, all tentative visits should be listed and consumer files checked and discussed for possible problems prior to scheduling off-site visits.

Should it be necessary to go to a site where there is a potential for problems, two staff are required to make the visit. The visit should be made early in the day with the availability to report to the office at the completion of that visit.

No staff will be required to go to an off-site visit alone if they feel they are in jeopardy.

Depending on the situation, staff may be instructed by their supervisor to request assistance from other community agencies such as law enforcement or Protective Services. Example might be removing individuals from foster care homes under licensing investigation.

**Use of Cell Phones**
Programs will have a cell phone accessible for staff who are not assigned an agency cell phone to use in the event of an emergency.

**Transporting Practices**
The main, most heavily traveled routes should always be used when transporting consumers. Employees that transport regularly should have established and posted routes for all transports and a copy maintained in each vehicle. All employees should be familiar with the NCCMH Transportation of Consumers Procedure.
SECTION II – EMERGENCIES

Organization
North Country Community Mental Health requires that during every emergency an organized effort be made to protect personnel from further injury and to minimize property damage.

All of North Country Community Mental Health’s resources can be made available to respond to an emergency. Each supervisor must know what to do during an emergency in his or her area and must be certain that his or her employees understand their roles.

All of the following can be sources of emergencies:

- Winter Storms  See Administrative Manual
- Heating failure  Contact Safety Specialist
- Thunder storms  Each site has individual written plan
- Lightning  Each site has individual written plan
- Tornadoes  Each site has individual written plan
- Bomb threat  Each site has individual written plan
- Power outages  Contact Safety Specialist
- Water shortages  Contact Safety Specialist
- Floods  Evacuate to safety then call Safety Specialist
- Poison  Call Poison Control at 1-800-222-1222
- Fire  See Fire Safety Section

Responsibilities

Supervisors
During an emergency, the supervisor or his/her designee must:

- Ensure that those under his or her supervision are familiar with the plan for the building, particularly the recommended exit routes and how to report an emergency.
- Render assistance to the person in charge during an emergency, as required.
- Maintain familiarity with the shutdown protocol for all equipment used by those under his or her supervision.
- Know the location and use of all safety equipment in his or her worksite.
- Keep employees from re-entering an evacuated area until re-entry is safe.

Employees not involved in the emergency must stay away from the scene and follow the instruction issued over the public address system or directly from the person in charge. The sounding of a fire alarm means immediate evacuation by the nearest exit. Employees must not re-enter an area that they have evacuated until notified that it is safe to return.

Employee Responsibilities
Employees, other than emergency-response groups, involved in any emergency greater than a minor incident are expected to act as follows:

- If there is threat of further injury or further exposure to hazardous material, remove all injured persons if possible, and leave the immediate vicinity. Leave seriously injured personnel where they are.
- Report the emergency immediately by calling 911. State what happened, the specific location, whether anyone was injured, and your name, address and phone number.
- Proceed with First Aid or attempt to control the incident only if you can do so safely and have been trained in First Aid or the emergency response necessary to control the incident.
Show the ranking emergency-response personnel where the incident occurred; inform them of the hazards associated with the area, provide any other information that will help avoid injuries, and assist as requested.

Emergency Practices

 Bomb Threat

 Notification
 Upon receiving a bomb threat, the designated North Country Community Mental Health employee is responsible for notifying the following outside agencies: (dial 911)

○ State Police Post
○ Fire Department
○ City Police

 Authority
 The Director or designee has complete authority for the operation of all bomb threat protocol. When professional assistance is available from the community, the fire and/or police departments may delegate this authority.

 Evacuation
 If evacuation is deemed necessary, exit building by fire exits unless otherwise directed. Assist and direct consumers to safety.

 Each worksite should have an individualized plan in place, which will include:

○ How the building will be evacuated.
○ Where you will meet outside of the building to know if everyone is accounted for.

 Upon sighting a suspicious object:

○ DO NOT touch it.
○ Clear all persons from the area.
○ Report it immediately.
○ Carefully close all doors around the object to help isolate it.

 Guidelines for types of threats:

○ Verbal threat
  • Remain calm; try to extract additional information from the caller.
  • Record the conversation in writing on specified form. Be accurate.
  • Be alert for distinguishing background noise (music, voices, trucks, etc.).
  • Note distinguishing voice characteristics such as age, sex, accent, or speech impediment.
  • Ask questions regarding the bomb: time of detonation, location, appearance, construction, etc.
  • Note if the caller indicates knowledge of building.
○ Use Bomb Threat Checklist to document all information. (See Emergency Directory for form.)
○ Fire Plan - see Fire Safety (Section 5)
Tornado or Storm

Notification
In the event of notification of a storm or tornado, the decision to activate all or part of the storm protocol will be the responsibility of the Director or designee. On duty personnel should report immediately to their work area and implement worksite individualized plan, which includes:

○ Remaining calm.
○ Moving as far from windows as possible, preferably into a corridor area on lowest level of building.
○ Keeping tuned to weather information.

All Clear
When the storm or threat has passed, designee will announce the “all clear.”

Damage
If an area appears to be physically damaged the Director or designee should be contacted prior to re-entry.

Utility Interruption
From time-to-time, a facility may experience an interruption in one or more of its utilities (electricity, water, communication system, etc.).

Authority
The Director or designee will assume responsibility in the event of a utility interruption.

○ If utility interruption lasts for an extended period of time, it may be necessary to cease work operations and/or move employees and consumers to another location.

Back up Supplies
Facilities should have on hand:

○ Flashlights
○ Battery-powered radio
○ Extra batteries
○ Other emergency supplies as deemed necessary by the program supervisor.

Nuclear Incident
State and county officials have developed emergency plans to protect people in these areas.

Notification
In the event of a radiation release to the environment, persons within 5-miles will be notified promptly if county or state officials determine that the release may affect their health and safety. Upon receiving this notification, you should turn on your radio or television and listen for Emergency Broadcast System instructions as to appropriate protective actions. You will be kept informed for as long as the emergency exists.

Protection Action
Protective action may simply involve staying indoors with doors and windows closed and ventilating systems turned off. If you receive instructions to evacuate, you should proceed via evacuation routes to an area designated by county officials.

Reception Centers
If an evacuation is ordered, you should follow the routes identified by the public warning system, radio, television, or other means. You should drive to the reception center designated by local officials over the public warning system. Charlevoix County reception centers are located in Boyne City and East Jordan. Emmet County reception centers are located in Petoskey.
Fire Safety

Introduction
Fire safety at North Country Community Mental Health takes into account the special fire hazards for specific operating areas, the protection of high-value property, and the safety of employees.

This section covers these ends that are met by:

○ Non-combustible or fire-rated materials and construction practices suitable to the assigned uses of building and facilities.
○ Alarm systems and automatic extinguishing systems.
○ Availability of suitable hand-extinguishers and local hose lines for use before firefighters arrive for employees to use for rescue and evacuation only.
○ Access to professional fire department, staffed and trained in the control of emergencies that could occur.

General Fire Safety
All fire doors and shutters must be maintained in good operating condition. Fire doors and shutters should be unobstructed and protected against obstructions, including their counterweights. Fire door and shutter fusible links must be in place.

All automatic sprinklers should be checked routinely. The maintenance of automatic sprinkler systems is assigned to each site’s maintenance division or landlord. Sprinkler heads should be protected by metal guards if they could possibly be exposed to damage. Proper clearance must be maintained below sprinkler heads.

Portable fire extinguishers are provided in adequate number and type and are located throughout the facility. Fire extinguishers are mounted in readily accessible locations. Fire extinguishers are recharged annually and the date of last inspection noted on their tags. All employees are periodically instructed in the use of extinguishers and fire protection practices. North Country Community Mental Health employees are only to use extinguisher to escape or rescue someone. Notify the Safety Specialist of any damage to fire protection equipment. The Fire Department is responsible for fighting fires.

NCCMH’s other responsibilities include training employees in fire safety practices and equipment.

Fire protection and response functions are performed in conformance with regulations, state law, North Country Community Mental Health protocol, and nationally recognized standards and guidelines for fire and life safety. The fire chief and the fire marshal have the authority to enforce applicable requirements of the Uniform Building Code; the Uniform Fire Code; National Fire Protection Association Codes (including the Life Safety Code), Standards, and Recommended Practices; and the fire protection provisions of OSHA Orders.

○ All employees must immediately report fires, smoke, or potential fire hazards to the fire department.
○ All employees must conduct their operations in such a way as to minimize the possibility of fire.

