

CHAPTER LEADER'S GUIDE TO

Environment of Care

Second Edition



Thomas J. Huser, MS, CHSP, CHEP, MEMS

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Thomas J. Huser, MS, CHSP, CHEP, MEMS, *Author*

Jay Kumar, *Editor*

Adrienne Trivers, *Product Director*

Matt Sharpe, *Senior Manager, Creative Layout*

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HCPro

100 Winners Circle, Suite 300

Brentwood, TN 27027

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Plus:

EOC PowerPoint® presentations available for download:

- The Environment of Care (EOC): What You Need to Know to Train Your Staff
- The Environment of Care (EOC): Annual Education for Staff Members



About the Author

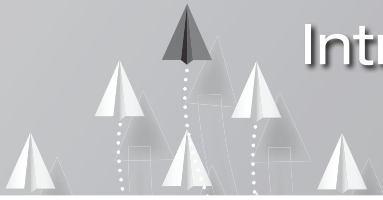
Thomas J. Huser, MS, CHSP, CHEP, MEMS

Thomas J. Huser, MS, CHSP, CHEP, MEMS, is a health and safety professional with more than 33 years of healthcare and public safety experience. He has served as a security supervisor, safety officer, and manager of health and safety, and is currently the safety and emergency preparedness coordinator for a multi-physician system attached to a multihospital system.

Huser has published 17 articles in the *Journal of Healthcare Security* on the topics of disaster drill planning, emergency decontamination, incident command systems, and hazard communication programs. He is the author of *The Environment of Care Handbook*, *The Emergency Management Compliance Manual*, and *Life Safety Survey Companion*. He has given numerous presentations on the topic of hospital safety, including at the Ascension Health Safety Conferences in 2000, 2001, and 2002; the National Fire Protection Association World Fire Safety Conference in 2003; and the National Earthquake Conference in 2004.

ABOUT THE AUTHOR

Huser holds an associate's degree in applied fire science, a BS in business administration, and an MS in health and safety management; he is a Certified Healthcare Safety Professional, Healthcare Emergency Planner, and Military Emergency Management Specialist. He was a volunteer firefighter/EMT/hazardous materials specialist for 37 years and is currently a volunteer with the Hamilton County, Indiana, Emergency Management Agency.



Introduction: How This Book Can Help You

Environment of Care (EOC) is one of the few chapters of the *Comprehensive Accreditation Manual for Hospitals* that affects every person entering the facility. Whether you are a patient, employee, visitor, vendor, or licensed independent practitioner, what happens in the environment in which you are functioning can affect what you do and how you do it. The environment is the largest financial investment facilities have—even larger than payroll when you think about the cost to build and maintain facilities. It is therefore in the best interest of every hospital to ensure that the hospital environment is maintained in the safest possible condition. Failure to do so can be catastrophic. Think what would happen if you lost not only commercial power, but also emergency power.

To add to taking care of the buildings you own, you are also responsible for ensuring continuous compliance for the structures where you lease space. This means you will need to work with the building owners and managers to ensure that these buildings where you have patients and staff are maintained in accordance with all applicable codes and regulations. Depending upon the building ownership or management, this can be an arduous task. While there are large companies that specialize in ownership and management of medical facilities, there are also many owners and managers who are not familiar with the additional requirements that having a medical occupant can bring.

INTRODUCTION: HOW THIS BOOK CAN HELP YOU

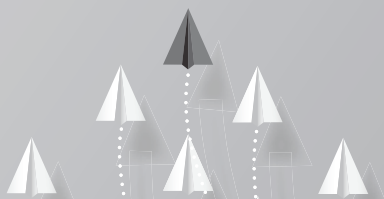
This book is designed to provide you with the tools you will need to design, implement, and maintain an effective EOC program at your facility. This includes educating all levels of leadership and employees about their responsibilities related to EOC. The book also provides tips on how to obtain buy-in from all of your employees; as you will learn, maintaining compliance is not a one-person job, but the responsibility of all employees within the facility.

Included are explanations for Joint Commission EOC standards and what policies are needed for compliance. Also included are ideas for performance indicators and conducting performance improvement projects related to EOC. There is also an in-depth explanation of the difference between performance indicators and performance improvement, along with what you cannot utilize for performance improvement projects.

