Updates and Common Environmental Health Findings in Village Health Clinics





www.anthc.org/ieh



ANTHC IEH Program

We provide consultative services to the Alaska Tribal Health System in the areas of:

- <u>Radiation protection</u>
- Industrial hygiene
- Occupation Health and Safety
- Infection control

These services allow our partners to maintain safe and healthy facilities which are essential to providing the highest quality health services.



ANTHC IEH Program











Accreditation, Regulations, & Standards

- Centers for Medicare and Medicaid Services (CMS)
- The Joint Commission (TJC)
- Accreditation Association for Ambulatory Health Care (AAAHC)
- Occupational Safety and Health Administration (OSHA)
- Environmental Protection Agency (EPA)
- Department of Transportation (DOT)
- Alaska Administrative Code (AAC)
 - References International Codes (IBC, IFC, IMC, IFGC)
- National Fire Protection Association (NFPA)





Who are the Joint Commission / AAAHC?

- ✓ Both are accrediting agency for healthcare related facilities
- ✓ Accreditation is voluntary
- ✓ Both have "deemed status" by CMS
- ✓ Over 4,500 hospitals and other related facilities are accredited by the Joint Commission
- ✓ Accreditation occurs every three years
- ✓ The survey team consists of nurses, physicians, specially trained administrative staff and TJC adds a Life Safety Surveyor
- Surveys are scheduled from two to five days, depending on the size and complexity of the organization



Where Do I Start?



- The Joint Commission Survey Activity Guide (p. 15, 64, 75) <u>https://www.jointcommission.org/organization_survey_activity_guide/</u>
- Document List
 - Environment of Care management plans and annual evaluations
 - Environment of Care team meeting minutes for the 12-months prior to survey
 - □ Infection Control Plan (Exposure Control Plan, BBP, TB)
 - List of sites where high-level disinfection and sterilization is in use



Where Do I Start?

- The Joint Commission: "Environment of Care Essentials for Health Care"
- The Joint Commission: "EC made easy: Your Key to Understanding EC, EM, and LS"



CMS Emergency Management Final Rule

- Applies to Rural Health Clinics
- Documents Surveyed by TJC and CMS:
- Prioritized Potential Emergencies (Hazard Vulnerability Analysis)
- Emergency Management Plan, include annual review
- Continuity of Operations Plan
- Documentation of completed/attempted contacts with contact local, state, tribal, regional, federal EM officials in organization's service area
- Annual staff training (Emergency Procedures / Community Exercise)
- Patient evacuation procedures
- Tracking system for patients sheltered on-site and patients relocated to alternate site



All Accreditation Program Survey Activity Guide

All Accreditation Programs Survey Activity Guide July 2018

Life Safety Code Building Assessment (p. 75)

- Building Layout: Age, Sprinklers, Smoke Compart
- □ Interim Life Safety Measures (ILSM)
- Hazardous areas:
 - Soiled linen rooms / trash collection rooms
 - Oxygen storage rooms
- □ Fire / Smoke Separations
- Fire exits
- Main Fire Panel
- Condition of emergency power systems



Building Survey

Safety/ Security

Hallways clear? (nothing obstructing walking area that is stationary for more than 30 min)

Fire extinguisher checks current?

Exit signs illuminated?

18" clearance to ceiling everywhere in department?

Privacy/confidentiality maintained? Computers are locked so there is not access to PHI?

Clinic is clean and uncluttered?

Staff know all code colors and meanings?

Staff know their roles during the different codes?

Staff can recall most recent fire drill?

Location of fire pulls, extinguishers, and O2 shutoffs is known by staff?

Access to fire pulls, extinguishers, and O2 shutoffs is clear?

Staff have badges visible at all times?

Staff know when to enter and can access incident reports?

Syringes and needles are in controlled areas?

Doors are not propped open?

Staff aware of National Patient Safety Goals?

Two patient identifiers (name/DOB) are used to identify patients?

Environment of Care

Housekeeping rooms are secure when not in use?

Hazardous solutions stored on unit are properly labeled?

Hazardous chemical storage areas are properly identified (with signs)?

Staff knows what an SDS and disaster manual is and where they are each located?

Staff knows which outlets are on emergency power?

No biohazard bags in regular trash?

No boxes stored on floor?

Checklists are completed without missing history?

