

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
1650 Cochrane Circle
Fort Carson, Colorado 80913-4604

MEDDAC Regulation
No. 385-10

AUG 08 2007

SAFETY
MEDDAC SAFETY PROGRAM
Supplementation of this regulation is prohibited.

History. This regulation supersedes MEDDAC Reg 385-10, MEDDAC Safety Program, dated 07 March 2006.

Summary. This Regulation assigns responsibilities and precedents to all clinical, administrative and professional staff assigned to the MEDDAC/DENTAC/VETCOM at Fort Carson, Pueblo, Pinon Canyon, Dugway and Tooele, here after referred to as the MEDDAC/DENTAC/ VETCOM, in reference to compliance with the Occupational Safety and Health Administration (OSHA).

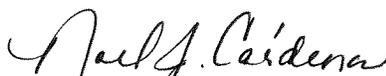
Applicability. This applies to all Departments and personnel assigned or attached to the MEDDAC/DENTAC/VETCOM.

Proponent and Exception Authority. The proponent of this publication is the MEDDAC Safety Manager. The proponent has the authority to approve exceptions to this regulation that are consistent with conflicting directives.

Army Management Control Program. This Regulation is not subject to the requirements as it contains no internal management control provisions.

Suggested Improvements. Users are invited to send comments and suggested improvements on DA Form 2028, (Recommended Changes to Publications and Blank Forms) to the Chief, Logistics Division, ATTN: MCXE-LOG-FM-S, Fort Carson, CO 80913-4604.

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1. **Purpose.** To establish a Safety Program for all personnel to control inherent hazards and to eliminate unsafe physical conditions and practices which might result in manpower or monetary loss to the government.

2. **Scope.** The Safety Program applies to all patients, visitors, students working under an approved ISSA/MOA/MOU, and military and civilian personnel. The provisions of this regulation in its entirety are applicable to all sections and personnel assigned or attached to the MEDDAC/DENTAC/VETCOM at Fort Carson, CO. It is also applicable to all MEDDAC personnel at Pueblo, Pinon Canon, CO. and Dugway, Tooele and Deseret, UT. All personnel assigned or attached to the MEDDAC/DENTAC/VETCOM are required to become familiar with this regulation so that they understand the safety program and are able to react appropriately during a safety emergency. Safety training is required to be conducted annually for all employees.

3. **References.**

- a. AR 385-10, The Army Safety Program
- b. AR 385-40, Accident Reporting and Records
- c. AR 40-5, Hearing Conservation Program

- d. Army Reg 385-55, Prevention of Motor Vehicle Accidents.
- e. Code of Federal Regulations
- f. Joint Commission (JC), Management of the Environment of Care Standard.
- g. MEDCOM/OTSG Reg 385-2, U.S. Army Medical Command Safety Program
- h. Fort Carson Reg 385-10, Safety Program
- i. MEDDAC Reg 40-69-1, Bloodborne Pathogen Exposure Control Plan.
- j. MEDDAC Reg 40-5-6, Hazardous Waste/Hazardous Material Program.
- k. MEDDAC Reg 11-9, Radiation Safety Program.
- l. MEDDAC Reg 420-90, Fire Emergency and Prevention Plan

4. **Policy.** The MEDDAC Commander authorizes the MEDDAC Safety Manager to intervene and take corrective action when a hazardous condition (i.e. IDLH – immediately dangerous to life and health) exists that could result in personal injury or damage to equipment and/or buildings.

5. **Responsibilities.**

a. The MEDDAC Commander will:

(1) Appoint a MEDDAC Safety Manager.

(2) Appoint an Environment of Care/Safety Committee in accordance with Joint Commission (JC) and AR 385-10, The Army Safety Program. For composition and responsibilities of committee members, see MEDDAC Reg 15-1, Boards, Commissions and Committees.

b. The Deputy Commander for Administration will appoint the NCOIC, Logistics as the EOC, NCOIC Representative.

c. The Chief, Logistics Division will exercise staff supervision over safety activities, to include the MEDDAC Safety Manager and Safety Specialist.

d. The responsibilities of the MEDDAC Safety Manager include, but are not limited to, the following:

(1) Develop written policies and procedures designed to enhance safety within medical/dental/veterinary treatment facilities, to include grounds, to the maximum degree possible. Policies and procedures shall be reviewed as frequently as necessary, but at least every three (3) years.

(2) Assist, if requested, in the development of department safety rules and practices.

(3) Conduct Standard Army Safety and Occupational Health Inspections (SASOHI's). Identify environmental issues and develop recommendations for resolution.

(4) Coordinate all fire/safety related activities pertaining to the DENTAC/VETCOM with the DENTAC Executive Officer and the Veterinary Services Command.

(5) Establish an accident/incident reporting system to include a mechanism for investigating, evaluating and documenting occurrences. Accidents/injuries will be reported at each meeting of the Environment of Care Committee.

(6) Provide safety related training/information to NCOIC/supervisor and establish an on-going education program for all MEDDAC/DENTAC/VETCOM employees. This may include the use of suitably located safety information bulletin boards.

(7) Develop a reference library of applicable fire and safety standards.

(8) Direct ongoing organization-wide information about deficiencies and opportunities for improvement in the environment.

(9) Review Federal Employees Compensation Act (FECA) claims. A workman's compensation meeting consisting of the Workers' Compensation Administrator, FECA Investigator, Occupational Health Nurses, and the Safety Manager will convene when necessary to review accident/injury claims. Results of meetings will be reported to the EOC Committee, when necessary.

(10) Oversee the Ergonomics Program.

e. The Command Sergeant Major will:

(1) Be the MEDDAC Safety NCO.

(2) Support the MEDDAC Safety Office by:

a) Allotting time in the Command Sergeant Major Meetings for a Safety Office presentation.

b) Relaying safety-related information to NCO's.

f. The NCOIC, Logistics will:

(1) Report directly to the Command Sergeant Major and Safety Manager on safety-related matters.

(2) Report any EC/Safety-related matters to the Safety Office within twenty-four hours of hearing them.

(3) Be the EC/Safety Committee NCOIC Representative

(4) Attend the Environment of Care (EC)/Safety Committee Meetings.

(5) Bring any EC/Safety issues brought up by NCO's and enlisted personnel to the EC/Safety Committee meetings.

(6) Provide EC/Safety information to NCO's to insure they are receiving current guidance.

g. The Chief/Supervisor of each department, division, activity, clinic, etc., or his designated representative will:

(1) Report all injuries of military personnel (both on and off duty), civilian personnel, students (on duty only), visitors, and contractors to the MEDDAC Safety Office immediately. See paragraph 9 of this regulation.

(2) Review reports of accidents and fires resulting in injuries to personnel and/or damage to equipment and property, and make recommendations to prevent further incidents.

(3) Review inspection reports of each branch/section and take appropriate action to implement recommendations to correct safety deficiencies.

(4) Respond, in writing, to inspection reports within the allotted time stating corrective action taken for each deficiency.

(5) Establish a department/clinic standing operating procedure (SOP) on safety for any area-specific issues not addressed in this regulation. All SOP's will be reviewed as frequently as necessary, but at least annually.

(6) Provide safety training as applicable to the respective department/section at least annually. Training must be documented. The Safety Office is available to assist/conduct the annual training.

(7) Maintain safety training documentation (rosters) for a minimum of twelve months.

(8) Ensure safety and occupational health responsibilities are considered in performance appraisals of all military and civilian staff.

(9) Ensure employees wear the required personal protective equipment (PPE), i.e., safety glasses, ear plugs, gloves, safety shoes, etc. Employees are required to be trained on PPE they utilize in their work area(s). Training must be documented. PPE requirements are outlined in Appendix B.

(10) Incorporate safe practices and procedures in all directives, regulations, and SOP's.

h. Employees (military, civilian, contractors), students, and volunteers assigned to the MEDDAC/DENTAC/VETCOM will:

(1) Follow all applicable requirements outlined in this regulation.

(2) Report accidents/injuries to supervisor and the Safety Office immediately.

(3) Ensure all PPE is serviceable prior to use. Requirements are outlined in Appendix B.