Compliance with EOC can be a complicated and daunting task as it is truly a multidisciplinary job. Multiple federal, state, local, and outside regulatory agencies come into play with compliance. If you do not understand how these agencies affect your facility, you will be unable to achieve and maintain compliance. This book is designed to educate you on these agencies.

PART 1

Organization Accountabilities



In this part of the book, I will introduce key players in your organization and explain how they fit into the Environment of Care (EOC) compliance puzzle. Every organization, regardless of size, can be broken down into five levels of responsibility: board of directors (BOD), CEO, management, physicians, and frontline staff. Personnel from these five levels are critical to the success of the EOC program in your facility.

Part 1 outlines the direct and indirect responsibilities for compliance as stated in the elements of performance (EP) listed in The Joint Commission's *Comprehensive Accreditation Manual for Hospitals (CAMH)*. Each category of compliance includes action items and who is accountable for those items.

Board of Directors

Responsibility for compliance

Regardless of its size, every facility has a BOD. The BOD is ultimately accountable for how the hospital operates. This responsibility is noted in LD.01.03.01, which states that the BOD

holds ultimate accountability for services, treatment, quality of care, and safety. The makeup of the BOD depends on the hospital's size, location, and affiliations. The BOD may consist of people who represent the public at large, another hospital or entity with a vested interest in the operation of the facility, as well as chief executives from the facility itself. The BOD's responsibilities are outlined in the Leadership chapter of the *CAMH*, as are the responsibilities of all the other hospital leaders.

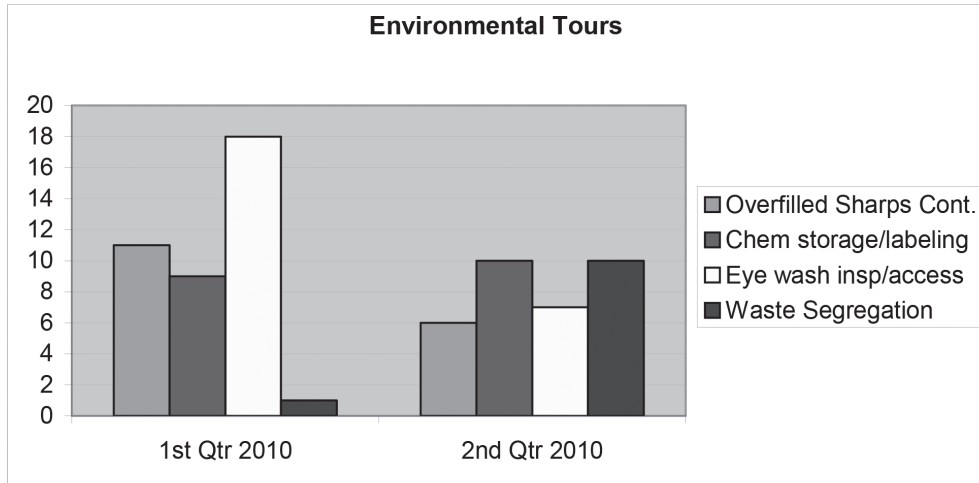
The larger the facility is, the more diverse the BOD is. The BOD of a larger facility might have more required documentation to review and discuss at each BOD meeting. In the EOC chapter of the *CAMH*, The Joint Commission mentions numerous times when activities related to EOC must be reported to the BOD. The Joint Commission does not dictate how this reporting is to take place, nor does it state who is responsible for such reporting. It only states that the activities must be reported. In my 33+ years in healthcare, I have only reported to the BOD once, and it was regarding the facility's preparedness for a flu pandemic. I have learned that the larger the organization is, the less likely the people who are responsible for the day-to-day compliance of the facility are to report in person to the BOD.

Reporting to the BOD is implied by EC.04.01.03, EP 2, which requires analysis of EOC data by key personnel from clinical, administrative, and support services. This is then followed up by EC.04.01.05, EP 1, which requires action be taken to correct the identified deficiencies affecting the safety of the environment. The Joint Commission is not prescriptive as to how the information flows to your BOD, only that it gets presented to them. One method of reporting involves monthly reporting to an EOC oversight committee. The information from the oversight committee is then reduced and reported to the quality committee. After that report, the information is reduced further and taken to the BOD. By the time the BOD sees the report, it is a mere shadow of its initial format and content. To bolster the monthly