All employees are responsible for keeping their operating areas safe from fire. The Safety Specialist and the fire department will provide guidance and construction criteria with respect to fire and life safety as well as inspections. The provision and maintenance of fire detection systems, both automatic and manual fire extinguishing equipment, is the responsibility of the Safety Specialist. The supervisor who best knows the day-to-day operations is responsible for notifying the Safety Specialist of operations that may change in the planned fire protection provisions.
**Supervisor Responsibilities**
Supervisors must ensure that their personnel are properly instructed regarding potential fire hazards involved in their work and around their workplaces, the proper precautions to minimize fires, and the plan in case of fire. The local fire department and the Safety Specialist also offer formal training and materials on fire prevention, response, fire safety, and fire extinguisher operation.

**Fire Evacuation Plan**
In case of fire:
- Each program has an individualized plan. The following is the minimum requirement:
  - Exit building using stairs- DO NOT USE ELEVATOR. (If you have individuals in wheelchairs move them to the top of the stairway outside of the fire door until the fire department arrives.)
  - Call fire department and report exact location of fire.

**Combustibles**

**Class “A” Combustibles**
Class “A” combustibles are common materials such as wood, paper, cloth, rubber, plastics, etc. Fires in any of these fuels can be extinguished with water as well as other agents specified for Class “A” fires. They are the most common fuels to be found in non-specialized operating areas of the workplace such as offices.

**Safe handling of Class “A” combustibles means:**
- Disposing of waste in a timely manner.
- Keeping work area clean and free of fuel paths, which can spread a fire once started.
- Keeping combustibles away from accidental ignition sources such as hot plates, soldering irons, or other heat or spark-producing devices.
- Keeping all rubbish, trash, or other waste in metal or metal-lined receptacles with tight-fitting covers when in or adjacent to buildings. (Exception: wastebaskets of metal or of other material and design approved for such use, which are emptied regularly, need not be covered).
- Where smoking is permitted in designated areas, making sure that items are extinguished and cold to the touch before emptying them into a safe receptacle.
- Storing combustibles properly.
  - Paper stock as well as rags will be stored on metal shelves away from flammables.

**Class “B” Combustibles**
Class “B” combustibles are flammable and combustible liquids (including oils, greases, tars, oil-base paints, lacquers), flammable gases, and flammable aerosols (spray cans).

The use of water to extinguish Class “B” fires (by other than trained firefighters) can cause the burning liquid to spread carrying the fire with it. Flammable-liquid fires are usually best extinguished by excluding the air around the burning liquid. Generally, this is accomplished by using one of several approved types of fire-extinguishers.

Fires involving flammable gases are usually controlled by eliminating the source of fuel (i.e., closing a valve).

Technical, flammable, and combustible liquids do not burn, however under appropriate conditions they generate sufficient quantities of vapors to form ignitable vapor-air mixtures. As a general rule, the lower the flash point of a liquid, the greater the fire and explosion hazard. It should be noted that many flammable and combustible liquids also pose health hazards.
It is the responsibility of the user to ensure that all Class B combustibles are properly identified, labeled, handled, and stored. If assistance is required, contact the Safety Specialist.

Safe handling of Class “B” combustibles means:

- Using only approved containers, tanks, equipment, and apparatus for the storage, handling, and use of Class “B” combustibles.
- Making sure that all containers are conspicuously and accurately labeled as to their contents.
- Dispensing liquids from tanks, drums, barrels, or similar containers only through approved pumps taking suction from the top or through approved self-closing valves or faucets.
- Storing, handling, and using Class “B” combustibles only in approved locations, where vapors cannot reach any source of ignition including heating equipment, electrical equipment, oven flame, mechanical or electrical sparks, etc.
- Never cleaning with flammable liquids within a building except in a closed machine approved for the purpose.
- Never storing, handling, or using Class “B” combustibles in or near exits, stairways, or other areas normally used for egress.
- In rooms or buildings, storing flammable liquids in excess of 10 gallons in approved storage cabinets or special rooms approved for the purpose.
- Knowing the locations of the nearest portable fire extinguishers rated for Class “B” fires and how to use them.
- Never smoke, weld, cut, grind or use an open flame or unsafe electrical appliances or equipment, or otherwise creating heat that could ignite vapors, near any Class “B” combustibles.

Electrical Fires
There are many combustible materials, including electrical equipment, oxidizing chemicals, fast-reacting or explosive compounds, and flammable metals, which present specialized fire safety and extinguishing problems which staff are not trained to extinguish.

Fire Fighting Equipment
This section describes the fixed and portable equipment that is provided in working areas for fire protection. The fixed equipment includes automatic sprinklers, detectors and alarms, fire doors, etc. The portable equipment consists of fire extinguishers and hoses to be operated by employees before arrival of the local Fire Department to escape or rescue someone.

Smoke Detectors
Several types of automatic smoke detectors are used throughout North Country Community Mental Health, according to particular needs and purposes. In the many buildings equipped with evacuation alarm bells, the automatic detectors activate those alarms, as do the manual pull boxes. In some cases, automatic extinguishing systems are activated by automatic detectors.

Sprinkler Systems
Some buildings are provided with automatic sprinkler systems. The sprinkler heads contain a fusible element (most commonly fused at 212 degrees F) which, on melting, opens the head and starts a spray of water.

Automatic sprinkler heads can be damaged if they are subjected to mechanical abuse. A protective case should be installed where such damage is possible. Heat inadvertently applied to the sprinkler head can also activate the sprinkler when no actual fire is present. Normal heat sources should therefore be kept away from the sprinkler heads. To avoid decreasing the flow or spread of water or altering the spray pattern, do not allow material or furniture to be within 18 inches of the sprinkler head.

Sprinkler systems control valves must be kept accessible for Fire Department use. Allow at least three feet of clearance around such valves.
**Work Area, General**
Fire extinguishers must remain unobstructed at all times. Means of egress should be kept unblocked, well lit, and unlocked during work hours. Excessive combustibles (paper) may not be stored in work areas.

Designated employees have been trained to respond to a fire or other emergency. Workplaces are to be kept free of debris, floor storage, and electrical cords.

Adequate aisle space is to be maintained. File cabinet drawers should be opened one at a time and closed when work is finished.

Proper lifting techniques are to be used by employees to avoid over exertion and strain when carrying loads or moving objects.

**Alarm System**
In most buildings, evacuation alarms are automatically activated when the fire is detected. They can also be activated manually at strategically located pull boxes. The emergency actions of personnel and the evacuation for each building or operating area are established for each building and posted near the main entrance or fire exit or elevator. If you smell smoke and the alarm has not sounded pull alarm to notify others to evacuate. NEVER USE THE ELEVATOR IN CASE OF A FIRE.

**Fire Doors**
Automatic fire doors and dampers are provided at strategic points to close and block the spread of smoke and fire when automatic detectors sense these. Automatic doors must never be blocked or left in disrepair so that they cannot close and latch automatically as intended.

Self-closing fire doors are those doors designed and installed to close each time after being opened. These must never be blocked, wedged, or tied open.

**Combustible Materials**
Only approved containers and tanks are to be used for the storage and handling of flammable and combustible liquids. Storage units for flammable and combustible liquids should have mechanical or gravity ventilation. Liquefied petroleum gas must be stored, handled, and used in accordance with safe practices and standards. All flammable liquids should be kept in closed containers when not in use and stored in a separate building off grounds.

“No smoking” signs must be posted on liquefied petroleum gas tanks. All solvent wastes and flammable liquids should be kept in fire-resistant, covered containers until they are removed from the worksite.

Vacuuming should be used whenever possible rather than blowing or sweeping combustible dust. Fire separators should be placed between containers of combustibles or flammable when stacked one on top of another to ensure their support and stability. Fuel gas cylinders must be separated by distance, fire resistant barriers, etc., while in storage.

Fire extinguishers are selected for the types of materials and placed in areas where they are to be used. These fire extinguishers are classified as follows:

- **Class “A”**: ordinary combustible materials fire.
- **Class “B”**: flammable liquid, gas, or grease fires.
- **Class “C”**: energized - electrical equipment fires.
Appropriate fire extinguishers must be mounted within 75 ft. of outside areas containing flammable liquids and within 10 ft. of any inside storage area for such materials. All extinguishers must be serviced, maintained, and tagged at intervals not to exceed one year. Extinguishers should be placed free from obstructions or blockage. All extinguishers must be fully charged and in their designated places unless in use. Agency vehicles are equipped with mounted fire extinguishers.

Where sprinkler systems are permanently installed, nozzle heads must be arranged so that water will not be sprayed into operating electrical switchboards or equipment; check to see that heads have not been bent or twisted from their original position.

“NO SMOKING” rules will be enforced in areas involving storage and use of hazardous materials. “NO SMOKING” signs have been posted where appropriate in areas where flammable or combustible materials are used and/or stored. Safety cans must be used for dispensing flammable or combustible liquids at point of use. All spills of flammable or combustible liquids must be cleaned up promptly.