(4) Report all safety hazards (e.g., defective equipment, tripping hazards, etc.) to supervisor and the MEDDAC Safety Office immediately.

(5) Ensure good housekeeping practices are maintained in work area at all times.

i. Individuals observing an unsafe practice or act will report it to their supervisor and to the MEDDAC Safety Office immediately.

6. Environment Of Care Committee. The Environment of Care (EC) Committee and the Safety Committee are one and the same. As such, the terms are interchangeable when referring to the meetings. It will convene bimonthly beginning with February. Meeting minutes are reviewed by the DCAS and signed by the Chairman, EC/Safety Committee then maintained in the MEDDAC Safety Office. A copy of the minutes is forwarded to the Medical Management Branch. Purpose of the EC/Safety Committee is to prescribe the policies, procedures and guidelines for planning, organizing, coordinating and controlling the implementation of the Environment of Care Management Plans which are compatible with the mission of the MEDDAC/DENTAC/VETCOM in accordance with the requirements of higher headquarters. Functions of the EC/Safety Committee are:

a. To provide for the establishment and continued implementation of plans, policies and procedures for the conduct of the Environment of Care Management Plans within MEDDAC/DENTAC/VETCOM.

b. To promote, institute and maintain an awareness of safety and safety practices for all MEDDAC/DENTAC/ VETCOM personnel.

c. To encourage all supervisors, military and/or civilian, to apply safety precautions in their departments or sections.

d. To review and analyze issues brought to the EC/Safety Committee, develop recommended solutions and monitor their effectiveness.

e. To represent and advise the MEDDAC Commander on matters.

7. Indoor Air Quality (IAQ) Responsibilities.

a. The Environment of Care Committee will:

(1) Address indoor air quality issues per the Occupational Safety and Health Administration (OSHA) and Joint Commission (JC) guidance.

(2) Refer IAQ issues of comfort, dust, temperature and humidity to the Industrial Hygiene Office for evaluation and other appropriate actions.

(3) Refer issues concerning hazardous materials and chemicals to the MEDDAC Safety Manager for evaluation.

b. The Facilities Management Branch (FMB) and Hospital Facility Maintenance Contractor will:

(1) Provide regularly scheduled routine maintenance on all HVAC systems, room exhaust systems, and local exhaust systems.

(2) Investigate all complaints as prioritized by the FMB Chief. Priority will be placed on critical care areas (i.e., operating suites, recovery and isolation rooms) and patient care areas. Other complaints will be handled as soon as possible.

(3) Remediate/abate valid situations as expeditiously as possible.

(4) Route all ventilation system service contracts through the Industrial Hygiene Office for design review.

c. The MEDDAC Safety Manager will:

(1) Receive complaints from MEDDAC staff.

(2) Perform an initial data gathering investigation.

(3) Request the assistance of the Industrial Hygiene Office when applicable, for identification of the problems and recommendations for improvement/remediation.

d. The Industrial Hygiene (IH) Office will:

(1) Watch for and identify potential IAQ situations and initiate necessary actions to correct the situation when discovered.

(2) Conduct annual ventilation surveys in operating suites, delivery and isolation rooms.

(3) Conduct annual certification of all hoods within the MEDDAC/DENTAC/VETCOM facilities and local exhaust systems under IH control.

(4) Ensure isolation room ventilation is adequate to prevent the spread of contagious diseases when these rooms house infectious patients.

(5) Investigate IAQ complaints.

(6) Make recommendations to supervisors, MEDDAC Safety Manager, FMB Chief and the chain of command, as necessary, for the remediation of IAQ issues.

e. NCOIC's and Supervisors will:

(1) Receive IAQ complaints from their employees and refer these issues to the MEDDAC Safety Manager.

(2) Ensure that ventilation grills and registers, in their respective areas, are not blocked with tape, cardboard or other materials that restrict airflow.

(3) Follow proper procedures to ensure that laboratory hoods and local exhaust ventilation systems are working properly.

8. Safety Training.

a. A safety briefing will be included in Hospital Newcomer Orientation and for all employees during Birth Month Training.

b. Supervisors will provide in-services to employees and students on specific department/section safety programs and job related hazards. In-services will be conducted for all new employees and on an annual basis thereafter. In-services shall be documented and maintained in employee competency files.

c. In-services and/or annual training can be scheduled by contacting the MEDDAC Safety Office. Information is available on a variety of safety related topics (on-duty and off-duty) and can be obtained upon request by contacting the MEDDAC Safety Office.

9. Hazard Surveillance Program.

a. The MEDDAC Safety Manager or Specialist conducts Standard Army Safety and Occupational Health Inspections (SASOHI's) of all MEDDAC/DENTAC/VETCOM facilities IAW AR 385-10, The Army Safety Program. Inspections are conducted to identify safety deficiencies and/or hazards to facilities, equipment, and to critique staff knowledge concerning safety issues. Inspection intervals are semi-annual for patient care areas and annual for all other areas. Inspection intervals may be increased for areas where high hazards exist.

b. It is recommended that the Supervisor/NCOIC accompany the Safety Manager during inspection. Inspection report will list deficiencies, to include recommended corrective action, and forwarded to Department Chief/NCOIC for action. A response addressing corrective action taken is required to be returned to the Safety Office by the section/department/clinic NCOIC/Supervisor by the suspense date.

c. All immediate danger to life and health (IDLH) safety deficiencies or hazards that occurred shall be discussed and corrective action reviewed during Environment of Care Committee meetings.

d. Occupational Safety and Health Administration (OSHA) Poster 2203 or DD Form 2272, Job Safety and Health Protection, explains employee rights under OSHA. Poster is displayed on safety bulletin boards within hospital and in all outlying MEDDAC/DENTAC/VETCOM facilities.

e. Employees have a right to report any unsafe or unhealthful working condition. DA Form 4755, Employee Report of Alleged Unsafe or Unhealthful Working Conditions, may be used to report problem area(s). Report will be forwarded to MEDDAC Safety Office upon completion. The Safety Manager will investigate complaint within two (2) working days upon receipt of report.

f. Hospital maintenance contractor is responsible for maintaining all grounds and equipment surrounding Evans Army Community Hospital. Contractor administered by the Directorate of Public Works (DPW) maintains grounds and equipment surrounding outlying MEDDAC/DENTAC/VETCOM facilities located on Fort Carson, Pueblo, CO., and the Utah health clinics.

10. Accident/Injury Reporting and Investigating.

a. All accidents/injuries must be called in to the Safety Office immediately so an investigation can occur. This is completed to curtail any other incidents from occurring due to the same circumstances.

b. Military Personnel:

(1) Report all (on or off duty) accidents/injuries to supervisor and the MEDDAC Safety Office immediately. This includes all POV accidents.

(2) All military personnel will report to Evans Army Community Hospital Emergency Room for initial medical treatment. Exceptions: those stationed at Pueblo, Dugway, Tooele, and Deseret and those on leave, tdy, or other travel status and away from the Installation at the time of incident.

(3) Bloodborne Pathogen exposure incidents require reporting to Occupational Health as soon as possible (within one hour of exposure). If after duty hours, report to the Emergency Room.

(4) Complete an EACH Accident Form and forward to the MEDDAC Safety Office within twenty-four hours of incident.

c. Civilian Personnel:

(1) Report all on duty accidents/injuries to supervisor, MEDDAC Safety Office, Occupational Health, and Workers' Compensation Administrator immediately (within 8 hours).

(2) It is recommended that employees report to Evans Army Community Hospital Emergency Room for initial medical treatment for injuries which occurred on duty. **Employees are entitled to their choice of physicians.**

(3) All accidents/injuries which occur on duty will be reported on a Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. Employee fills out the first page of the form and the supervisor fills out page 2. Once complete, the supervisor will enter it in the EDI (electronic system) and forward the signed form to the Workers' Compensation Administrator with a copy to MEDDAC Safety Office (within three days of incident).

(4) **Form CA-16 (Authorization for Examination and/or Treatment) is needed for medical treatment resulting from an on-the-job accident.** Form CA-16 can be obtained from the Safety Office and/or Workers Comp Office. Part A, items 1 through 11, will be completed by the supervisor; Part B will be completed by the attending physician when medical treatment is administered. This form is only needed if treatment is provided outside Evans Army Community Hospital/MEDDAC.