1.1

Sample BOD Report

EOC: Hazardous Materials & Waste
Q1 and Q2, 20__



Requirements

- The Joint Commission's EC.02.01.01, EP 1: Environmental tours are conducted in patient care areas every six months and in non-patient-care areas annually to identify environmental deficiencies, hazards, and unsafe practices
- Tours are performed by the safety and security department

Observations

- During the first quarter of 20__, [number] departments were surveyed.
- [Number] discrepancies (down from __ in 20__) were cited. They were primarily for:
 - Overfilled sharps containers
 - Improper storage and/or labeling of chemicals
 - Eyewash stations not inspected or inaccessible
 - Waste segregation errors

you may want to use brief informational bulletins (see Figure 1.2 for sample bulletin information). Medical staff also need to demonstrate involvement on the review of EOC data through the medical staff committee. You will need to work closely with your leadership and quality committee to ensure that the information is shared to demonstrate compliance.

Management

Responsibility for compliance

For this section, the term “management” refers to anyone who manages the operations of a department or unit. This could be anyone from a supervisor up to and including managers, directors, executive directors, or anyone else in your facility who is not defined as a member of senior leadership. This is the group that has the unenviable position of being in the middle. They must manage their staffing, budgets, and scheduling and ensure compliance, all while being responsible to senior leadership. They also have their own standards for which they are responsible.

Management’s primary responsibility is to ensure staff compliance. This is the group that is cited for deficiencies during compliance rounds. They are the people who are responsible for ensuring that their staff members are properly educated and can respond appropriately to surveyor queries. Managers must also maintain training documents, testing documents, and other documents needed to demonstrate compliance.

Managers may have an especially difficult time on patient care units because of the continuous rollout of new technology, including electronic medical records. One of the biggest compliance nightmares that technology has brought to EOC is the workstation on wheels (WOW). WOWs are wonderful for nurses because they allow them to remain closer to the

bedside while documenting patient care; however, it can be difficult to store a WOW when it is not in use. As older facilities acquire more equipment and technology, they are experiencing a severe shortage of storage space. Managers now have to figure out what to do with this equipment to maintain compliance with the National Fire Protection Association's *Life Safety Code*®, which is the code The Joint Commission also uses.

Actions related to compliance

Managers have numerous duties that they must perform to ensure that they, their staff, and their department are prepared for a survey. One of the best steps they can take to ensure continuous preparedness is to conduct mock tracers on their unit and work with other managers to ensure compliance (see Figure 1.3 for sample training questions and observations for safety, security, hazardous materials, emergency management, fire prevention/life safety, medical equipment, and utilities). It is vital that these actions be conducted on an ongoing basis. Managers should not wait until just before a survey to begin this process. I have seen too many organizations wait until survey time to begin to prepare, only to see panic ensue with hours wasted on trying to make up for lost time and opportunity. It is easier to maintain compliance than to have to hustle to gain compliance.

The Joint Commission's unannounced survey opens an 18-month window for surveyors to come and visit. Managers should accompany personnel on the semiannual or annual safety rounds to see firsthand what is not in compliance, as well as how to maintain items that are in compliance. Managers have a long list of compliance issues, and the EOC is only one of the many Joint Commission chapters with which they must comply. Managers must work with each other and with the chapter leader to ensure compliance.

1.3

EOC Compliance: Sample Observations and Questions

Safety

Note: Each worksheet should be accompanied by your hospital's policy on the topic.

1. Check off all potential hazards in your area:
 - ☐ Staff **NOT** wearing identification badges
 - ☐ Tripping hazards
 - ☐ Sharp objects
 - ☐ Potential exposure to body fluids and/or sharps
 - ☐ Hazardous chemicals utilized on the unit or in the area
 - ☐ Burns from hot materials
 - ☐ Back injuries from lifting
 - ☐ Other: _____
 - ☐ Other: _____

2. Check safety precautions your department has implemented to reduce or eliminate the following identified hazards:
 - ☐ Staff training and tours with new staff members show tripping or falling hazards in area
 - ☐ Sharp objects have been identified and personal protective equipment (PPE) has been provided as necessary
 - ☐ Staff members have been trained on all available safety devices and instructed on how to use them safely
 - ☐ PPE is always available for staff members to protect their faces and other areas during patient care procedures
 - ☐ Staff members have been shown where hazardous chemicals are stored, how they may be used, and how to handle small and large spills
 - ☐ PPE has been provided to handle hot materials when necessary
 - ☐ Staff members have been instructed on how to avoid back injuries and what resources are available to them to avoid back injuries from lifting