Storage tanks should be adequately vented to prevent the development of excessive vacuum or pressure as a result of filling, emptying, or atmospheric temperature changes. Storage tanks are equipped with emergency venting that will relieve excessive internal pressure caused by fire exposure.

Fire Exits
Exit corridors must not be used for storage. The Life Safety Code, NFPA 101, requires that buildings designed for human occupancy must have continuous and unobstructed exits to permit prompt evacuation of the occupants and allow necessary access for responding emergency personnel. The intent of the Code is to keep exits free from obstructions and clear of combustible materials. Attention to housekeeping is very important. “Temporary” storage of furniture, equipment, supplies, recyclable waste paper, or anything else is not permitted in exit ways.

Life Safety Code
The Life Safety Code of the National Fire Protection Association, NFPA 101, requires that emergency lighting be provided for means of egress in certain areas.

The code states emergency lighting is required in exit corridors in any office-type building where the building is two or more stories in height above the level of exit discharge.

Although elevators are not considered a means of egress within the jurisdiction of the Life Safety Code, they do require emergency lighting. (Titles 8 and 24 require that emergency lighting be maintained in an elevator for a period of at least four hours.)
SECTION III - KITCHEN SAFETY

General Rules
Keep kitchens free from accidents as you perform kitchen-related duties.

Floors
- Clean up any dropped food, spilled liquids, and grease immediately.
- Wear properly fitted slip-resistant shoes.
- Clean entire floor thoroughly with a degreasing agent each night. Post a “wet floor” sign when necessary to alert others to slippery conditions.
- Aisles/Walkways – must be kept unobstructed.
- Keep passageways free of carts, boxes, trashcans, mop buckets, and other obstacles.
- Close oven doors immediately after inserting or removing items.
- Use the proper equipment (step stools, stepladders) for reaching upper shelves. Never climb on shelves, boxes, or chairs.
- Tell your supervisor about any condition that could cause a fall (such as a loose tile, spilled liquids and inadequate lighting).

Knife Safety
- Remember to keep knives sharp; dull knives slip easier.
- Choose the proper knife for the job and use a cutting board.
- Wipe knives clean by moving your cloth from the dull edge to the sharp edge.
- Cut away from your body and don’t hack. (Wear cut-resistant gloves, as recommended.)
- Let falling knives fall. (Never attempt to catch them!)
- Store knives in their proper places (locked if necessary).

Dishes/Glasses
- Store glasses and cups upside down. (Never stack them.)
- Don’t pick up several glasses in one hand by inserting your fingers into the glasses.

If you break a glass item:
- Use a broom and dustpan (not your bare hands) to pick up the pieces.
- Drain water before trying to remove broken glass from a sink.
- Label some paper with the word “glass,” then wrap the glass in the paper and discard in the proper receptacle. Broken glass should be disposed of in a container, such as a box, and labeled so no one else is injured.

Kitchen Machines
Follow the manufacturers’ instructions for the proper use and care of every piece of equipment. Take special precautions with ovens, ranges, steam tables, fryers, pressure cookers, dishwashers, and cleaning agents.

Be sure that you:
- Operate machines only if you’re trained and authorized.
- Use caution if you have long hair.
- Keep all guards on equipment.
- Turn off the switch and pull the plug before you clean or adjust equipment.
- Use special care when operating rotating choppers and vertical cutter mixers.
○ Use a wooden tamper when operating food choppers and meat grinders.
○ Do not put your hands inside a garbage disposal.

To avoid other possible hazards, don’t forget:
○ Wear gloves and watch for nails, wires, and splinters if you must handle crates.
○ Use a stiff brush for scrubbing.
○ Wear cut-resistant gloves.
○ Remove lids from canned goods completely.
○ Pull - don’t push - carts through doorways.
○ Keep the work area clean and orderly.

Ovens and Ranges
○ Get help when removing heavy pans from hot ovens.
○ Use dry mitts or potholders.
○ Assume that all objects on the range (and the range itself) are hot. Use dry mitts or potholders to move pots, pans, etc.
○ Keep utensil handles away from burners and don’t let handles stick out beyond the range’s edge.
○ Ask for help if you must move a heavy container full of hot liquid or food.
○ Direct steam away from you when removing the lid of a pot or pan by raising the far edge of the lid with a mitt or potholder.

Fryers
○ Keep grease from building up on fryer and frying area.
○ Do not overfill. Fill to the mark or not more than three inches from the top of the fryer to prevent overflows.

Dishwashers
○ Avoid handling very hot dishes with your bare hands.
○ Turn off the steam and allow the dishwasher to cool before cleaning it. (Spray cold water on the interior to speed the cooling process.)
○ Cleaning agents can cause burns and other hazards. To avoid possible problems, carefully follow the manufacturer’s instructions for their use. Never mix cleaning agents.

Kitchen Lifting
To help prevent injuries, follow these guidelines for lifting and carrying, handling heavy or bulky materials, using “team” lifting, and lifting over your head.

Lifting, Carrying and Handling Heavy, Bulky Materials
○ Stand close to the object with feet spread for balance.
○ Don’t twist your body to get into position.
○ Squat down, keeping your back straight and your knees bent.
○ Grasp the object firmly. Breathe in to inflate your lungs. (This helps support your spine.)
○ Lift smoothly with your legs, slowly straightening them, then return your back to a vertical position.
○ Hold the object firmly and close to your body as you carry it. Turn by moving your feet, not by twisting your body.
○ Use dollies or hand trucks for moving materials packed in bulky burlap sacks, crates, boxes and barrels.
○ Store heavy, bulky materials on lower shelves or on pallets. This eliminates the need to lift heavy objects over your head and makes materials easy to read.
“Team” Lifting

○ Two or more people should work together any time an object must be placed high on a shelf or can’t be easily handled by one person.
○ To help ensure that the lift proceeds smoothly, one person should give the signals.
○ Lifting over your head is usually a two-person task. One person may be able to lift a box from the floor to waist level quite easily because this movement relies on leg muscles, but it may take two people to lift the same box to an overhead shelf. This motion uses weaker arm and back muscles. Avoid storing heavy or bulky items on top shelves.

Fire Prevention Techniques for Use in the Kitchen

○ Unplug cords properly by grasping the plug (not the cord) and pulling. Report defective plugs, as well as frayed, worn, or broken cords to your supervisor.
○ Don’t overload circuits by inserting too many plugs into a single outlet.
○ Check ground connections on all electrical appliances. Equipment should be grounded with a 3-prong plug or a separate ground wire. Be sure your hands are dry and your feet aren’t in contact with any water whenever you operate electrical appliances.
○ Clean equipment only after you’ve turned off the switch and pulled the plug.
○ Clean range hoods and ducts regularly.
○ Keep ovens clean.
○ Keep the range free of spilled fats, sugar, sauces, etc.
○ Clean broiler trays containing grease drippings immediately after use.
○ Store combustible materials away from heat sources.
○ Know the location of First Aid supplies. Know how to get medical help. Employees should be trained in CPR and basic First Aid for cuts, burns, chemicals in the eye, fractures, electrical shock, and sprains and strains.
SECTION IV - USE OF AGENCY VEHICLES

Use of Agency Vehicles

Purpose
The purpose is to regulate and standardize the use of North Country Community Mental Health agency vehicles; it addresses issues of maintenance, safety, and general protocol for the use of all agency vehicles.

Drive safely. If vehicles are used during the workday, seat belts and shoulder harnesses for drivers and passengers are to be worn at all times. Vehicles must be locked when unattended to avoid criminal misconduct. Do not exceed the speed limit. Vehicles must be parked in legal spaces and must not obstruct traffic. Defensive driving must be practiced by all employees. Employees should park vehicles, in well-lit areas at/or near entrances to avoid criminal misconduct.

Scope and Responsibility
This is applicable to all employees and approved volunteers of North Country Community Mental Health who are eligible to use agency vehicles.

Maintenance

Inspection Reports
The first employee to use an agency vehicle each week must complete a North Country Community Mental Health Vehicle Preventive Maintenance Inspection Report. This inspection report shall be maintained in the agency vehicle’s log book until the end of each month, when it shall be filed with the designee by the employee who completes the first weekly report the following month.

IMPORTANT: Any concerns or malfunctions with agency vehicles should be noted in the inspection report as well as verbalized to the site’s vehicle coordinator(s).

The program supervisor or designee will maintain a vehicle history for each vehicle electronically. This history will contain maintenance and mileage information.