(5) All employees will clear through Occupational Health prior to returning to work, after medical care is obtained.

d. Accidents/injuries sustained by visitors/patients/etc. will be documented on the EACH Accident Form, and turned in to the MEDDAC Safety Office within three days of incident.

e. Students and Red Cross volunteers are authorized to receive complete medical care for injuries, to include needle sticks, sustained while training or doing volunteer work at the MEDDAC/DENTAC/VETCOM. Initial medical care will be received through the hospital (EACH) Emergency Room. Follow-up care will be coordinated with Occupational Health. Students will report injuries to school/training institute. All injuries will be reported to supervisor and an EACH Accident Form will be completed and sent to the MEDDAC Safety Office within three days of incident.

f. Contract employees go through their companies for filing accident/injury reports; however, they will also report (on the EACH Accident Form) all incidents to the MEDDAC Safety Office.

g. Routing of Accident/Injury Forms. Injury reports must be forwarded to the MEDDAC Safety Office within three (3) working days of injury.

h. Bloodborne Pathogen (BBP) Exposure. If you have any type of exposure to blood or other potentially infectious material (OPIM):

- (1) Wash or flush the area immediately.
- (2) Notify your supervisor within one hour of injury/exposure.
- (3) Follow the procedures in MEDDAC Reg 40-69-1, Bloodborne Pathogen Exposure Control Plan.

(4) **Civilian:** Complete Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. Report to the Emergency Room and Occupational Health. Recommend medical treatment be obtained in Evans Army Community Hospital Emergency Room; however, treatment location is optional to civilian employees. If obtained elsewhere, the CA-16 will need to be completed.

(5) **Military:** Complete DA Form 689, Sick Slip, and report to the Emergency Room at Evans Army Community Hospital Emergency Room. Complete the EACH Accident Form and forward to the MEDDAC Safety Office within twenty-four hours of incident.

(6) **Civilian & Military:** Call and visit Occupational Health as soon as possible (within an hour of occurrence) to report circumstance, receive risk counseling and follow-up advice IAW MED REG 40-69-1, Bloodborne Pathogen and Exposure Control Plan.

- i. Accident forms and instructions are located in all areas and in the Safety Office.

11. **Fire Emergency And Fire Prevention.** Specific requirements for fire emergency and prevention are available in MEDDAC Reg 420-90, Fire Emergency and Prevention Plan.

12. **Water Supplies.**

a. Potable water is purchased by Fort Carson from the City of Colorado Springs and distributed to the MEDDAC/DENTAC/VETCOM via the Directorate of Public Works (DPW) water distribution system. Colorado Springs ensures compliance under the Safe Drinking Water Act. Also, DPW performs random sampling on a monthly basis to ensure potability of the water.

b. The MEDDAC/DENTAC/VETCOM potable water supply will be protected from contamination resulting from back flow by the appropriate installation of vacuum breakers.

c. In the event that the MEDDAC/DENTAC/ VETCOM water supply is deemed nonpotable, an emergency bottled water supply will be provided through Logistics.

13. **Standards For Handling Medical Gases.**

General standards.

- (1) Compressed gas cylinders will be separated (empty and full) and secured at all times.
- (2) Identify (tag) empty cylinders and store them separately from full or partially full cylinders. If stored in the same rack, a complete row must be blocked off to separate the full and empty cylinders. Signs on the rack (FULL and EMPTY) will be posted to indicate the storage side.
- (3) Valve safety caps will be in place on stored cylinders (with threaded necks) until pressure regulator or needle valves are attached.
- (4) Cylinder contents must be permanently identified on the cylinder, color coding alone is not acceptable. Tags may not be removed.

(5) Cylinders will not be moved on hand trucks, carts, or dollies (unless designed for such purpose) and never rolled, dragged or hand-carried.

(6) Employees must not attempt to repair cylinders or force stuck or frozen valves.

(7) Cylinders will only be used for their intended purpose.

(8) Cylinder storage will be protected from extreme heat, cold, and access by unauthorized personnel.

(9) Oxidizing gases will be stored separately from flammable gases or liquids.

(10) Combustible material will not be stored with medical gases.

(11) Smoking is unauthorized in any area where flammable gases or liquids are used or stored.

(12) All oxygen will be tested for quality and composition upon arrival at the MEDDAC. This will be IAW MEDDAC Reg 40-61-3, Medical Services, Medical Gas Cylinders and Bulk Liquid Oxygen. This test will be documented on the tag attached to the neck of each cylinder. Tags may not be removed.

(13) No adapters will be used to make a regulator fit a cylinder. Each cylinder has a specific receiver and to use any other provides potential for using the wrong gas/air.

14. Hazardous Waste/Hazardous Material and Regulated Medical Waste Programs.

a. The Hazardous Waste/Hazardous Material Program will be managed IAW MEDDAC Reg 40-5-6, Hazardous Material/Hazardous Waste Management Program.

b. Hazardous chemicals/materials shall not be stored in staff/patient lockers. Hazardous chemicals/materials are only authorized to be stored in approved storage areas/cabinets.

c. The Regulated Medical Waste Program will be managed IAW MEDDAC Reg 40-5-5, Management of Regulated Medical Waste (RMW).

15. Radiation Safety Program. The Radiation Safety Program will be managed IAW MEDDAC Reg 11-9, Radiation Safety Program.

16. Safety Awards Program. The Safety Awards Program will be conducted IAW Appendix A of this regulation.

17. Latex Allergy Policy. The Latex Allergy Policy will be conducted IAW Appendix D of this regulation.

18. Medical Device Recalls And Hazard Notices. When medical device recalls and hazard notices from government agencies and manufacturers are received, the user of the item will be notified. As a general rule, Logistics Division, Equipment Management Branch, will take corrective action and the item will be withdrawn from use, returned to manufacturer, etc. Typical product recall notices for items other than medical devices will be investigated by the MEDDAC Safety Office, Facilities Management Branch, or Materiel Division and forwarded to the Equipment Management Branch, and other sections/departments which may be affected, for action if necessary.

19. Standing Operating Procedures (SOP). Safety standing operating procedures (SOP) for patient care and administrative areas are the responsibility of the NCOIC/Supervisor. It should address any area-specific issues not covered in this regulation. Examples of site-specific SOP's for unique operations are the Materiel Distribution Branch, Equipment Management Branch, Central Material Supply, Radiology Department, Veterinary Services, Dental Clinics and the Pathology Department. SOP's will be

maintained in each department/section and reviewed as frequently as necessary, but at least every three years.

20. Ignition Resistance Review Of Furnishings. Requirements are outlined in MEDDAC Reg 420-90, Fire Emergency and Prevention Plan.

21. Other Safety Requirements.

a. The Environment of Care.

(1) Personnel must notify Facility Management Branch prior to changing a rooms' occupancy.

(2) No "hand-made" or computerized signs are allowed to be used at Fort Carson MEDDAC facilities. All signs must be requested through Facilities Management Branch. This will assist in insuring the occupancy for rooms meets regulations/standards/guidelines.

(3) The facilities (Built environment) are designed, built, and maintained to established criteria.

(4) Space, equipment and privacy for individuals served are determined and provided by Facilities Management Branch and MEDDAC Safety Office.

(5) Lighting and ventilation needs are reviewed and provided by Facilities Management Branch and MEDDAC Safety Office.

b. Furniture, equipment, blinds, carpets and floors will be kept in good state of repair.

(1) Desk drawers and file cabinets will be kept closed when not in use.

(2) Tops of file cabinets will be kept clear of objects that may fall.

(3) Safety rails in bathroom areas (toilets and shower/bath tub) will be present when required and securely fastened to the wall.

(4) Chairs, cartons, boxes or other substitutes will not be used in place of a stepladder to reach high objects.

c. Electric fans, microwave ovens, and sterilizers will be operated IAW their design.

d. Lamps will not rest on beds and no high wattage bulbs (over 60 watt) will be used in bed lamps.

e. All areas will be kept free of clutter.

(1) All hallways and doorways will be kept free of unnecessary medical/non-medical equipment.

(2) All corridors and passageways are to be kept clear of tripping hazards such as electrical cords, open drawers, personal belongings, etc.