3. Staff members know the following safety information for the department:
 - ☐ Location of the EOC policy manual
 - ☐ Numbers to call for safety needs/concerns
 - ☐ Location of latex-free safety products, if applicable
 - ☐ Location of N-95 respirator masks and individual sizes determined by fit testing of staff
 - ☐ Procedure for reporting of OSHA-reportable staff injuries
 - ☐ Department call-in list and staff roster
 - ☐ Any department-specific safety policy and procedure

1.3**EOC Compliance: Sample Observations and Questions (cont.)****Security**

1. List at least two common departmental security concerns:
 - ☐ Theft of departmental equipment
 - ☐ Theft of staff members' and/or visitors' personal items
 - ☐ Unauthorized entry into the department
 - ☐ Visitors who may be threatening to the staff
 - ☐ Infant/child abduction
 - ☐ Other: _____
2. The following measures have been implemented to eliminate or reduce the security concerns in your area:
 - ☐ Department equipment has been secured in a supervised and/or locked area
 - ☐ Personal items are secured in a locked area or drawer
 - ☐ All visitors must check with the main reception area before entering the department and must have a valid identification badge
 - ☐ All staff members know the infant/child abduction policy and procedure
 - ☐ Other: _____
3. Each staff member should be familiar with the following department information as appropriate:
 - ☐ Number to call for immediate security response
 - ☐ Number to call for nonurgent security response
 - ☐ Knowledge of infant/child protection system if appropriate
 - ☐ Knowledge of security code word
 - ☐ Location of panic alarms if applicable in area
 - ☐ Any department-specific security policy and procedure
 - ☐ Survey-related emergency procedures
 - ☐ This department has been designated as a security-sensitive area by the safety and security department

1.3

EOC Compliance: Sample Observations and Questions (cont.)

Hazardous materials

1. Types of waste generated by the department (except general waste) include the following:
 - ☐ Medical waste (biohazardous and sharps)
 - ☐ Radioactive waste
 - ☐ Nonradioactive chemical waste
 - ☐ Chemotherapy (antineoplastic)
 - ☐ None of the above
 - ☐ Staff members have been trained on the exact proper procedure for disposal of the identified waste material

2. Types of chemicals used by the department include the following:
 - ☐ Anesthetic agents and nitrous oxide
 - ☐ Formaldehyde (formalin solutions)
 - ☐ Strong acids or corrosive products
 - ☐ Glutaraldehyde (Cidex®, Procide®, and/or Wavicide®, but NOT Cidex OPA®)
 - ☐ Less than 5 gallons of flammable chemicals, such as alcohol
 - ☐ Xylene or other solvents
 - ☐ Other: _____

3. How do you monitor for employee exposure?
 - ☐ Air sampling
 - ☐ Badges
 - ☐ Employee injury reports
 - ☐ Other: _____

4. Staff members should know the following regarding hazardous chemicals:
 - ☐ Number to call for chemical spills
 - ☐ Number to call for material safety data sheets
 - ☐ List of hazardous chemicals used in department
 - ☐ Code Orange procedures
 - ☐ Staff decontamination procedures
 - ☐ Containment of contaminated clothing
 - ☐ Other: _____

1.3**EOC Compliance: Sample Observations and Questions (cont.)****Emergency management**

1. All staff members working in the department know the following EOP Hospital Incident Command System (HICS) information:
 - ☐ Color coding system or emergency notification identification and procedures
 - ☐ Knowledge of EOP/HICS organizational chart
 - ☐ Knowledge of job action sheets
 - ☐ Knowledge of incident action plans
 - ☐ Knowledge of standard operating procedures
 - ☐ Knowledge of after-action reports
 - ☐ Location of EOP/HICS forms
 - ☐ Location of building command centers
 - ☐ Location of building labor pools
 - ☐ Purpose of emergency vests
2. All staff members working in the department know the following information:
 - ☐ Location of department call-in list and staff roster
 - ☐ Location of nearest emergency supplies
 - ☐ Location of red emergency telephones
 - ☐ Department-specific role in a disaster
3. All staff members know the location of the following emergency management information for the department:
 - ☐ EOC policy manual
 - ☐ Quick reference list
 - ☐ Emergency response plan manual
 - ☐ Emergency procedures guide
 - ☐ Department-specific emergency management policies

PART 2

Communication and Culture



Part 1 of this book covered who has responsibilities related to the facility's compliance and why. In Part 2, I will provide insight regarding how to obtain buy-in from staff members of various levels through communication and education. I will also discuss some of the pitfalls that can be expected from these groups and how to obtain support to overcome these pitfalls.