Cleanliness
Program supervisors shall assign a designee to ensure that agency vehicles are washed at least monthly, or more frequently if needed. Additional washing is certainly permitted and should be vouchedered as a travel expense for reimbursement. Detailing on an as needed basis is allowed with prior approval from program supervisor. No employee of North Country Community Mental Health or passenger shall smoke or leave litter and debris in agency vehicles.

Safety
The safety and enforcement of rules of agency vehicles is the responsibility of the driver of the vehicle. All occupants must wear secure safety belts at all times when an agency vehicle is in operation. All speed limits and other traffic laws are to be strictly observed and all traffic citations shall be the express responsibility of the driver of the vehicle.

Accidents
Any accidents or damage to agency vehicles must be immediately reported to police so that a proper police report can be obtained for insurance purposes. Employees must also immediately report accidents to their program supervisor, the Administration Office (231) 347-7890, the Human Resources Department, and must complete appropriate NCCMH reports.
General

Location of Vehicles and Keys
Agency vehicles are to be located at the assigned program site unless permission is granted for an exception (it must be signed-out so its location is known at all times). Employees shall not use agency vehicles for personal purposes when located at other sites. If taken home over night because of an early morning trip, for example, the agency vehicle may not be used to run personal purposes. Agency vehicles shall be properly parked and locked whenever they are not in use.

The main set of keys for an agency vehicle will be kept in a secure location at the assigned program site. A back-up set of keys will be kept in a separate location that is accessible in case of need.

Log Books
Log books are placed in each agency vehicle. Prior to each trip, the date, beginning miles, and destination are to be recorded and initialed. At the conclusion of each trip, the ending mileage is to be recorded. Whenever gasoline or oil is put into an agency vehicle, the appropriate section of the log book is to be completed. Record the date, current mileage, and amount of gasoline or oil (gallons of gasoline, quarts of oil), then initial.

Fueling
Agency vehicles must be returned to the program site at the end of each usage with over ½ of a tank of gasoline. Agency vehicles must be filled with gasoline at designated locations in each county. The Travel Expense Voucher will be used to reimburse fuel cost when out of the local area.

Mechanical Breakdowns
In the event of a mechanical breakdown, phone for assistance to have vehicle repaired or towed. Notify supervisor and arrange for other transportation. Ensure safety and comfort of passengers.
SECTION V - PERSONAL PROTECTIVE EQUIPMENT PROGRAM

General
The following Personal Protective Equipment Program has been established for North Country Community Mental Health. This program will be available at all times for review by all employees.

Purpose
The purpose of this program is to protect the employees of North Country Community Mental Health from occupational hazards within the workplace by providing the proper personal protective equipment (PPE). It is the goal of North Country Community Mental Health to use engineering controls as the primary method for protecting employees. However, when additional protection is necessary, appropriate PPE will be worn. The scope of this program includes PPE for eyes, face, head, and hands.

Responsibility
The person responsible for coordinating the Personal Protective Equipment Program is North Country Community Mental Health’s Safety Specialist. This person will ensure that hazard assessments are conducted, appropriate PPE is assigned, and affected employees receive training. North Country Community Mental Health’s Safety Specialist will also be in charge of, and direct the documentation for, this program.

Worksite supervisors will advise the Safety Specialist of changes in need of PPE requirements (e.g., new processes requiring different PPE as may be required by newly assigned or deleted job tasks). Additionally, supervisors should consult with North Country Community Mental Health’s Safety Specialist before purchasing any new PPE.

Hazard Assessments
- Impact - Flying chips, objects, dirt, particles, collision, motion hazards
- Penetration - Falling/dropping objects, sharp objects that cut or pierce
- Compression - Roll-over or pinching
- Chemical - Splashing, burns, fumes
- Temperature Extremes - Sparks, splashes from molten materials, burns from high/low temperatures
- Harmful Dust - Dirt, particles, asbestos, lead
- Light Radiation - Welding, cutting, brazing, lasers, furnaces, lights

An Unsafe Condition/Hazard Report may be completed, if deemed necessary and will serve as certification that a hazard assessment has been performed.

The person(s) conducting the hazard assessment will also survey jobs which are non-routine or periodic. In some cases, these assessments may not be completed until the jobs are scheduled.

Hazard assessments will be updated/evaluated whenever conditions or protocols change.

Selection of PPE
North Country Community Mental Health’s Safety Specialist will ensure that PPE selected for use is appropriate for the identified hazards, ensures a level of protection that meets or exceeds the minimum required to protect employees from the hazards, and meets all OSHA/ANSI requirements as specified in the OSHA PPE standards.
Training and Fit-Testing
The Worksite Supervisor will ensure that all affected employees receive training that includes:

- When PPE is necessary.
- What PPE is necessary and why.
- How to properly fit and wear PPE
- The limitations and capabilities of the PPE selected.
- The proper care, maintenance, useful life, and disposal of PPE.

Each employee will demonstrate that he/she understands the training and will sign the PPE Assignment, Training and Fit-Test Form. The information on the form will include the name of the employee, the date(s) of training, and the type of PPE the employee is certified to wear.

Training will be repeated under the following conditions:

- Changes in the workplace make previous training obsolete.
  - New assignment for employee.
  - Change in job practices and/or equipment.
- Employees are not using PPE or they are using it incorrectly.
- New PPE is introduced.

PPE Inspection, Cleaning and Maintenance
Inspection and maintenance of PPE will be conducted during site inspections. Defective or damaged PPE will not be used.

Any question regarding the contents of this program should be addressed to North Country Community Mental Health’s Safety Specialist.

Sanitizing Equipment & Clothing
In any operation where protective clothing is used, a set of standards for the handling, cleaning, and disposal of the clothing will be developed. In the line of work where an employee may be exposed to a hazardous substance, a change and shower room will be provided along with appropriate disposal and collection area for cleaning, and sanitizing clothing. When working in a facility where employees need protective clothing, a training course will be held. Employees will also know where and when they can eat or smoke in such a facility. Signs will be posted throughout the organization.

Personal Protective Equipment/Clothing

- Where there is a danger of flying particles or corrosive materials, employees must wear protective goggles and/or face shields provided by North Country Community Mental Health.
- Employees are required to wear safety glasses at all times in areas where there is a risk of eye injuries such as punctures, contusions, or burns.
- Employees who need corrective lenses are required to wear only approved safety glasses, protective goggles, or other medically approved precautionary eyewear when working in areas with harmful exposures or risk of eye injury.
- Employees are required to wear protective gloves, aprons, shields, and other means provided in areas where they may be subject to cuts, corrosive liquids, and/or harmful chemicals.
- Appropriate footwear must be worn in an area where there is any risk of foot injuries from hot, corrosive, poisonous substances, falling objects, crushing, or penetrating action.
- When necessary, employees must use the approved respirators, which are provided for regular and emergency use.
- All safety equipment must be maintained in sanitary condition and ready for use. Report any defective equipment immediately to the safety representative.
○ If any irritant gets into an employee’s eyes, call for medical assistance immediately and flush the eye out with clean water/eye wash solution. Eyewash is located in first aid kit or first aid cabinets.
○ Food may not be eaten in work areas, where there is any danger of exposure to toxic materials or other health hazards.
○ In cases of cleaning toxic or hazardous materials, protective clothing must be provided and worn.
Chapter 4 …Environment of Care

EQUIPMENT MANAGEMENT PLAN

Purpose
North Country Community Mental Health shall institute and maintain an Equipment Management Plan, which shall access and control the clinical and physical risks of fixed and portable equipment used for consumer care, diagnosis, and treatment.

All medical equipment shall be utilized in a manner consistent with all applicable regulations, instructions, and purposes. Appropriate CLIA Certification or Waiver shall be maintained.

Goals and Objectives
- To institute a plan which ensures that each piece of medical equipment is inventoried, evaluated, tested, and maintained to perform properly and safely.
- To provide protocols which direct individuals when equipment fails.
- To ensure that equipment maintenance is in compliance with manufacturers guidelines.

Scope
The Equipment Management Plan shall apply to all departments where medical equipment is utilized.

Authority
The North Country Community Mental Health Board supports the Equipment Management Plan. The Infection Control Committee (the Director’s appointees) is responsible for developing, implementing, and revising the plan.

Organization and Responsibilities

All Sites
All sites with battery-operated equipment shall keep the equipment CHARGING when not in use, as applicable by manufacturer’s instructions.

Each site shall maintain a list of medical equipment contained therein.

All defective equipment shall be reported to the Safety Specialist. All outside vendors’ Service Reports shall be submitted to the Safety Specialist for filing.

Materials Management
Request for purchases of medical equipment will be submitted to the identified medical supply purchaser who will order and route to the requesting site.

Responsibility
Site nurse will assess all medical equipment for risk factors and request replacement if indicated.