(3) Food service carts, medicine carts, over-bed tables, food trays, and related ward equipment will be placed in such a manner as to avoid creating a tripping hazard.

(4) The only items allowed in corridors, per NFPA 101, Life Safety Code, and MEDDAC Regulation 420-90, are: crash carts, janitor carts in use, and food service carts in use. The section/clinic must have procedures for removing these items from corridors upon activation of the fire alarm system.

f. Observe "wet floor" signs displayed by Housekeeping.

(1) NCOIC/Supervisor will provide staff and patients with instructions and precautions regarding traffic during waxing of floors by housekeeping.

(2) Housekeeping personnel must use appropriate warning signs when mopping to reduce possibility of staff/patient slipping or falling due to wet floors. Infractions of safety precautions by housekeeping personnel will be reported to COR, Housekeeping.

g. Precautions will be taken when personnel assist patients.

(1) Adequate lighting will be provided in all work and patient care areas.

(2) NCOIC/Supervisor will provide staff instructions and safety precautions to take while assisting patients in showers, bath tubs, in and out of wheelchairs, and when patients operate wheelchairs.

(3) A patient lifting device is provided for use by employees and will be used when the situation warrants it.

h. Spills and breakage will be cleaned up immediately.

(1) Personnel will consult the MSDS for a hazardous chemical spill and report the spill to the Safety Manager.

(2) Razor blades, syringes, needles, and other sharp items will be properly used and disposed of in sharps containers.

i. Good housekeeping will be maintained at all times. Particular attention should be taken in break areas.

j. Defective equipment and/or furniture will be taken out of use and reported to the supervisor for repair or replacement as needed.

k. Questionable medical equipment, those with problems or in need of repair, will be taken out of use and turned-in to Equipment Management Branch immediately.

l. Heavier items will be stored on mid-range shelves.

m. Proper lifting techniques will be followed. Lift straight up using legs, not the back, hold the object close to the body. Do not twist. For objects, which are heavy, bulky, big, etc., ask for assistance; do not try to lift it alone.

n. While seated, chair legs will remain on the floor.

o. Emergency electrical outlets will be clearly marked. All personnel will know the proper use of these outlets. (Emergency outlets are identified by red faceplates).

p. Numerous factors may exist which contribute to or cause accidents. Staff are encouraged to be alert for, correct, or report to their supervisor, any hazardous situation or mechanical discrepancy with equipment utilized on wards.

q. All refrigerators will be labeled (Staff Food and Drink Only, Medications Only, etc). Lettering requests are made by contacting FMB.

r. Consumption of food and/or drink is not allowed in an area/situation where hazardous chemicals are in use and/or blood/body fluids may be present.

22. Electrical Safety.

- a. All electrical equipment will meet the OSHA requirements for use in a business occupancy. They will be UL tested; will not be made "For Household Use Only"; and will have a "compliant" sticker indicating the NCOIC/Supervisor has approved use.
- b. Tamper-resistant outlets and/or covers will be installed IAW NFPA Standards. No other type of "child proof" covers shall be allowed.
- c. Personnel will avoid standing on wet floor when connecting, operating, or disconnecting electrical equipment.
- d. Properly dry hands prior to operating electrical equipment.
- e. Do not unplug equipment by pulling on the cord.
- f. Cords will be arranged to prevent a tripping hazard. If needed a cord protector will be used to cover the cord, protect it from wear/tear, and prevent trips.
- g. Electrical equipment operators must know how to use and care for equipment properly by reading all instructions and specific handling information, and when necessary, be trained on its use.
- h. Extension cords will not be used without prior approval by the Safety Manager.
- i. Heat producing appliances (i.e., toaster, coffee pot, microwave, etc.) will be inspected annually by the NCOIC/Supervisor. An inspection tag will be placed on the cord. Tags can be obtained from the MEDDAC Safety Office.
- j. If electrical equipment is unserviceable, turn it in for repair/replacement.
- k. For further requirements and/or guidance concerning electrical safety, consult MEDDAC Reg 420-90, Fire Emergency and Prevention Plan.

23. Needle And Syringe Safety.

- a. Personnel must be aware of proper storage and disposal of needles and syringes.
- b. Needles and syringes must be stored in a locked cabinet and/or restricted area in accordance with the MEDDAC Security Plan.
- c. Used needles will not be recapped, broken or shorn.
- d. Used and new needles and syringes with needles will be disposed of in sharps containers. These are located in patient rooms and work areas. Housekeeping personnel collect and dispose of the sharps containers. They also replace with a new container.
- e. No sharps bracket will be left without a container inside.
- f. Other sharp instruments will be disposed of in the same manner as needles and syringes.
- g. If needed, housekeeping will provide puncture proof containers for glass disposal.

24. Fire Safety.

- a. All employees shall be knowledgeable on procedures to follow and their specific responsibilities in event of a fire emergency. Procedures are outlined in MEDDAC Reg 420-90, Fire Emergency and Prevention Plan.

b. Flammable liquids will not be used for cleaning unless specifically designed for that use.

c. Report all unusual gas odors to the hospital maintenance contractor immediately.

d. All personnel must know the location of medical gas shut off valves in their area and know how to shut them off. In the event of a fire, the supervisor/charge nurse (the last person leaving the area) is responsible to ensure medical gases are shut off during final sweep of area. (Shut off gas valves by pulling handles toward you).

e. Smoking is unauthorized in all DOD Government facilities. All personnel will enforce and adhere to the Hospital Commander's No Smoking/No Tobacco/No Exception Rule, as outlined in MEDDAC REG 420-90.

25. Patient Safety.

a. Safety in Patient Care.

(1) Provide adequate support in lifting patients. Obtain help when lifting heavy or helpless patients.

(2) Use proper body mechanics when treating and/or lifting patients. A patient lifting device is provided for use by employees and will be used when the situation warrants it.

(3) When using heating pads (K-pads, warming blankets), always place a cover on the pad or wrap it in a towel.

(4) When using ice bags, always place a cover over the bag or wrap in a towel.

(5) Under no circumstance will towels be heated in microwave ovens.

(6) Bed rails and crib sides will be raised and/or secured in position following patient care.

(7) Beds of confused or elderly patients will be kept in the "low" position.

(8) Hand rails/grab bars are required in patient showers/restrooms.

(9) Showers (patient and staff) will have a non-slip surface.

b. Attendance and Transportation of Patients.

(1) Patients will not be left unattended when lying on an examination table.

(2) Wheels on beds, litters, and wheelchairs will be in the locked position whenever transferring patients to and from beds, litters, and wheelchairs. (Wheels on beds used for ambulatory patients should remain locked).

(3) Wheelchair patients will have a safety strap securely fastened, when in use. Wheelchairs will have footrests, a safety strap and brakes that operate properly. Any wheelchair not in proper operating condition or missing one of these safety features will be turned-in to Equipment Management Branch for repair.

(4) I.V. poles will be secured tightly to the wheelchair or litter.

(5) Transport patients on stretchers in a feet first direction.

(6) Provide wheelchair patients adequate instructions in the use of wheelchairs. Caution patients against stepping on foot rest.

(7) Provide proper instructions for patients who use crutches.

c. Infant and Pediatric Patients.

(1) Never leave an infant or small child in bed with the side rails down.

(2) Never leave safety pins, small or potentially dangerous objects lying within reach of small children.

(3) Keep medications out of reach of children.

(4) Check toys and clothing for loose buttons, items that could be swallowed, or items with removable paint.

(5) Always check croupettes for a continuous flow of oxygen or mist, if ordered.

(6) Never use a hot water bottle or K-pad on an infant.

(7) Keep electrical equipment out of a child's reach.

(8) Always test temperature of bath water (not to exceed 37-38 degree Celsius or 98-100 degree Fahrenheit) before bathing an infant or small child.

(9) When bathing a baby, always maintain a firm hold on the child. Use a towel at the bottom of the tub to reduce slippage.

(10) All toys kept for use by patients and/or visitors must be cleaned and disinfected after use but at a minimum, each day.

(11) Children must be supervised by a parent or guardian at all times; never left alone or unattended. Horseplay is not permitted.