All cleaning solutions for equipment cleaning are labeled with name, hazards, and exp date?

Equipment checks are in-date (bio-med stickers)? Staff know process for expired equipment?

Staff can demonstrate operation of equipment if asked?

Infection Control

Staff can distinguish between clean and dirty equipment?

Eye wash stations are checked weekly (log reflects this)? Only current logs are hanging up?

Sharps containers are not full and affixed to prevent tipping?

Food and uncovered drinks are absent from customer/owner care areas?

Clean utility is free of dirty items?

Soiled utility is free of clean items?

Area under sink is free of storage (acceptable items - cleaning items, sharps containers, flower vases, kitchen utensils, dishware, and flower vases AAAHC Required Documents Chapter 7: Infection Prevention & Safety

- Infection Prevention & Control Program
 - Exposure Control Program, BBP, TB
 - Sharps injury prevention program
 - Trained and competent
- High Level Disinfection and Sterilization Policy
- Temperature Monitoring
- Safety Program / Hazard Communication
- Worker Injuries / Illness Reporting





High Level Disinfection

- Glutaraldehyde (Cidex)
- Cidex OPA
- Hydrogen Peroxide (Revitalox)
- Peracetic Acid





AAAHC Required Documents Chapter 7: Safety Program

- Processes for managing identified hazards, potential threats, near misses, and other safety concerns
- Avoid medication errors
- Prevent / timely reporting of falls and other physical injuries.
- Use of unique patient identifiers throughout a patient's care.
- Prevent skin and tissue injury from chemicals, cleaning solutions, and other hazardous exposure.
- Food and drink for patient use is stored, prepared, served properly.





AAAHC Required Documents Chapter 8: Facilities & Environment

- □ Fire Extinguisher Inspection: Annual, Monthly
- □ Fire Alarm and/or Suppression Testing
- Training on Safety, Emergency, and Fire-Extinguishing Equipment
- □ Safety and Security Practices
- Emergency and Disaster Preparedness Plan
- Evaluation of Emergency Drills
- Medical Equipment Maintenance
- Minimum Emergency Equipment and Supplies
- Risk Assessment of environmental hazards during construction





TJC / AAAHC Referenced Documents

- □ NFPA Life Safety Code (NFPA 101) 2012 edition
- **CDC** Guidelines
 - Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
 - Guideline for Hand Hygiene in Health-Care Settings, 2002
 - Guidelines for Environmental Infection Control in Health-Care Facilities
- OSHA
 - Hazard Communication
 - Bloodborne Pathogens
 - Respiratory Protection
- Facility Guidelines Institute (FGI), Guidelines for Design and Construction of Health Care Facilities, 2014 edition





Surveyor Questions for Staff

- □ What chemicals do you use in your department?
- Where are the SDSs for the chemicals you use in your department?
- Do you know where the closest fire extinguisher is?
- □ Where do you exit in the event of a fire alarm?
- When were you last trained on Bloodborne Pathogens? Can you provide your proof of training?
- □ How do you report an injury?



Recent Questions / Findings from the Field

- Remote Boiler Shutdown Switch or Circuit Breaker in Village Built Clinics?
- Current 2012 IMC: Requires one outside the boiler room
 - Exterior Boiler room door can have switch just inside the door
- Tamper resistant cover (optional)
 - Label "Boiler Emergency Shut Off"



Self-luminous EXIT signs in the Trash?

- No, they containtain Radioactive gas tritium
- NRC "generally licensed devices"
 - Anyone can possess, but must be properly recycled
 - Purchaser must send report to NRC
 - Search for "tritium sign recycling"
 - <u>http://www.nrc.gov/reading-rm/doc-collections/fact-sheets/fs-tritium.html</u>
- Pose little or no threat to public health and safety



The receipt, possession, use and transfer of this device is subject to a general license and the regulations of the USNRC or of a State with which the NRC has entered into an agreement for the exercise of regulatory authority. DO NOT OPEN THE SIGN MODULE unless specifically licensed by the NRC or an Agreement State. DO NOT ABANDON OR DISPOSE OF THIS SIGN except by transfer to persons specifically licensed by the NRC or an Agreement State. Use of this sign prohibited if there is any indication of failure of, or damage to containment of radioactive materials.



CAUTION RADIOACTIVE MATERIAL MOVAL OF THIS LABEL IS PROHIBITED.



When do I need an Eye Wash?