Equipment Failure
In the event of medical equipment failure, staff should request replacement and label defective equipment as such. The medical supply purchaser will order replacement equipment from appropriate vendor as necessary to maintain the operation of the site.
Environment of Care

Emergency Management Plan

Purpose
The purpose of the Emergency Management Plan is to describe how North Country Community Mental Health establishes and maintains a program to ensure effective response to disasters or emergencies affecting the environment of care. The phases of emergency management activities include: mitigation, preparedness, response, and recovery.

Scope
All locations of North Country Community Mental Health are included in the Emergency Management Program whether the location is owned or leased by the organization.

Objectives
The objectives for Emergency Preparedness Management Plan are:

- Maintain services during emergency situations.
- Anticipate and plan for a variety of emergencies and descriptions.
- Utilize drills to prepare staff for actual emergencies.

It is recognized that emergencies will occur. Although one cannot anticipate every situation, the same actions can be used for numerous situations. Plans have been established for operating programs in the event a facility is affected by an emergency. Each implementation will be documented and reviewed. Findings will be used to identify opportunities to improve the planning process, the Emergency Preparedness Plan, associated training, or the resources available during emergency situations.

All employees have the responsibility and authority to implement the Emergency Preparedness Plan. Issues related to emergency preparedness are reported and discussed in committee meetings. Minutes of these meetings are distributed to the Director, supervisors, and committee representatives, and a copy is filed at each site in the Environment of Care/Infection Control and Safety Manual.

North Country Community Mental Health undertakes mitigative activities designed to lessen the impact of emergencies/disasters on the organization. These include conducting drills, maintaining emergency supplies, and maintaining access to emergency equipment and systems.

Residential programs conduct a minimum of six disaster/emergency preparedness drills annually. All other NCCMH programs conduct drills according to accreditation standards. The drills are designed to prepare for a variety of natural or man-made events that could disrupt the operations of the program. Drills are conducted for events such as, but not limited to: natural disasters, fire, utility failures, bomb threats, and medical emergencies. The types of drills undertaken by the organization are based in part on a hazard vulnerability analysis that identifies potential risks. Each site maintains emergency supplies appropriate to the needs of the occupancy.

Preparation for Emergencies
North Country Community Mental Health programs prepare for emergencies by identifying resources that allow continuity of services during and following emergencies. Residential programs have local back-up locations in close proximity that provide an alternate site for short-term evacuation of the facility. In the event a residential facility is damaged beyond habitability, or is subject to conditions not allowing consumers to remain in the facility, provisions will be made to evacuate the consumers to a local evacuation site until other arrangements can be made.

The transfer of consumers will occur using North Country Community Mental Health vehicles or local taxi service. The Director will ensure adequate staffing at the temporary location to permit the
continuation of treatment services. Consumer records will be transferred to the temporary location along with appropriate records storage equipment. The Director has the responsibility to ensure that clinical staff contacts the guardians and any legal representative of all consumers affected by the temporary transfer.

Response to Emergencies
North Country Community Mental Health emergency plans call for notification of local fire and police authorities, via the 911 emergency phone system. The staff on duty has the primary responsibility for notifying emergency forces. In weather related emergencies, the senior ranking staff member will assume responsibility to move consumers to an area of the building or site most conducive to tolerating the inclement weather conditions. In the event that an evacuation of the building is necessary, the senior ranking staff member will be responsible for relocating consumers and coordinating the relocation with local officials. In the event of a major emergency involving a North Country Community Mental Health office, the senior ranking staff member is responsible for communicating with the Director and, if necessary, media officials.

Due to the confidentiality requirements inherent to the field of mental health services, media personnel will not be privileged with consumer names or any biographical information. North Country Community Mental Health reserves the right to restrict media personnel from unauthorized areas of the property.

In the event of bomb threats, a checklist has been developed and can be found in the Emergency Directory on each employee’s desk to assist the switchboard operator, or employee receiving the call, in asking questions that would help assess the risk and possibly identify the caller. In any bomb threat, the facility is evacuated and the facility remains evacuated until law enforcement and/or fire officials determine that the building is safe to occupy.

Emergency plans for loss of municipal utilities (water, gas, electricity, sewer) and loss of local communications systems are specific to the individual site. These emergencies plans are the responsibility of the supervisor for each individual program site.

Staff Notification and Phone Lists
All facilities have access to key staff through phone lists, which include pager numbers and cell phone numbers.

Orientation and Education for Staff
Staff orientation is based on site and specific staff roles and responsibilities. The Emergency Disaster Plans are the supervisor’s responsibility to review and update with site staff.

Reporting
Emergencies are documented in writing using the CQI reporting form, which is reviewed by the Risk Management Committee and may refer issues to appropriate committees. Responsibility for follow-up actions and documentation of actions taken is evidenced using a written report.

Monitoring and Inspection Activities
To minimize the potential of emergency situations originating from within the organization and to ensure that the safety equipment, utility systems, and constructed aspects of physical plant safety are in good working order, inspections take place in each North Country Community Mental Health facility. The Safety Specialist or designee will assess compliance through inspections at internal facilities.

Evaluation of the Emergency Preparedness Management Plan
The Safety Specialist and ICS Committee review the Emergency Preparedness Management Plan and its effectiveness annually.
Hazardous Material and Waste Management Plan

Purpose
North Country Community Mental Health’s Materials and Waste Management Plan will provide for a program to safely control hazardous materials and waste which include the following: biohazardous substances, industrial strength cleaning supplies, oil-based paints, fluorescent light bulbs, copier toner, and computer monitors. In compliance with the Right-To-Know Act, the North Country Community Mental Health Written Hazard Communication Program includes provisions for labeling, collection, disposal, and availability of SDS, an employee-training program, and a list of hazardous chemicals in each work area. It also describes the means by which North Country Community Mental Health will use to inform employees of the hazards of the non-routine tasks.

- Hazardous materials and waste selecting, handling, storing, using, and disposing from receipt of generation through use of final disposal.
- Written criteria, which are consistent with local, state, and federal law to identify, evaluate, and inventory hazardous materials used or generated.
- The management of chemical waste and regulated medical waste (i.e., sharps).
- Adequate and appropriate space and equipment are provided for the safe handling and storing of hazardous materials and waste.
- All hazardous materials or waste spills, exposures, and other incidents are reported to the committee by staff completing an Unsafe Conditions Report.
- An orientation and education program for employees who manage or have contact with hazardous materials and wastes.
- Emergency protocol for the specific precautions for protective equipment used during hazardous material and waste spills or exposures.

Scope
This applies to all facilities, departments, and employees.

Hazardous Materials Selection, Handling, Storing, Using, and Disposal
North Country Community Mental Health uses purchased chemicals and does not produce or import hazardous materials, and is not required to evaluate the hazards of those chemicals. Hazard determination is the responsibility of the producers and importers of the materials who are then required to automatically provide appropriate labels and SDS for the materials when they are shipped to purchaser. North Country Community Mental Health will rely on SDS obtained from product suppliers to meet hazard determination requirements.

Written Criteria to Identify, Evaluate, and Inventory Hazardous Materials Used or Generated
Every container of hazardous material must be labeled, tagged, or marked with the required information.

North Country Community Mental Health’s worksite supervisor or designee is responsible for seeing that all containers entering the workplace are properly labeled and that newly purchased materials are checked for labels prior to use. The manufacturer of the hazardous material should provide labels and MSDS. Employers that are purchasing and using hazardous chemicals will primarily be concerned with ensuring that every purchased container is labeled. Portable containers that may be used by other employees will also be labeled.

Supervisor or designee has the responsibility of checking labels for:

- Identity of material.
- Appropriate hazard warning.
- Name and address of responsible company.
Each worksite supervisor or designee shall be responsible for ensuring that all portable containers used in their work area are labeled with the appropriate identity and hazard warning.

**Material Safety Data Sheets (SDS)**

Chemical manufacturers and importers are required to obtain or develop Material Safety Data Sheets for each hazardous chemical they produce or import. The North Country Community Mental Health worksite supervisor or designee is responsible for obtaining and maintaining MSDS. Worksite supervisor or designee will maintain a file of SDS for each hazardous material used in that area and make the file available to all North Country Community Mental Health staff. Each Worksite Supervisor or designee will post the required MIOSHA Right-To-Know posters and postings notifying employees of new and revised SDS within five (5) days of receipt of new and revised SDS. A minimum of one Right-To-Know poster, indicating the location of MSDS, shall be posted in a central location at all times in each North Country Community Mental Health work area.