(12) Children are not allowed to be seated on counters or desks, even if restrained in an infant seat.

d. Nurse Call System/Response.

(1) No employee will decrease the volume of a nurse call system.

(2) All employees will know how to rescue a patient who may be locked within a restroom. They will know the location and use of the key.

e. Clinical Alarms.

(1) No employee will decrease the volume of a clinical alarm, whether on a system or piece of medical equipment.

(2) Medical Maintenance will test the clinical alarms on all equipment with that feature during the PM/Calibrations.

(3) FMB will test the alarms on their systems.

(4) Personnel will test medical equipment alarms prior to use to insure they are working and can be heard.

(5) Three sections are required to have a Clinical Alarm SOP. These are Mother-Baby Unit, Labor and Delivery, and Family Care Ward. All personnel in the section must review the SOP and know the special procedures/precautions for these areas.

26. **Safe Medical Devices Act.** When/if a piece of medical equipment and/or device is suspect in contributing to an adverse affect on a patient:

a. Employee will:

(1) Notify the Safety Office immediately (within the first hour) at 6.7371/4.5586/6.7710.

(2) Turn in the equipment/device and all consumables and disposables (any item used in conjunction with the equipment) within the hour to the Safety Manager for lockup and further testing. The equipment will be turned in as it was used. DO NOT change or adjust any settings/dials/etc on the equipment prior to turning in. Bring it as used during procedure in which incident occurred.

b. If after duty hours, weekend, etc., contact the AOD to call the Safety Manager via cell phone. Secure the equipment until it is picked up.

c. Refer to Appendix E for further information.

27. **Hazard Communication (HAZCOM).**

a. Ensure all hazardous chemical containers are labeled (identify chemical name, manufacturer and associated hazard) and stored properly. Ensure secondary containment for hazardous chemicals requiring this.

b. Maintain inventory (form located in the Hazard Communication Program Regulation) of all hazardous chemicals used in work area.

c. Maintain a material safety data sheet (MSDS) for each hazardous chemical on your inventory. MSDS's must be readily accessible to all employees at all times.

d. Emergency eye wash stations and showers must be flushed and tested weekly. These tests will be documented and are the responsibility of the section NCOIC/supervisor or Facility Maintenance Contractor, depending on location.

e. Refer to MEDDAC Reg 385-10-1, Hazard Communication (HAZCOM) Program for further HAZCOM information standards.

APPENDIX A

SAFETY AWARDS PROGRAM

1. **Purpose.** To establish procedures and responsibilities for the operation of a safety awards program for the MEDDAC/DENTAC/VETCOM.

2. **General.**

a. Department of the Army and Medical Command policy is to recognize outstanding effort and achievement in the prevention of accidents. Supervisors will recognize their subordinates when significant contributions are made to the efficiency, economy, or improvement of operations through accident prevention.

b. Awards are authorized for individuals, departments, divisions, and services on the basis of their total safety record. Employees who are eligible for awards will be recommended by their immediate supervisors or Department Chief.

(1) Recommendations for military personnel will be submitted on DA Form 638, Recommendation for Award.

(2) Recommendation for civilian personnel will be submitted on memorandum through Department/Division Chief to the MEDDAC Safety Office.

c. All recommendations will be forwarded to the MEDDAC Safety Office prior to being submitted to the Environment of Care Committee for review and final approval.

3. **Types Of Awards.**

a. The Certificate of Merit for Safety Award, DA Form 1118, is authorized for individuals, departments, divisions, and services on the basis of their total accident prevention safety record for the fiscal year.

(1) Military and civilian personnel who complete one (1) year of operation of any Army motor vehicle without an accident.

(2) Department, division, service that completes one year without a lost-time injury and have not had any major or minor accidents.

b. The U.S. Army Safety Award, DA Form 1119, is authorized to individuals for superior safety performance for the fiscal year. This award is presented to individuals who have enhanced the safety program above and beyond the call of regular job performance.

c. Time Off Awards will be given to individuals who meet requirements in para 3.a. and 3.b. above. Civilian personnel will receive an 8-hour Time Off Award; Military personnel will receive a 3-Day Pass.

4. **Responsibilities.**

a. Supervisor/Department Chief.

(1) Determine the eligibility of individual for safety award.

(2) Submit names of qualified individual(s), type of award requested and justification for the award to the MEDDAC Safety Office.

(3) Initiate paperwork for Time Off Award.

(4) Once award is approved, prepare certificates and forward to Command for signature.

b. Safety Manager.

(1) Monitor and coordinate the safety awards program.

(2) Submit recommendation for award to the Environment of Care Committee for review and approval.

c. Human Resource Division will ensure a record of the award become a part of employee personnel file.

d. Environment of Care Committee will review all nominations and recommend action to approving authority.

e. Approving authority for MEDDAC is the Activity Commander.

APPENDIX B

PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. General Information.

- a. Personal protective equipment (PPE) will be provided by the Command and at no charge to the employee.
- b. PPE will be used and maintained in a sanitary and reliable condition by the employee. Defective or damaged PPE will not be used. It will be replaced immediately.
- c. The user is responsible for inspecting their PPE prior to use.
- d. Work area assessments are conducted by the supervisor to determine what type of PPE is needed and when it is needed.
- e. Supervisors will train all employees required to wear PPE. These topics will be covered:
 - (1) When PPE is necessary
 - (2) What PPE is necessary
 - (3) How to put on, take off, adjust, and wear PPE
 - (4) The limitations of the PPE
 - (5) The proper care, maintenance, useful life, and disposal of the PPE.
- f. Each trained employee will demonstrate an understanding of the training and the ability to use PPE properly before being allowed to perform the work requiring the use of PPE.
- g. Training is required prior to using the PPE and when there is a change in the PPE and/or its use.

2. Eye And Face Protection.

- a. Eye and face protection is required when a potential for exposure to flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.
- b. Safety glasses with side shields/protectors are required when there is a hazard from flying objects.
- c. Safety goggles are required when there is a potential for liquid exposure.
- d. Employees who wear prescription lenses will be provided eye protection that incorporates the prescription in its design or eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.
- e. Eye and Face Protection will meet the ANSI Z87.1-1989 standards.

3. Respiratory Protection. For appropriate Respiratory Protection contact Industrial Hygiene.

4. Head Protection.

- a. A protective helmet (hard hat) is required when working in areas where there is a potential for injury to the head from falling objects.

b. A protective helmet designed to reduce electrical shock is required when near exposed electrical conductors which could contact the head.

c. Protective helmets will meet the ANSI Z89.1-1986 standards.

5. Foot Protection.

a. Protective footwear is required in areas where there is a danger of foot injuries due to falling or rolling objects or objects piercing the sole, and where employees' feet are exposed to electrical hazards.

b. Protective footwear is requested through the supervisor/NCOIC.

c. Protective footwear will meet ANSI Z41-1001 standards.

6. Hand Protection.

a. Hand protection is required when there is potential for an employees' hands to be exposed to hazards such as skin absorption of harmful substances, severe cuts or lacerations, severe abrasions, punctures, chemical burns, thermal burns, and harmful temperature extremes.

b. Hand protection shall be selected based on the task, the hazards (potential and identified), the conditions present, and the performance characteristics of the protection.

7. Hearing Protection.

a. Hearing protection is required when working in a high noise area.

b. For further information on the Hearing Conservation Program, consult AR 40-5.

APPENDIX C

VEHICLE SEAT BELT/PROTECTIVE EQUIPMENT

1. Prevention of motor vehicle accidents is everyone's responsibility. Army Regulation 385-55, Prevention of Motor Vehicle Accidents, contains requirements for Army personnel, military and civilian, who operate motor vehicles. All personnel shall follow the following requirements:

a. Motor Vehicles.

(1) Military and civilian personnel riding in privately owned vehicles (POV's) on government installations and operators and passengers riding in government owned vehicles on or off a government installation will wear seat belts if installed in vehicle.

(a) The vehicle operator is responsible for informing passengers of the seat belt requirement. The senior occupant is responsible for ensuring enforcement.

(b) The driver is responsible for ensuring enforcement of seat belt use for civilian employees when it is not clear who the senior occupant is.