There is no one method or means of communication for gaining compliance. Although I will present some ideas for how to work around communication issues, it is up to you to determine which approach will work best for you and your organization.

Hospital Staff

Communicating individual responsibilities to your staff is one of the most critical steps toward ensuring a successful Joint Commission survey. The frontline staff members have the power to make or break your survey, either intentionally or unintentionally. Spending time preparing staff members is time well invested—these are the people who are ultimately

2.2

Temperature Logs Quick Tips



Managing food and breast milk refrigerators and freezers	
Food refrigerators	Breast milk refrigerators/freezers
<p>Stocking:</p> <ul style="list-style-type: none"> • Wrapped and dated snacks and drinks are delivered and rotated to par levels and to prevent expiration [] times per week by [responsible department] <p>Temperature monitoring:</p> <ul style="list-style-type: none"> • Patient and visitor food refrigerators must be checked daily by [responsible group] and recorded on the temperature log • Maintenance must be notified when a temperature is out of range to initiate repairs; document actions on the temp log (below 34°F or above 46°F for refrigerators, and above -5°F for freezers) • Food services must be notified to check and ensure the safety of the food and replace it if necessary <p>Other requirements:</p> <ul style="list-style-type: none"> • Employee food will only be stored in break room refrigerators • Open or unused food will not be placed into ANY refrigerator • All patient-specific food must be sealed, labeled with the patient's name and room number, dated when placed into a refrigerator, and discarded upon expiration 	<p>Acceptable temperature range:</p> <ul style="list-style-type: none"> • Breast milk refrigerators: 35°F to 40°F • Breast milk freezers: -4°F to 4°F  <p>Temperature monitoring:</p> <ul style="list-style-type: none"> • Food refrigerators that are not monitored electronically must be monitored daily by [responsible party] with the information logged on the temperature log • Maintenance must be notified anytime the temperature is out of range to initiate corrective actions • Food services must be notified anytime the temperature is out of range to ensure the safety of the food

For additional information, please refer to Hospital Policy [insert policy name and number].

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2.3

Maintaining a Safe Environment Quick Tips

Maintaining a safe EOC	
Maintaining the means of egress (keeping exits clear)	Storage
<ul style="list-style-type: none"> Keep all equipment on one side of the hallways and corridors. Do not block exit and stair doors. Ensure that exit signs are operational and report any that are not to maintenance. Keep corridors and hallways free of clutter. Wheeled isolation carts are allowed in hallways and corridors but must be removed when patient isolation is no longer required, the patient is discharged, or for a fire alarm or drill. “In use” equipment such as workstations on wheels and housekeeping carts must be used at least every 30 minutes or removed from the hallway or corridor. PPE carts outside of patient rooms with isolation patients are exempt from this requirement. Charting stations must be folded up when not in use; the 30-minute allowance does not apply to folding charting stations. 	<ul style="list-style-type: none"> In areas or buildings without an automatic sprinkler system, items must be stored a minimum of 24” from the ceiling In areas or buildings with an automated sprinkler system, items must be a minimum of 18” below the sprinkler head or ceiling (whichever is lower)
 <p>Clear hallways and corridors to allow for easy movement in an emergency!</p>	

For additional information, please refer to Hospital Policy [insert policy name and number].

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2.5

Fire Response Quick Tips

Response to fire or visible smoke

Fire or visible smoke: RACE

- **R**escue anyone in immediate danger—including yourself
- **A**ctivate the nearest fire alarm pull station and call [insert name and number]
- **C**ontain the fire and smoke by closing all doors and ensure that the corridor smoke doors closed properly
- **E**xtinguish the fire if you feel safe and have been trained, or
- **E**vacuate as required, closing doors behind you



Fire extinguisher use: PASS

- **P**ull the safety pin
- **A**im the nozzle at the base of the fire
- **S**queeze the handles together
- **S**weep from side to side while maintaining a safe distance

For additional information, please refer to Hospital Policy [insert policy name and number].