- 29 CFR 1910.151(c): Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.
- □ pH < 2 or > 11.5
- □ > 0.1 % Formaldehyde (Ex. Formalin = 3.7%)
- □ Single motion to activate
- < 10 seconds to reach</p>
- Path of travel free of obstructions
- □ 15 minutes of flow
- □ Flush weekly
- Drench hoses labeled ANSI Z358.1



Temperature Requirement for Eye Wash?

- OSHA references ANSI Z358.1
- **Tepid:** 60-100 F
- Don't specify temperature on log, just "Tepid" "Y/N"
- Use mixing valve
- https://www.osha.gov/pls/oshaweb/owadisp.show_doc ument?p_table=INTERPRETATIONS&p_id=24119





Are Dental Amalgam Separators Required?

- Effective July 14, 2020
- Yes, if the clinic discharges to a publically owned treatment works (POTW)
 - Prohibits flushing waste amalgam, such as from traps or filters, down a drain; and
 - Prohibits the use of bleach or chlorinecontaining cleaners for cleaning traps
- Exempt:
 - Dentists who do not place amalgam and only remove amalgam in unplanned or emergency situations
 - Mobile dental units





Are Cast Cutters Required to be Guarded?

- □ Vibrating blade is not:
 - Rotating
 - Creating a Nip Point
 - Generating flying chips or sparks
 - Exposing belts, gears, shafts, pulleys, sprockets, spindles, drums, flywheels, chains, or other reciprocating, rotating, c. moving parts of equipment that must be guarded.
- Does not meet the requirements for a guard <u>https://www.osha.gov/Publications/osh</u> a3080.html
 - Recommend Eye Protection







Regulated Medical Waste

- Regulated Medical Waste (RMW), including sharps and pathological waste, meets the definition of DOT "Hazardous Material" for shipping purposes.
- Requires UN standard packaging conforming to Packing Group II performance level. 49 CFR §173.197
- Sharps container must be puncture-resistant and securely closed to prevent leaks



"Convenience" vs. Emergency Generators

- □ Are village clinics required to have emergency generator power and meet TJC EC standards (EC 02.05.03 and EC 02.05.07)
- Alternate source of power for:
 - alarm systems
 - exit route and exit sign illumination
 - emergency communication systems, per Life Safety Code
 - □ life-support systems (ie. Defibrillator) that could cause patient harm
- Alternate source of power could be a:
 - Emergency generator
 - battery system
 - □ self-contained battery integral with the equipment.
- If required items have a self-contained battery, then you would NOT need an emergency generator.
- Generator" would not need to meet EC.02.05.07.
- Preventive maintenance and testing schedule per manufacturer's guidelines.



Event Related Sterility AND Timed Expiration





STERILIZED

Date:

Load #

Contents are sterile unless package is opened or damaged.



Labeling

		2
	-	
	C)
		P
A	E.	-
A	V	- air

SAMPL	E LABEL
CODE Product Product Name Identifier	Hazard Pictograms
Company Name	
Keep container tightly closed. Store in a cool, well-ventilated place that is locked. Keep away from heat/sparks/open flame. No smoking. Only use non-sparking tools. Use explosion-proof electrical equipment. Take precautionary measures against static discharge. Ground and bond container and receiving equipment. Do not breathe vapors. Wear protective gloves. Do not eat, drink or smoke when using this product. Wash hands thoroughly after handling.	Signal Word Danger Highly flammable liquid and vapor. May cause liver and kidney damage. Hazard Statements
Dispose of in accordance with local, regional, national, international regulations as specified. In Case of Fire: use dry chemical (BC) or Carbon Dioxide (CO ₂) fire extinguisher to extinguish. First Aid	Supplemental Information Directions for Use
If exposed call Poison Center. If on skin (or hair): Take off immediately any contaminated clothing. Rinse skin with water.	Fill weight: Lot Number: Gross weight: Fill Date: Expiration Date: Fill Date:

Electrical Panel

Electrical Panel circuit breakers that are marked "SPARE" and are turned on need to be labeled with their actual use. (29 CFR 1910.303(f))

























Thank you!

CDR Michael Box, MS, CIH, REHS U.S. Public Health Service / Alaska Native Tribal Health Consortium Institutional Environmental Health Manager 907-729-3606

mgbox@anthc.org

www.anthc.org/ieh