(2) Military Police will check and ensure personnel are complying with this policy. Commanders will be furnished with names of personnel not wearing seat belts.

(3) Department Chiefs/supervisors will ensure that the vehicle seat belt policy is thoroughly understood by everyone in their department.

b. Motorcycles.

(1) Military personnel will wear a properly fastened approved helmet on and off a military installation when they operate or ride as a passenger on a motorcycle or moped.

(2) Military personnel will wear proper eye protection, full fingered gloves, long trousers, long sleeve shirt or jacket, high visible garments (bright color for the day and reflective for night), and leather boots or over-the-ankle shoes whenever or wherever they operate or ride a motorcycle.

(3) Civilian personnel must wear a helmet while operating or riding as a passenger and will wear the same protective clothing specified for military personnel while operating a motorcycle on a military installation or while on government business off the installation.

c. Wearing headphones or earphones while driving a POV, motorcycle, bicycle or moped on roads and streets on Army installations is prohibited. Wearing headphones or earphones while operating any motorized vehicle is prohibited in the State of Colorado.

d. Bicycle operators are required to wear helmets on all Department of Defense installations. Helmets must meet American National Standards Institute (ANSI) standards. Commanders will encourage bicycle operators to wear high visibility garments (reflective vest). Military personnel found to be riding bicycles without wearing a helmet will be cited by the Military Police for a violation of Article 92, UCMJ, failure to obey a written order or regulation. Family members will be transported to the sponsor's location and the sponsor will be cited under the same article. Civilian personnel riding on the installation without a helmet will be escorted to the nearest gate.

2. Prior to taking leave, military personnel will complete the Travel Risk Planning System Form located on the US Army Combat Readiness website and submit it to their supervisor with the leave request. It is recommended, not required, that civilians also complete this form.

3. The Provost Marshal's Office (PMO) will enforce vehicle seat belt use and protective equipment requirements for personnel operating vehicles on post.

APPENDIX D

LATEX ALLERGY POLICY

1. **PURPOSE:** To provide a latex safe environment for all patients, staff and visitors.
2. **SCOPE:** This policy applies to all MEDDAC/DENTAC/VETCOM personnel assigned to Fort Carson, Pueblo Health Clinic, Tooele Health Clinic, Dugway Health Clinic, and Deseret Health Clinic.

3. **Reference:**

MEDCOM Regulation 40-44, 6 June 2002

4. **PRINCIPLES**

a. The term latex mentioned in this policy will refer to natural rubber and should not be confused with synthetic rubber. Natural rubber latex (NRL) comes from the milky sap of the Brazilian rubber tree (*Hevea brasiliensis*). It is composed of rubber hydrocarbon particles suspended in a serum together with a non-rubber substances and water. During the production process, preservatives and accelerators are added which can increase the risk of sensitivity. Synthetic rubber does not contain protein.

b. NRL remains the best barrier against bloodborne pathogens. However, latex protein sensitivity is increasing not only among certain high-risk groups but also with the general population. In recent years latex allergy has been recognized as a significant problem for healthcare workers (HCW) as well as patients. HCW are at risk for developing latex allergy due to repeated use of and exposure to latex gloves. Latex hypersensitivity potentially impacts active duty personnel since NRL free equipment is not readily available in deployable hospital facilities nor is complete avoidance compatible with military readiness.

c. There are three types of reactions, which occur after a latex sensitive individual is exposed to latex.

(1) Irritant Contact Dermatitis results from the direct action of chemicals found in latex or other glove components on the skin. It is not directly mediated by the immune system. The extent of the reaction depends on other physical parameters. It initially presents as erythema, pruritus, and edema, followed by lichenified, crusted plaques on the exposed area.

(2) Type IV allergy to rubber accelerators and antioxidants is an allergic contact dermatitis largely limited to the sites of direct contact of latex to the skin. It is a form of delayed hypersensitivity. Type IV allergy accounts for up to 84% of all occupationally acquired rubber allergy.

(3) Type I NRL allergy can be triggered by contact with latex antigen via cutaneous, percutaneous, mucosal, and parenteral routes of delivery. The majority of systemic anaphylactic reactions occur after mucosal or parenteral exposure.

Table 1: Onset and Symptoms of Latex Sensitivity

	Irritant Contact Dermatitis	Type IV Allergy	Type I Allergy
Onset	Felt immediately. Progresses in 15-20 minutes. Resolves spontaneously in 1-2 hours.	Usually begins within 48-72 hours but can begin as quickly as 8 hours	Extremely variable. Ranges from 5-290 minutes after exposure (typically 30 minutes)
Clinical Signs and Symptoms	Immediate, localized pruritus, discomfort and/or stinging over exposed area followed by redness swelling, wheal and flare reaction. May progress to Type IV or Type I	Redness and inflammation over exposed sites. Vesicular and blister formation.	Urticaria, pruritus, diaphoresis, nausea, vomiting, bronchospasm, hypotension, tachycardia, shock, laryngeal edema

(4). Many fruits are clinically involved in association with latex allergy. In addition to banana, avocado pear, and chestnut, several reports have implicated passion fruit, kiwi, papaya, pineapple, orange and other citrus fruit, apple, peach, grapefruit, raspberry, fig, walnut, hazelnut and almond, peanut, watermelon, tomato, celery, and rye flour. Obtaining a complete dietary history is essential in the screening for LA.

5. RESPONSIBILITIES:

a. Commander, MEDDAC is responsible for the establishment, implementation and overall supervision of a latex allergy detection and exposure control program.

b. Deputy Commander for Health Services will ensure that all Nursing Care Units (NCU) involved with patient care delivery follow the guidelines outlined in this policy.

c. Deputy Commander for Clinical Services will ensure that all providers follow the guidelines outlined in this policy.

d. All MEDDAC supervisors will ensure that:

(1) All staff personnel and volunteers receive LA education during inprocessing and document competency annually.

(2) All new health care workers/employees are screened by the Occupational Health Clinic for latex sensitivity/allergy (LS/A) and referrals initiated for current employees if symptoms develop.

(3) Latex free (LF) products are available for use by staff members with a documented LA.

(4) All areas involved with patient care will follow the process for LS/A patient identification.

(5) A latex safe environment is provided for high-risk patients in a private room without negative airflow unless admitted with airborne disease.

(6) The nursing care unit (NCU) will communicate to staff and ancillary services, i.e. Pharmacy, Laboratory, Dietary, Radiology, Respiratory and Housekeeping involved with the LA patient of their admission.

(7) All MEDDAC staff members and volunteers follow guidelines outlined in this policy.

e. Surgical Careline Nursing Director will ensure that:

(1) LA patients are scheduled for first case of the day.

(2) CMS is informed of LA case to ensure sets and supplies for the selected case are LF.

(3) All latex containing products are removed from the room and room is cleaned to remove all latex dust.

(4) Clearly visible signs are posted on the OR doors notifying staff of latex precautions.

f. Chief, Anesthesiology will ensure that:

(1) Only LF products are used for patients identified as LA.

(2) LF cart is placed in room.

g. Chief, Pharmacy Services will ensure that all of the medication prepared for the LA patient are LF or prepared by removing rubber stoppers on drugs not available in vials.

h. Chief, Occupational Health (OH) will:

(1) Utilize screening tool (MEDCOM Form 736-R) to identify new employees at risk for LS/A during inprocessing.

(2) Manage the duty status of staff members (military, civilian, and volunteers) identified through the screening process as potentially LS/A per OH Clinic protocol.

(3) Manage the duty status of civilian personnel identified through Workers Compensation Program as potentially having LS/A per OH Clinic protocol.

i. Chief, Logistics Division will:

(1) Obtain expendable latex free medical supplies as needed.

(2) Ensure the restock of the LF carts.

j. Chief, Emergency Medical Services will maintain an emergency crash cart with LF products.

k. Chief, Allergy/Dermatology Clinic will:

(1) Perform testing as necessary to determine LA.

(2) Document in patient or staff's consultation form/chart the test results.

l. Chief, Cardio/Respiratory and EKG will utilize supplies from the LF cart and LF crash cart

m. Administrative Officer of the Day (AOD) will provide access to the LF cart after normal duty hours.

n. All MEDDAC clinics will: Make the LA patient's appointment as early in the morning as possible. Sign out LF cart from Customer Service prior to the appointment. Prior to the patient entering, remove all latex products from the room and position the LF cart.