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2.6

Hazardous Materials Quick Tips

Hazardous materials and drugs

Known hazardous material spills:

- If the product is known and you can safely clean the spill, do so following the instructions outlined in the safety data sheet

Unknown or dangerous product spills:

- Remove yourself and other personnel from the immediate area of danger
- Contact [insert contact] from a safe distance and provide as much information as possible about the product, including the product name if known
- If contaminated, go to the nearest shower, remove and bag all clothing, and shower with soap and water for at least 15 minutes
- Complete an exposure report and report to employee health for follow-up
- Never enter a hazardous environment to attempt a rescue unless you are wearing appropriate personal protective equipment (PPE) and have been properly trained
- Never attempt to stop leaking containers unless you are wearing appropriate PPE and have been properly trained



Spill < 0.5 square feet:

- Isolate the area
- Don disposable gown, mask, gloves, and eye protection
- Absorb spill with paper towels or absorbent pad
- Place contaminated materials in chemo bin
- Dispose of any contaminated linen by double bagging
- Dispose of diapers as usual
- Triple-mop the floor with water if tiled, or shampoo if carpeted

Spill > 0.5 square feet:

- Close room or area
- Call [insert contact]
- Ensure that any personnel who have been exposed remove and bag contaminated clothing and shower for at least 15 minutes
- Ensure proper cleanup is completed

For additional information, please refer to Hospital Policy [insert policy name and number].

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2.7

Medical Equipment Failure Quick Tips

Response to medical equipment failure

If a piece of medical equipment caused or contributed to the death, serious injury, or serious illness of a patient, the staff will:

- Take actions to provide care for the patient in order to mitigate the equipment failure.
- Isolate the suspected piece of equipment and contact the risk management, clinical engineering, respiratory therapy, or supply department for evaluation.
- Document incident on appropriate forms as soon as possible. Include name(s) of any staff witnessing the incident and include in report.



For additional information, please refer to Hospital Policy [insert policy name and number].

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2.8

Utility Failure Quick Tips

Response to utility failure	
<p>Medical gases:</p> <ul style="list-style-type: none"> • Provide supplemental oxygen or medical air using portable tanks • Notify maintenance and respiratory therapy as soon as possible • Maintain patient support until normal gas supply is returned • Listen for overhead announcements and updates <p>Electricity:</p> <ul style="list-style-type: none"> • Ensure that critical equipment is plugged into red outlets • Notify maintenance of the loss of power • Distribute supplemental lighting (flashlights, lanterns, headlights, etc.) as needed • Request extension cords for critical devices without red outlets nearby • Listen for activation of the Emergency Operations Plan (EOP) • Listen for labor pool activation • Make requests through the command center once the EOP has been activated • Listen for overhead announcements and updates 	<p>Telephones:</p> <ul style="list-style-type: none"> • Report outage via cell phone or pay phone • Use backup phones if operational • Follow facility plan for phone outages • Listen for overhead announcements and updates <p>Water:</p> <ul style="list-style-type: none"> • Use alcohol-based hand rub for hand hygiene unless hands are grossly contaminated • Listen for EOP and labor pool activation • Send requests for water and ice to the command center • Ration water as much as possible • Depending on outage, toilets may not be operating • Depending on outage, fire suppression system may not be operating; listen for activation of fire watch • Listen for overhead announcements and updates

For additional information, please refer to Hospital Policy [insert policy name and number].

CHAPTER LEADER'S GUIDE TO Environment of Care Second Edition

Thomas J. Huser, MS, CHSP, CHEP, MEMS

The *Chapter Leader's Guide to Environment of Care, Second Edition* breaks down The Joint Commission's Environment of Care requirements into easy-to-understand solutions to meet the challenges of these complex standards. You get simplified explanations of the chapter's key components along with communication techniques to help foster a strong and successful partnership between survey coordinator, chapter leader and staff of all levels.

Plus, to make staff training easy, this guide includes the following tools:

- ▶ Two downloadable PowerPoint® presentations highlighting key compliance takeaways
- ▶ Sample Survey Preparation for Staff
- ▶ Security Quick Tips
- ▶ EOC Report Card Scoring Worksheet
- ▶ Safety Inspection Report
- ▶ Safety Officer Statement of Authority
- ▶ Safety Risk Assessment Tool
- ▶ Officer's Report of Fall/Injury
- ▶ Forensic Patient Policy and Procedure
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