



SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD MEETING POLICY PACKET

**Environmental Services and Safety
and Emergency Preparedness**

**Approved by Medical Staff
Committee's Policy Development
Committee on October 4, 2023**



SoHum Health

Southern Humboldt Community Healthcare District

ENVIRONMENTAL SERVICES POLICIES



DEPARTMENT: Environmental Services	APPROVED:	Page 1 of 2
SUBJECT: No 1 Approved Cleaning Products	EFFECTIVE DATE: 10/26/2023	SUPERCEDES: 08/22/2019

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a list of approved cleaning supplies used in the hospital for cleaning and disinfection.

PURPOSE:

List of Approved Cleaning Products

AREA	METHOD	PRODUCT USED	EPA Number	Cleaning or Disinfectant
FLOORS	DAMP MOP	QC35	912388-03	Cleaning
	FLAT MOPS	QC35	912388-03	Cleaning
TOILETS	BRUSH BOWL	Clorox Toilet Bowl Cleaner	5813-00	Disinfectant
	WIPE	AF3 Sani Wipes	9480-9	Disinfectant
SINKS	SCRUB	Bar Keepers Friend	N/A	Cleaning
	WIPE	AF3 Sani Wipes	9480-9	Disinfectant
SHOWERS	RINSE	Clorox Healthcare Bleach Germicidal Cleaner	56392-7	Disinfectant
	SPRAY & WIPE	Clorox Healthcare Bleach Germicidal Cleaner	56392-7	Disinfectant
	FLOOR	Clorox Healthcare Bleach Germicidal Cleaner	56392-7	Disinfectant
BATHROOM	WIPE	AF3 Sani Wipes	9480-9	Disinfectant
BATHROOM	SCRUB	Bar Keepers Friend	N/A	Cleaner
WINDOWS	SPRAY	Peroxide Disinfectant and Glass Cleaner	1677-251	Disinfectant
WALLS	SCRUB	Mr. Clean Magic Eraser	3573-63	Cleaner
EMPLOYEE DISHES	WASH	Seventh Generation Dish Soap	Safer Choice Certified	Cleaner

Approved Cleaning Products

PATIENT LAUNDRY	WASH	Eco's Laundry Soap	Safer Choice Certified	Cleaner
PATIENT CARE AREAS	C. DIFF AND NOROVIRUS	Sani-Cloth Bleach Wipes	9480-8	Disinfectant
FACILITY WIDE	See Dept. Policy	Clorox Bleach	5813-100	Disinfectant
RADIOLOGY CT SCANNER	WIPE	Seventh generation Dilution 20:1	Safer Choice Certified	Cleaner
RADIOLOGY MACHINE	WIPE	Seventh generation Dilution 20:1	Safer Choice Certified	Cleaner
ULTRASOUND MACHINE	WIPE	Seventh generation Dilution 20:1	Safer Choice Certified	Cleaner
MAMMOGRAPHY	WIPE THE MACHINE AND COMP AFTER EACH USE	Seventh generation Dilution 20:1	Safer Choice Certified	Cleaner
DIETARY SINK	SCRUB	Bar Keepers Friend	N/A	Cleaner
DIETARY STAINLESS STEEL	SCRUB	Bar Keepers Friend	N/A	Cleaner
ISOLATION ROOMS	WIPE	Sani-Cloth Bleach Wipes	9480-8	Disinfectant
WOW'S (Workstations on Wheels)	WIPE	AF3 Sani Wipe	9480-9	Disinfectant

DEFINITIONS:

N/A

REFERENCES:

<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/disinfection-methods/chemical.html>

REVIEWED BY:

Environmental Services Manager
Infection Control Nurse
Medical Staff
Director of Patient Care Services
Administrator



DEPARTMENT: Environmental Services	APPROVED:	Page 1 of 343
SUBJECT: Medical Waste Management	EFFECTIVE DATE: 8/31/2023	SUPERCEDES: 08/27/2020

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") that all waste generated within the hospital be properly and safely segregated and disposed of ~~by in -compliance~~ with all applicable state and federal regulations.