6. PROCEDURE:

a. Identification:

(1) Identify and document patients who are known or suspected of having a LA.

(2) Upon admission, the Primary Care Provider (PCP) will identify a possible LA patient through a questionnaire of medical, surgical, and occupational history. All health care providers are essential in the identification of the possible LA patient.

(3) Confirmation diagnosis will be obtained through the Allergy or Dermatology Clinic.

(4) In an emergency situation, all high-risk LA patients, especially Type I reactions, should be treated with latex precautions and non-latex items.

b. Documentation:

(1) Document LA as follows:

Signs and symptoms
Note allergy in CHCS

Place LA sticker on chart

Place LA sign outside of door and in room above the head of the bed.

Document allergy to latex in the patient's chart under "Allergy".

Place purple LA band on patient

c. Disseminate LA information to CHCS, Pharmacy, Lab, OR, Anesthesia, Nutrition Care, Cardio/Respiratory, Radiology, Disease Management, Housekeeping, and other ancillary departments essential for patient care.

d. Patients with a history of Myelodysplasia, Spina Bifada, congenital urinary abnormalities, multiple surgeries, and occupational exposure to latex are at a high risk of being LS/A and will be treated as such without testing. A non-sensitive patient in a high risk group could become allergic at any time.

e. Nursing Considerations and Procedure:

(1) Provide a latex safe environment for high-risk populations – a private room without negative airflow unless admitted with airborne disease.

(2) Remove all latex containing items from room. If there is a question about a product, remove it from the room and check with Customer Service. Avoid the use of all latex products. When in doubt, do not use the product.

(3) Sign out LF cart from Customer Service and place outside patient's room – noting emergency protocol drugs for the adult/pediatric patient is posted on cart.

(4) A LF crash cart will be signed out of Customer Service only if patient is classified as having a Type I allergy.

(5) Post LA signs on chart, door outside room, and above head of bed in room.

(6) Notify all ancillary departments of the precautions for the patient (e.g. pharmacy, laboratory, dietary, radiology, and housekeeping) prior to the patient's transfer there. The patient's chart will be flagged with a purple sticker that identifies LA. The patient will have a purple armband identifying LA. Notify the OR ASAP so that patient can be scheduled for first case.

(7) Tape all injection ports on I.V. bags with LF tape to prevent use. DO NOT INJECT OR WITHDRAW FLUID THROUGH THE RUBBER PORT. If medications must be injected into the bag, pull the tab off the I.V. bag and inject medications through there.

(8) Use only LF products from LF cart.

f. Standard Environmental Changes and Cleaning:

(1) Housekeeping, utilizing LF gloves and other LF supplies will terminally clean room prior to admission.

(2) Cover all cords in the room with roller gauze, kerlix or some other non-latex wrap. Use latex free tape to secure.

(3) Assess any item in the room for latex content. Assess any additional items prior to placing in the room.

(4) Bed, arm boards, positioning or prepping aids and equipment containing latex products will be covered with non-latex material (i.e. webril, stockinet, blankets, sheets, towels).

(5) Return/exchange the LF cart in Customer Service for restock daily except on weekends.

(6) LF cart can be obtained from Customer Service after normal duty hours by contacting the AOD.

(7) Use LF blood pressure cuffs if possible. If LF cuffs are not available, cover all rubber tubing, connections, and cuff with a plastic bag or kling in order that no latex comes in contact with the patient's skin

(8) Use a LF stethoscope. Cover tubing if unable to locate a LF scope.

(9) Cover mattress covers carefully and completely (they contain latex). Cover bumpers on stretchers.

(10) Cover latex chest tubing completely with kling or tape.

(11) Use LF syringes. Do not use pre-filled medicated syringes without first contacting the inpatient pharmacy. Ampoules should be used when possible. If not available, remove rubber stopper per pharmacy protocol.

g. Patient Education:

(1) Assess the patient's or family's knowledge of LA and provide them with verbal and written information. Provide them with a list of resources available in the community including support groups and/or LA contacts. Document appropriately.

(2) Ensure patient and family view educational film concerning LA before discharge. (Obtained from Infection Control Library)

(3) Patients identified as having LA are encouraged to wear a Medic Alert device and inform all health care contacts of LA.

(4) Patients are encouraged to maintain an emergency kit at home should it be necessary to call 911. The kit should be based on their personal provider's recommendation. Inform the emergency service ahead of time so they can note it on the 911 screen.

(5) Inform relatives and friends of LA to prevent exposure to latex items such as balloons.

(6) When traveling take the emergency LA kit with them.

h. Staff Education:

All government and contract employees and volunteers will receive mandatory education and training on LA. Documentation of the training will be in their competency files.

7. PROCEDURE FOR HOSPITAL PERSONNEL WITH LATEX ALLERGY:

a. Suspected LA employees will make an appointment with OH for screening and determination and documentation of any work limitations. Occupational Health, in conjunction with the Worker's Compensation Office, will provide education and counseling when indicated.

b. Employees who are highly LA, Type I, may need reassignment to a more controllable LF environment per OH and Worker's Compensation guidelines.

Appendices:

A – Inventory for Latex Free Cart

<u>DRAWER</u>	<u>ITEM</u>	<u>SIZE</u>	<u>UNIT</u>	<u>QUANTITY</u>	<u>STOCK #</u>
1	NASO AIRWAY	12	EA	2	18542012
1	NASO AIRWAY	26	EA	2	18542026
1	NASO AIRWAY	28	EA	2	18542028
1	NASO AIRWAY	30	EA	2	18542030
1	NASO AIRWAY	32	EA	2	18542032
1	NASO AIRWAY	34	EA	2	18542034
1	NASO AIRWAY	36	EA	2	18542036
1	ORO AIRWAY		EA	2	2560-2
1	ORO AIRWAY		EA	2	3105-2
1	ORO AIRWAY	MED	EA	2	32068-54-0
1	ORO AIRWAY	SML	EA	2	1168-2
1	ORO AIRWAY	90MM	EA	2	DYND60420
1	ORO AIRWAY	100MM	EA	2	DYND60425
1	DISP STETHOSCOPE (Alt: wrap regular stethoscope in Kerlix)		EA	2	300YELLOW
1	NASAL CANNULA	PED	EA	2	1602
1	NASAL CANNULA	ADULT	EA	2	1103
1	PURPLE ID BANDS		EA	4	
1	SIMPLE MASK	ADULT	EA	2	1083
1	SIMPLE MASK	PED	EA	2	1085
2	ET TUBE (CUFF)	6.5	EA	2	H-65 OR 349965
2	ET TUBE (CUFF)	7	EA	2	340070 OR 81070
2	ET TUBE (CUFF)	7.5	EA	2	340075
2	ET TUBE (CUFF)	8	EA	2	340080
2	ET TUBE (CUFF)	8.5	EA	2	340085
2	ET TUBE (UNCUFF)	3	EA	2	86223
2	ET TUBE (UNCUFF)	3.5	EA	2	100/141/035

<u>DRAWER</u>	<u>ITEM</u>	<u>SIZE</u>	<u>UNIT</u>	<u>QUANTITY</u>	<u>STOCK #</u>
2	ET TUBE (UNCUFF)	4	EA	2	86225
2	ET TUBE (UNCUFF)	4.5	EA	2	86226
2	ET TUBE (UNCUFF)	5	EA	2	86227
2	ET TUBE (UNCUFF)	5.5	EA	2	86228
3	IV CATH	16	EA	5	CATH INSYTH
3	IV CATH	18	EA	5	CATH INSYTH
3	IV CATH	20	EA	5	CATH INSYTH
3	IV CATH	22	EA	5	CATH INSYTH
3	IV CATH	24	EA	5	CATH INSYTH
3	OP SITES		EA	5	2457
3	SURG GLOVES	6.5	PR	5	30865
3	SURG GLOVES	7	PR	5	30870
3	SURG GLOVES	7.5	PR	5	30875
3	SURG GLOVES	8	PR	5	30880
3	TAPE	2	EA	2	1528-2
3	TAPE	3	EA	2	1528-3
3	TOURNIQUET		EA	3	
3	ACE WRAP	4	EA	2	
3	ACE WRAP	6	EA	2	
4	BP CUFF	ADULT	EA	2	CRIT
4	BP CUFF	SML AD	EA	2	CRIT
4	BP CUFF	INF/CH	EA	2	CRIT
4	BP CUFF	XL	EA	2	CRIT
4	BP CUFF	THIGH	EA	1	CRIT
4	BP CUFF	ADULT	EA	1	HP