Copies of each SDS obtained will be forwarded by worksite supervisors or designee to the Safety Specialist for filing with the master set of SDS. The Safety Specialist will be responsible for compiling the master SDS file. It will be maintained in the Safety Specialist’s office and will be available to all North Country Community Mental Health staff. The purchase of any hazardous material not currently in use at North Country Community Mental Health, and not listed in this plan, must have supervisor approval and SDS prior to procurement.

If a required SDS is not received, the worksite supervisor is responsible for contacting the supplier verbally, followed in writing, to request the SDS. If an SDS is not received after two such requests, the worksite supervisor or Safety Specialist shall contact the Michigan Department of Public Health (MDPH), Division of Occupational Health (DOH) at (517) 335-8250, or the Michigan Department of Labor (MDOL), General Industry Safety Division (GISD) at (517) 322-1831, for assistance in obtaining the SDS.

**Management of Chemical Waste and Regulated Medical Waste**

The ICS Committee shall review the plan relating to chemical and physical hazards (Hazards Communication Program).

All Sharps, including hypodermic needles and disposable safety syringes, suture needles, knives, and blades will be disposed of into plastic sharps containers.

**Safe Handling and Storage of Hazardous Materials and Waste**

Protective clothing and equipment will be available for use when handling these materials. Hazardous material and waste will be stored per manufacturer’s directions.

**Reporting and Investigation of Hazardous Materials Incidents**

A CQI report will be completed on all hazardous materials and waste spills. All employee exposures to hazardous materials shall be reported as an employee injury. If an investigation is needed it will take place accordingly.

**Employee Orientation and Training**

Before starting work and possible exposure to hazardous materials, each new employee receives hazardous communication training. This training will occur during the new employee orientation and a site-specific training by supervisor or designee if required by position.

The ICS Committee will review all hazardous materials and waste reports and investigations at regular meeting. Summaries of findings will be documented in the meeting minutes.
Performance Indicators
The following indicators shall be used to evaluate the performance of the Hazardous Materials and Waste Management Plan:

- Number of spills.
- Number of spills requiring outside intervention.
- Percentage of staff knowledgeable of Spill Response Plan.

Emergency Plan for Hazardous Material and Waste Spills or Exposures
If a leak or spill is found, the following actions shall be taken:

- Identify the chemical before attempting to clean up any hazardous chemical spill or splash.
- Follow the manufacturer’s directions (SDS).
- Notify others in the immediate area, supervisor, and Safety Specialist. Call in emergency response personnel when required.
- Evacuate all personnel from the area and close all doors.
- Ensure adequate ventilation.
- If a fire occurs, set off the fire alarm and evacuate.
- Avoid tracking through the spill by cording off the area.
- Obtain appropriate protective safety equipment.
- Complete CQI report on the spill.

Evaluation of the Hazardous Materials and Waste
The Hazardous Materials and Waste Management Plan is evaluated for its objectives, scope, performance, and effectiveness. This data is collected on an ongoing basis and during site inspections.

Hazard Communication Program

General
The following Hazard Communication Program has been established for North Country Community Mental Health. This program will be available at all times for review by all employees.

Right to Know
The Michigan Right-To-Know (RTK) provisions are designed to provide information to employers and employees exposed to hazardous chemicals in the workplace. The following areas are covered under the Right-To-Know provisions:

- Written Hazard Communication Program developed by employer.
- Determination of hazardous chemicals.
- Labeling of Hazardous Chemicals.
- Maintaining Safety Data Sheets (SDS) and posting requirements to inform employees of information regarding SDSs.
- Training of employees.

Purpose
In compliance with the Right-To-Know Act, North Country Community Mental Health has a written Hazard Communication Program which includes provisions for labeling, collecting, and availability of SDSs, an employee-training program, and a list of hazardous chemicals in each work area. It also describes the means which North Country Community Mental Health will use to inform employees of the hazards of the non-routine tasks. This program will be available for review by all staff.
Hazard Warnings
Every reasonable method to warn employees of hazards and dangers and to inform them of the action required must be utilized. Signs, characteristic lights, and audible alarms as additional safeguards for built-in mechanical and physical protection must be used. To ensure uniform response by personnel, the warning signs and devices must be of the same type for similar hazards. Obtaining and installing the warning systems is the responsibility of the group needing them.

Contents and Configuration
Signs must conform to the colors, symbols, lettering size, and proportions as specified by North Country Community Mental Health, except that radiation signs must conform to the requirements stated in OSHA 10 CFR 20.

Every warning sign must include the following components:
- An approved heading that indicates the relative hazard.
- A statement of the type of hazard.
- A statement of what to do or not to do in the area.

Hazard Determination
The Hazard Communication Standard (HCS) is based upon a simple concept – that employees have both a need and a right to know the hazards and identities of the chemicals they are exposed to when working.

Labeling
Every container of hazardous material must be labeled, tagged, or marked with the required information. Employers that are purchasing and using hazardous chemicals will primarily be concerned with ensuring that every purchased container is labeled. Portable containers that may be used by other employees will also be labeled.

Employee Information and Training
Worksite supervisor or designee shall coordinate and maintain records of employee’s hazard communication training. Original records of hazard communication training are kept in the Human Resources Department for inclusion into employee training records. Copies are maintained in the worksite’s Environment of Care/Infection Control and Safety Manual.

Before starting work and exposure to hazardous materials, each new employee receives hazardous communication training. This training will occur during the New Employee Orientation and provide the following information:
- Identity of chemicals (workplace specific will be conducted on site by supervisor).
- How to lessen or prevent exposure to these chemicals.
- What the company has done to lessen or prevent employee exposure to hazardous chemicals.
- Protocol to follow if employees are exposed to hazardous chemicals.
- Where to locate SDS and who to contact to obtain copies of SDS.
- How to read and interpret labels and SDS.

The employee shall be informed that:
- The employer is prohibited from discharging or discriminating against an employee who exercises his/her rights to obtain information regarding hazardous chemicals used in the workplace.
- As an alternative to requesting an MSDS from the employer, the employee can seek assistance from the MDPH, DOH, at (517) 335-8250, or the MDOL, GISD, at (517) 322-1831, to obtain the desired SDS. A sign will be posted with the address and telephone number of the departments responsible for such requests.
Evidence of employee training (i.e., attendance roster) will be maintained by the worksite supervisor or designee with a copy forwarded to Human Resources for inclusion in the employees training records.

Before any new hazardous chemical is introduced into the workplace, each employee who may be exposed to the substance will be given information in the same manner as during the hazard communication training class.

**Hazardous Non-Routine Tasks**

Occasionally, employees may be required to perform non-routine tasks such as the cleanup of a chemical spill of either a caustic or acidic cleaning chemical that is utilized in the workplace on a daily basis. An example of such a material would be liquid chlorine bleach. Prior to starting work in such areas, each employee will be given information about the hazards of the work area. This information will include specific chemical hazards. Protection and safety measures (such as personal protection equipment) will be used to lessen risks while performing these tasks.

**Emergency Protocol**

No employee will begin performance of a non-routine task without first receiving appropriate safety and health training.

**Informing Contractors**

It is the responsibility of the site supervisors or designee to provide any contractors with information in the event their employees may be exposed to hazardous chemicals.

Supervisor or designee should obtain chemical information from contractors when they will expose our employees to hazardous chemicals that contractual personnel may bring into a North Country Community Mental Health workplace.

**Pipes and Piping Systems**

Information of the hazardous contents of pipes and piping systems will be identified by labels, signs, and identification tags attached to the pipes (e.g., hot water and domestic hot water).

**List of Hazardous Chemicals**

A list of common hazardous chemicals used by North Country Community Mental Health is listed below this paragraph. Further information regarding any of these chemicals can be obtained by reviewing its respective SDS. Materials which can be purchased by the ordinary household consumer and which are used in the same fashion and amount as by the ordinary household consumer are not required to be included in this list. However, a master file of common, ordinary household materials’ SDS are available for review in the Safety Specialist’s office.

The following is a list of basic hazardous materials used in our agency. When these cleaning agents must be used, precautionary measures shall be exercised. Please review the SDS for the following hazardous materials prior to use.

- Clorox Bleach
- Concentrated Window Cleaner
- Gasoline Unleaded
- Germicidal Bowl Cleanse
- Sno Bol Liquid Disinfectant Toilet Bowl Cleaner

**Life Safety Management Plan**

**Purpose**

To protect North Country Community Mental Health employees, consumers, visitors, and buildings from fire.
Scope and Objective
North Country Community Mental Health is committed to maintaining a fire-safe environment in all of its facilities. All of North Country Community Mental Health facilities are equipped with fire alarm systems and fire extinguishers. The objectives of the North Country Community Mental Health Life Safety Management Plan are to:

- Maintain building and life safety equipment in a high state of readiness.
- Maintain ongoing training of employees and consumers with fire drills.
- Promote an awareness of life safety issues.