This facility is registered with the State of California as a "Large-Small Quantity Generator." (The monthly volume of medical waste generated is less ~~more~~ than ~~200~~ 200 pounds. There is no on-site treatment of medical waste. All medical waste is removed by a registered medical waste hauler (Shred Aware).

Facility Contact: Operations Manager or Engineering/Environmental Services Manager

NOTE: The term Medical Waste includes biohazardous/infectious waste, sharps, trace chemotherapy, pathology, and pharmaceutical waste. The terms biohazardous waste ~~and are~~ and infectious waste ~~are synonymous~~ ~~are synonymous~~.

PURPOSE:

The purpose of this policy is to provide for the safe handling of biohazardous waste from points of origin through final disposal.

~~To provide for the safe handling of biohazardous waste from points of origin through final disposal to prevent the transmission of infection.~~

REGULATORY COMPLIANCE:

Procedures written regarding the definition, handling, storage, treatment, and disposal of biohazardous waste comply with:

- Title XXII, California State Administrative Code
- Humboldt County Department of Public Health
- OSHA Bloodborne Pathogen Standard CFR 1910.1030
- State of California, Department of Public Health, Medical Waste Management Act of 2017.

DEFINITIONS:

"Medical waste" means any biohazardous, pathologic, pharmaceutical, or trace chemotherapy waste not regulated by the federal Resource Conservation and Recovery Act of 1976 (Public Law 94-580), as amended. It includes the following:

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1. ~~Sharps and trace chemotherapy wastes~~ generated in a health care setting in the diagnosis, treatment, immunization, or care of humans or animals;
2. ~~Waste generated in autopsy or necropsy;~~
3. ~~Waste generated during the preparation of a body for final disposition such as cremation or interment;~~
4. ~~Waste generated in research pertaining to the production or testing of microbiological materials or substances;~~
5. ~~Waste generated in research using human or animal pathogens;~~
6. ~~Sharps and laboratory waste that poses a potential risk of infection to humans generated in the inoculation of animals in commercial farming operations that pose a potential risk of infection to humans;~~
7. ~~Waste generated from the consolidation of home-generated sharps; and~~
8. ~~Waste generated in the cleanup of trauma scenes.~~

~~Biohazardous, pathology, pharmaceutical, sharps, and trace chemotherapy wastes that meet the conditions of this section are not subject to any of the hazardous waste requirements found in Chapter 6.5 (commencing with Section 25100) of the Division of the Medical Waste Management of 20.7~~

~~research using human or animal pathogens; sharps and laboratory waste that poses a potential risk of infection to humans generated in the inoculation of animals in commercial farming operations; waste generated from the consolidation of homegenerated sharps; and waste generated in the cleanup of trauma scenes. Biohazardous, pathology, pharmaceutical, sharps, and trace chemotherapy wastes that meet the conditions of this section are not subject to any of the hazardous waste requirements found in Chapter 6.5 (commencing with Section 25100) of Division 20~~

~~Subset of Medical Waste are defined as follows:~~

A. Laboratory ~~W~~waste

~~"Laboratory waste" includes (but is means, including, but not limited to) all of the following:~~

~~A.~~

- ~~1. Human specimen cultures from medical and pathologic laboratories;~~
- ~~2. Cultures and stocks of infectious agents from research and industrial laboratories;~~
- ~~3. Wastes from the production of bacteria, viruses, or the use of spores, discarded live and attenuated vaccines, and culture dishes and devices used to transfer, inoculate, and mix cultures;~~
- ~~4. Waste containing any microbiological specimens sent to a laboratory for analysis.~~

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B. Body Fluid Waste

"Body fluid waste" means discarded materials contaminated with excretion, exudates, or secretions from humans who are required to be isolated (by the infection prevention staff, the attending physician, or the local health officer) to protect others from highly communicable diseases (Biosafety Level III or higher). Body fluid waste also means items containing large amounts of liquid blood or body fluids, e.g., suction containers, and chest drainage units. If a solidifier is used it must be managed as pathology waste.

C. Sharps Waste

"Sharps waste" means any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to, all of the following:

1. Empty Hypodermic needles, syringes with needles, blades, and needles with attached tubing.
2. Broken glass items such as Pasteur pipettes and blood vials contaminated with other medical waste.