4	BP CUFF	SML AD	EA	1	HP
4	BP CUFF	INF/CH	EA	1	HP
4	BP CUFF	XL	EA	1	HP
4	BP CUFF	THIGH	EA	1	HP
4	STOMACH TUBE	10	EA	2	
4	STOMACH TUBE	12	EA	2	
4	STOMACH TUBE	14	EA	2	
4	STOMACH TUBE	16	EA	2	
4	STOMACH TUBE	18	EA	2	
5	ENEMA TUBE		EA	2	2562
5	INFANT CATH (FEEDING TUBE)	5	EA	2	36410
5	INFANT CATH (FEEDING TUBE)	8	EA	2	36400
5	INTER CATH	16	EA	2	907216
5	INTER CATH	18	EA	2	907218
5	IRRIGATION SYRINGE		EA	3	309664
5	FOLEY CATH (ALL SILICONE)	8	EA	2	
5	FOLEY CATH (ALL SILICONE)	12	EA	2	165812
5	FOLEY CATH (ALL SILICONE)	14	EA	2	165814
5	FOLEY CATH (ALL SILICONE)	16	EA	2	175816
5	FOLEY CATH (ALL SILICONE)	18	EA	2	8887-637182
6	ECG ELECTRODE	ADULT	EA	2	2237
6	ECG ELECTRODE	PED	EA	2	2428-2
6	NRB MASK		EA	2	1059
6	AMBU BAG	ADULT	EA	2	
6	AMBU BAG	PED	EA	2	

APPENDIX E

SAFE MEDICAL DEVICE ACT PROCEDURES

1. REFERENCES.

- a. Food and Drug Administration (FDA), Safe Medical Devices Act (SMDA)
- b. TB MED 750-1, Operating Guide for Medical Equipment Maintenance

2. PURPOSE.

- a. To provide guidance and assign responsibility to all MEDDAC personnel to monitor and identify significant adverse events involving medical devices.
- b. The SMDA provides a mechanism for the FDA and manufacturers to identify and monitor significant adverse events involving medical devices, so that problems may be detected and corrected in a timely manner.

3. APPLICABILITY.

- a. This SOP applies to all personnel assigned or attached to the Fort Carson MEDDAC with duty in Building 7500 or any outlying MEDDAC building.
- b. The SMDA requires device user facilities (hospitals) to report to the device manufacturer when the facility determines that a device has or may have caused or contributed to a patient death or serious injury. In the case of death, the facility must also send a report to the FDA. The FDA Form 3500A will be used and submitted within ten work days from the time that any medical personnel employed by or affiliated with the facility becomes aware that the device may have caused or contributed to a death or injury.

c. The following procedures apply to any MEDDAC medical equipment and/or device adverse occurrence(s) as defined by the FDA in the SMDA.

4. RESPONSIBILITIES. When/if a piece of medical equipment and/or device is suspect in contributing to an adverse affect on a patient:

a. Employee will:

(1) Notify the Safety Office immediately (within the first hour) verbally at 6.7371/4.5586/6.7710.

(2) Turn in the equipment/device and all consumables and disposables (any item used in conjunction with the equipment) to the Safety Manager for lockup and further testing within the first hour. The equipment will be turned in as it was used. DO NOT change or adjust any settings/dials/etc on the equipment prior to turning in. Bring it as used during procedure in which incident occurred.

(3) If after duty hours, weekend, etc., contact the AOD to call the Safety Manager via cell phone.

b. Upon notification, the Safety Manager will:

(1) Obtain a list of personnel involved.

(2) Contact Chief Medical Maintenance.

(3) Contact the Risk Management Office.

(4) Contact the Patient Safety Office.

(5) At the request of the Risk Manager, set up interview times with each individual who was in the room at the time the equipment was used.

(6) At the request of the Risk Manager and the Patient Safety Representative, attend the interviews of each individual to obtain their views on the events leading to and the actual occurrence.

(7) Complete the FDA Form 3500A and determine who must be notified (manufacturer and/or FDA).

c. Chief, Medical Maintenance will:

(1) Complete the medical equipment section of FDA Form 3500A.

(2) Testing and further procedures are outlined in the Medical Maintenance internal SOP.

d. Risk Management Officer will:

(1) Schedule and conduct the personnel interviews.

(2) Complete the clinical section of FDA Form 3500A.

e. Patient Safety Representative will:

(1) Attend the personnel interviews.

(2) Assist in completing the clinical section of FDA Form 3500A.

f. Other Actions Taken by the Safety Manager:

(1) Maintain all records in the MEDDAC Safety Office for a period of two years.

(2) Submit a semi-annual report on FDA Form 3419 on 1 January and 1 July of each year. If no incidents have occurred, no report is necessary.

(3) The semi-annual report will include:

a. The FDA assigned reporting number;

b. Reporting year;

c. Reporting period;

d. Report date;

e. Complete name and address of the user facility;

f. Name, title, and address of the contact person;

g. Lowest and highest report numbers of the reports submitted to the FDA and/or manufacturer during the reporting period;

h. Total number of reports attached or summarized; and

i. Basic information about each reported event or a copy of the FDA Form 3500A that was submitted for each event.

5. If the adverse event is determined to not meet the FDA mandatory reporting requirements, the MEDDAC Command (Commander, DCA, DCCS, DCHS, or CSM) will decide if voluntary reporting will occur.

6. DEFINITIONS.

(1) Malfunction: The failure of a device to meet its performance specifications or to perform as intended. A malfunction is reportable when it is likely to cause or contribute to a death or serious injury if it were to recur. This SOP assumes that a malfunction will recur. A malfunction is reportable if any one of the following is true:

- a. The chance of it causing such event is not remote or minute;
- b. It affects the device in a catastrophic manner that may lead to a death or serious injury;
- c. It causes the device to fail to perform its essential function and compromises the device's therapeutic, monitoring, or diagnostic effectiveness, which could cause or contribute to a death or serious injury;
- d. The device involves a long-term implant or a device that is considered to be life-supporting, or life-sustaining;
- e. The manufacturer takes or would be required to take action to reduce a risk to health as a result of the malfunction; or
- f. A malfunction of the same type has actually caused or contributed to a death or serious injury in the past.

(2) Medical Personnel: any individual who:

- a. Is licensed, registered, or certified by a state, territory, or other governing body to administer health care;
- b. Has received a diploma or a degree in a professional or scientific discipline;
- c. Is an employee responsible for receiving medical complaints or adverse event reports; or
- d. Is a supervisor of such persons.

(3) Permanent: permanent damage or impairment is irreversible damage or impairment that is not trivial.

(4) Reportable Event: The adverse events or problems that the medical device regulation requires to be reported. These include patient deaths and serious injuries that medical devices have or may have caused or contributed to (i.e. the device may have directly caused the events or played a role in the events).

(5) Serious Injury: Three possible types:

- a. Life threatening injuries;

- b. Injuries that result in permanent damage or impairment; and
- c. Injuries that require medical intervention to preclude permanent damage or impairment.

(6) User Facility Reporting Number: The number that uniquely identifies each report submitted by a user facility to manufacturers and FDA. The number consists of three parts:

- a. The user facility's ten-digit Health Care Financing Administration (HCFA) number. If the HCFA number is less than ten digits, fill the remaining spaces with zeros;
- b. The four digit calendar year in which the report is submitted; and
- c. The four-digit sequence number of the reports submitted for the year, starting with 0001. For example: 1234567890-1996-0001.

6. POINT OF CONTACT. Questions in reference to SMDA should be directed to the MEDDAC Safety Manager, Logistics Division, ext 6.7371/4.5586/7710.