Authority
The Director and employees have the responsibility and authority to implement Life Safety Management Plan. Issues related to life safety are reported and discussed at ICS Committee meetings. Minutes of these meetings are distributed to the Director, supervisors, and the committee members to be reviewed at the site staff meetings. The ICS Committee is made up of North Country Community Mental Health employees and representatives from as many sites as possible.

Elements and Process of The Life Safety Management Plan
Residential buildings are designed and maintained to comply with the NFPA Life Safety Code® and Michigan licensing. Outpatient facilities and business occupancies are designed and maintained to provide a safe environment with unobstructed egress. The Statement of Conditions Form is used as a tool to verify that the building comply with the applicable sections of the NFPA Life Safety Code®. The Safety Specialist is responsible for maintaining current accreditation safety standards.

Surveys of the Facility
The Safety Specialist or designee will conduct surveys to ensure compliance with accreditation safety standards. The surveys will monitor NFPA Life Safety including but not limited to: fire doors, alarm systems, door hardware, electrical systems, finishes, storage, and laundry facilities, so that all pertinent safety elements are evaluated.

Other Inspections
The Michigan Adult Foster Care licensing authority will also periodically inspect facilities. Inspection reports from other agencies are maintained at the site.

Fire Drills
North Country Community Mental Health licensed residential facilities have at least one fire drill per quarter. North Country’s non-licensed facilities have fire drills regularly. Fire drill performance, including staff response, is documented on a Fire Drill Form.

Interim Life Safety Measures
When a North Country Community Mental Health building is under construction, under renovation, or has a fire alarm system or sprinkler system inoperative, measures are taken to provide a level of life safety that is equivalent to the safety provided by a facility that meets the minimum standards of the NFPA Life Safety Code® for applicable occupancy. The specific measures that will be taken in response to inoperable systems will be documented at that time.

Testing and Maintenance of Automatic Sprinkler Systems
It is the responsibility of the building owner to meet the established standards for inspecting, testing, and maintaining water based fire protection systems.
**Fire Extinguishers**
Fire extinguishers are located and sized according to criteria established in *NFPA 10, Standard for Portable Fire Extinguishers*. Fire extinguishers are maintained on an annual basis by an outside vendor and are tagged to indicate the date on which the inspection or service was performed. North Country Community Mental Health site safety representative performs monthly inspections of fire extinguishers. Monthly inspections are recorded on the extinguisher tag or fire extinguisher form.

**Staff Orientation**
Newly hired employees are oriented to emergency plans as part of the on-site orientation process. Supervisors will orient new employees to the utility shutoffs and fire alarm system, which is shown on the fire evacuation protection plans for each site.

**Incidents, Deficiencies, and User Errors on Life Safety Systems**
Incidents related to life safety, and deficiencies or errors in the use of life safety systems, are reported using a CQI form. Incidents or system deficiencies that require immediate resolution are brought to the attention of the program supervisor and/or the Safety Specialist for immediate action. Follow-up on deficiencies and incidents is made through a written report. The report assigns responsibility for follow-up actions and documents the actions taken.

**Evaluation of the Life Safety Management Plan**
The Safety Specialist and ICS Committee will do an ongoing review the Life Safety Management Plan, updating when needed.

**Monitors and Performance**
Staff knowledge of Fire Evacuation Plans will be sampled using Fire Drill Forms.

**Safety Management Plan**

**Intent**
North Country Community Mental Health has developed a Health and Safety Management Program through the support of administration. Health and Safety updates will be distributed and kept at each site. Compliance and enforcement is the responsibility of supervisory staff. Safety procedures, plans, and protocols are reviewed and updated regularly. The Safety Specialist maintains verification of review.

**Purpose**
It is the protocol of North Country Community Mental Health that accident and injury prevention shall be considered of primary importance in all phases of operations. It is the intent of North Country Community Mental Health management to provide safe working conditions and to establish safe work practices for employees. The prevention of accidents is an objective affecting all levels of our organization and its operations. It is, therefore, a basic requirement that each supervisor make safety for all employees a priority of his or her regular management function. It is equally the duty of each employee to accept and follow established safety practices.

Every effort will be made to provide adequate training to employees. If an employee is ever in doubt about how to do a job or task safely, however, it is his or her responsibility to ask qualified personnel for assistance. Employees are expected to assist management in accident prevention activities. Unsafe conditions must be reported immediately. Fellow employees that need help should be assisted. Everyone is responsible for the housekeeping duties that pertain to their job or worksite. Every injury that occurs on the job must be reported to the immediate supervisor and Human Resources as soon as possible. Under no circumstances, except emergency trips to the hospital, should an employee leave the worksite without reporting an injury.
Objectives

○ Comply with safety-related regulatory agency standards as well as state and federal requirements.
○ Monitor current safe work practices for employees, consumers, and visitors.
○ Monitor Unsafe Condition Reports and make corrections.
○ Provide safety education through monthly safety information, which is monitored during inspections.
○ Develop performance indicators to identify opportunities to minimize risks and improve safety performance.
○ Provide Environment of Care Management Plan, protocol, and/or procedure for consistency and practice.
○ Monitor and evaluate the effectiveness of the safety program through safety inspections performed by the Safety Specialist or an ICS committee member.

Organization/Responsibility

Environment of Care/Infection Control and Safety Manual
A copy of this manual will be available at each work area. It is the practice of North Country Community Mental Health to provide a safe and clean work environment and to maintain sound operating practices. Accident prevention is the responsibility of all employees. Department heads and supervisors at all levels shall be responsible for continuous efforts directed toward the prevention of accidents. Employees are responsible for performing their jobs in a safe manner. The observance of safe and clean work practices, coupled with ongoing compliance of all established safety standards and codes, will reduce accidents and injuries.

Committee
A committee has been established to review environment of care issues and develop recommendations to improve performance and safety. The committee consists of the Safety Specialist, nursing personnel, and representatives of various North Country Community Mental Health worksites. The committee meets regularly to review reports and conduct timely review of safety issues.

Training
Employee safety training is a requirement. Participation begins at orientation, as well as worksite specific safety training, conducted by their immediate supervisor. Ongoing safety training continues through the year with flyers, discussions, and annual trainings.

Inspections
The Safety Specialist or an ICS Committee member will conduct safety inspections. Data will be compiled by the Safety Specialist and reviewed by the ICS Committee, then reported to the QI Council. Inspection infractions will be sent to each site supervisor, who will reply within 10 – 14 days with a written plan of correction to the Safety Specialist.
Accident and Injury Review
○ The ICS Committee reviews accidents and injuries, as well as unsafe conditions.
○ Recommendations made by the ICS Committee are forwarded to the supervisor of the location or program where the accident/injury occurred.

Site Supervisors/Managers
○ Are responsible for safe practices of employees at their site.
○ Provide orientation to new employees to their site to include position/task-specific safety.
○ Maintain department safety plans (updating a minimum of every three years).
○ Ensure that safety equipment and personal protective equipment are available.
○ Ensure that staff receives orientation and ongoing safety training.
○ Monitor compliance with safety regulations at the site.
○ Participate in the activities of the safety program and promote employee interest.
○ Communicate safety issues/concerns to the Safety Specialist.

Employee Responsibility
Individual employees are responsible for performing job related duties safely by:
○ Learning and following the job/task specific safety practices.
○ Meeting the safety training requirements.
○ Knowing their site/position roles in the event of an accident or emergency and the reporting responsibility.
○ Utilizing personal protective clothing, supplies, and equipment as appropriate for the job task.
○ Reporting unsafe acts and conditions to their supervisor and/or the Safety Specialist.

Processes of the Safety Plan

Reporting and Investigation
All employees share the responsibility for the accident/incident-reporting process for property damage, and consumer and visitor injuries. In the event of a consumer incident which involves a safety issue, employees are to notify their supervisor. A CQI report and Client Incident Report are to be completed. If necessary an investigation is completed and documented. The ICS Committee reviews summaries of accidents/incidents and makes recommendations if needed. Accidents/incidents involving visitors, whether witnessed by or reported to an employee must be conveyed to the site supervisor and Safety Specialist. A CQI is completed and forwarded. Accident and incident information is used to identify issues for improvement in an effort to develop a proactive approach to prevent injury and illness conditions and to further develop and improve the safety plan.

Hazard Surveillance
The Safety Specialist is responsible for managing the hazard surveillance process and maintaining records and reports. Hazard surveillance surveys are conducted to evaluate staff’s knowledge and skills, observe current practices, and evaluate environmental conditions. Findings of the hazard surveillance activities serve as a tool for improving safety plans, orientation and training programs, and staff performance. Hazard surveillance is completed by the Safety Specialist, or designated ICS Committee member, to measure staff safety knowledge/performance and to control hazards.

Other hazardous surveillance activities that are conducted and reported:
○ Interim Life Safety Measures.
○ Key issues of inspection activities are reported to the Director, as appropriate.
**Information Collection and Evaluation System**
Data will be submitted in the Annual Report. Key issues identified by the ICS Committee are evaluated for safety compliance and improvement. The ICS Committee minutes serve to document the information received and recommendations made.

**Procedure Development**
The Safety Specialist and the ICS Committee are responsible for assisting with the development of general safety protocol and procedures. Organization-wide procedures (new or revised) are distributed to leadership to be reviewed with their staff. Supervisors and the Safety Specialist are responsible for seeing that safety plans, protocol and procedures are followed. Safety procedures are reviewed at regular intervals to evaluate whether they remain relevant and effective. Additional reviews may be performed as needed.

**Security Management Plan**

**Intent**
It is North Country Community Mental Health’s goal to provide a safe and secure environment for employees, consumers, and visitors to all North Country Community Mental Health locations. Installing security devices and safety plans to limit access to employee areas by unauthorized or uninvited consumers or visitors are intended to promote such an environment.

**Purpose**
The purpose of the Security Management Plan is to implement protocol to protect employees, consumers, visitors, information, and property from potential risks and threats.

**Objectives**
- Provide a secure environment for employees, consumers, visitors, information, and property.
- Promote security awareness and encourage the involvement and participation from employees at all levels of the organization.
- To establish a process to identify and report incidents for recommended changes.
- Ensure that all employees have adequate training to effectively participate in the Security Management Plan.

**Scope**
The Security Management Plan describes how North Country Community Mental Health protects employees, consumers, visitors, information, and property. The Environment of Care/Infection Control and Safety Manual addresses the following:
- Security functions.
- Process used to address security issues concerning employees, consumers, visitors, information, and property.
- Processes for reporting security issues.
- Methods of identification.
- Access control.
- Safety and security orientation, worker safety and training programs.
- Plans for requesting additional staff assistance in the event of disasters.
- Performance standards to monitor and evaluate the effectiveness of the Security Management Plan.

**Designation of Authority and Responsibilities**
This function is overseen by the Director and the Safety Specialist; implemented with the assistance of leadership team and supervisors.
Responsibilities of the Safety Specialist and ICS Committee
○ Develops, implements, maintains, monitors and evaluates the effectiveness of the Security Management Plan.
○ Ensures compliance of regulatory and accreditation standards pertaining to security.
○ Provides assistance with training to leadership team, supervisors, and employees on security practices and procedures.
○ Communicates pertinent information to the ICS Committee and to the Director on a regular basis.

Leadership, Supervisors, and Employees
Each worksite maintains a minimum of one Environment of Care/Infection Control and Safety Manual and emergency directories, one per workstation. They contain a complete set of safety practices, procedures, plans, and related documents. The Security Management Plan is part of the Environment of Care/Infection Control and Safety Manual. The ICS Committee is responsible for maintaining and reviewing this information. Refer to administrative Manual procedures.

Security Protocol
To ensure consistent security protocol, worksites will follow established guidelines. Each site supervisor is responsible for the development of written security plans, individualized for their specific worksite.
○ Access control (agency)
○ Alarms and drills (departmental)
○ Emergency security plan
○ Handling civil disturbance (emergency preparedness)
○ Evaluate plans (departmental)
○ Provided additional staff for an emergency if necessary (Director’s discretion)
○ Workplace violence (agency)

Security Reporting
Provides a means by which employees can report security issues to be assessed by the Safety Specialist, ICS Committee, management staff (as appropriate), and the Director if required.

Protocol
The following reports should be completed by the end of the day on which an incident occurs:
○ Employees can complete an Unsafe Condition/Hazard Report. Safety Specialist, ICS Committee, management staff (as appropriate), and the Director if necessary.
○ Complete a CQI Report.

Identification of Employees, Consumers, and Visitors
All North Country Community Mental Health employees are issued an identification badge upon hire by the Human Resources Department. The ID badge is used to identify staff when visiting other offices or contract sites. When staff is with consumers in the community, the ID badges need not be worn to protect the consumer's right to confidentiality and to minimize stigma.

Visitors at each site are required to register with the receptionist. Each visitor will sign in (on the visitor’s log) stating time of arrival, the person(s) being visited, and the nature of the visit. Upon registering, the visitor will be given a numbered Visitor’s Pass. The pass number will be recorded on the visitor’s log. Visitors should be accompanied by staff at all times to the extent practicable. Upon completing their visit, the individual will return the Visitor’s Pass and sign out, indicating the time of departure. Consumers are not required to wear a Visitor’s Pass; however, consumers must be accompanied by a staff person when inside locked office areas.
**Access Control to Sensitive Area**  
Locations containing sensitive information, such as consumer data, are to be accessed only as needed, by individuals with an appropriate need for access. All staff is responsible for the protection of such information. Access to information should be afforded only to those individuals with a “need to know.”

**Orientation and Training**  
New employees receive initial training covering all facets of security responsibilities at orientation. On-site security training and site-specific information is provided by their immediate supervisor. Additional training is provided at staff meetings on an as-needed basis throughout the year.

**Evaluation/Performance**  
Assessments of the plans are accomplished in part by evaluations with each security report. Action to improve practice is taken when indicated. Continued monitoring is performed to evaluate the effectiveness of the action taken.

**Utility Systems Management Plan**

**Purpose**  
The purpose of the Utility Systems Management Plan is to describe how North Country Community Mental Health establishes and maintains a utility systems management program to promote a safe, controlled, comfortable environment of care; reduce the potential for organizational illness; assess and minimize risks of utility failures; and ensure operational reliability of utility systems.

**Scope**  
All locations of the North Country Community Mental Health organization are included in the Utility Systems Management Plan whether the location is owned or leased by the organization.

**Utility Systems Management Plan**

- Emergency Power System  
- Response to an Electrical System Failure  
- Response to a Sewage System Failure  
- Response to a Water Distribution System Failure  
- Response to Heating, Ventilation, and Air Conditioning System Failure  
- Response to an Elevator System Failure  
- Response to Fire Alarm System Failure  
- Response to Security Failure

**Objective**

- To provide utility systems that support a safe and comfortable employee and consumer environment.  
- To increase operational reliability and functionality of utility systems through performance and testing.  
- To reduce incidents which result in unplanned failures or interruptions.  
- To identify opportunities to improve utility systems performance.  
- To identify key problems, failures, and user errors, which require attention and action.

**Organization and Responsibility**  
The Director and QI Council receive information regularly on the Utility Systems Management Plan through intermittent reviews by the ICS Committee. The Safety Specialist and the ICS Committee are responsible for the Utility Systems Management Plan and the review processes.

Site supervisors are responsible for orienting new employees to the department and, as appropriate, to job and task-specific utility systems plans. Where necessary, the Safety Specialist
assists supervisors to develop site utility systems plans. Employees are responsible for following facility protocol for utility systems.

**Processes of the Utility Systems Management Plan**

**Inventory**
The Safety Specialist is responsible for ensuring maintenance requirements of utility systems on sites that are owned by North Country Community Mental Health or not included in the lease agreement. The scope of the Utility Systems Management Plan includes components of utility systems located on North Country Community Mental Health sites. The following systems are included in the Utility Systems Management Plan:

- Heating, Ventilating, and Air Conditioning
- Electrical Distribution
- Vertical Transportation
- Plumbing
- Boilers
- Mechanical Equipment
- Communication
- Fire/Security Alarm
- Emergency Power

The Safety Specialist monitors testing and maintenance activities related to operating components of utility systems. The leased sites’ utility systems are inspected, tested, and maintained by the building owner.

**Systems Location**
Systems locations for emergency shut off or notification are posted and reviewed with employees at site orientation.

**Reporting and Follow-Up**
Utility system incidents should be reported both verbally and by completing an Unsafe Conditions/Hazard Report by the individual discovering the situation (or supervisor) by the end of the working day or shift. Report utility systems sooner if necessary.

**Orientation and Training**
Each new employee participates in a general orientation program, which includes an overview of the environment of care. The Safety Specialist provides the Human Resources Department with program content and materials for orientation. North Country Community Mental Health employees regularly review programs that include material addressing utility systems.

**Evaluation**
The Safety Specialist has overall responsibility for the evaluation. The evaluation uses a variety of information sources, including inspection reports, internal protocol review, CQI report summaries, and other information that is relevant. The findings of the evaluation are given to the QI Council and the Director, noting recommendations.