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D. Pharmaceutical Waste

~~"Pharmaceutical waste" means a pharmaceutical, as defined in Section 117747, including trace chemotherapy waste, which is a waste, as defined in Section 25124. For purposes of this part, "pharmaceutical waste" does not include a pharmaceutical that meets either of the following criteria:~~

~~Note: There are no medical wastes produced at this facility that contain anatomical remains.~~

~~A. B. Body Fluid Waste means containing discarded materials contaminated with excretion, exudates, or secretions from humans who are required to be isolated by the infection prevention staff, the attending physician, or the local health officer, to protect others from highly communicable diseases (Biosafety Level III or higher). Body fluid waste also means items containing large amounts of liquid blood or body fluids, i.e., suction containers, and chest drainage units. If a solidifier is used it must be managed as pathology waste.~~

~~B. C. Sharps waste means any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to, all of the following:~~

- ~~5. Empty Hypodermic needles, syringes with needles, blades, and needles with attached tubing.~~
- ~~6. Broken glass items such as Pasteur pipettes and blood vials contaminated with other medical waste.~~

~~C. D. "Pharmaceutical waste" means a pharmaceutical, as defined in Section 117747, including trace chemotherapy waste, which is a waste, as defined in Section 25124. For purposes of this part, "pharmaceutical waste" does not include a pharmaceutical that meets either of the following criteria:~~

~~7.1. The pharmaceutical is being sent out of the state to a reverse distributor, as defined in Section 4040.5 of the Business and Professions Code that is licensed as a wholesaler of dangerous drugs by the California State Board of Pharmacy pursuant to Section 4161 of the Business and Professions Code.~~

~~8.2. The pharmaceutical is being sent by a reverse distributor, as defined in Section 4040.5 of the Business and Professions Code, offsite for treatment and disposal in accordance with applicable laws, or to a reverse distributor that is licensed as a wholesaler of dangerous drugs by the California State Board of Pharmacy pursuant to Section 4160 of the Business and Professions Code and as a permitted transfer station if the reverse distributor is located within the state.~~

E. Mixed Waste

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~~D. "Items containing large amounts of liquid blood or body fluids, i.e., suction containers, and chest drainage units. If a solidifier is used it must be managed as pathology waste."~~

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~~E. "Mixed waste" means mixtures of medical and non-medical waste. Mixed waste is considered medical waste except for medical waste which is mixed with hazardous waste and is subject to regulation as specified in the statutes and regulations applicable to hazardous waste.~~

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NOTES:

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- ~~1. Biohazardous, pathologic, pharmaceutical, sharps, and trace chemotherapy wastes that meet the conditions of this section are not subject to any of the hazardous waste requirements found in Chapter 6.5 (commencing with Section 25100) of the Division of the Medical Waste Management of 2017.~~
- ~~2. This facility does not produce mixed waste which contains radiological materials.~~
- ~~3. This facility does not generate chemotherapeutic waste.~~
~~—This facility does not generate medical waste containing anatomical remains.~~

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~~Note: This facility does not produce mixed waste which contains radiological materials.~~

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~~E. Note: Chemotherapeutic waste and pathological wastes are not generated by this facility.~~

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- ~~4. Note: No medical wastes produced at this facility contains anatomical remains.~~

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REFERENCES:

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/medical-waste.html>

Title XXII, California State Administrative Code
Humboldt County Department of Public Health
OSHA Bloodborne Pathogen Standard CFR 1910.1030
State of California, Department of Public Health
Medical Waste Management Act JAN 2017.

REVIEWED BY:

Chief Operations Officer
Operations Manager
Infection Preventionist/Employee Health Nurse

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DEPARTMENT: Environmental Services	APPROVED:	Page 1 of 1
SUBJECT: Occupied Room Cleaning	EFFECTIVE DATE: 10/26/2023	SUPERCEDES:

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide occupied rooms with daily cleaning as follows.

PURPOSE:

To maintain a safe and clean environment for our patients, visitors, and staff.

DEFINITIONS:

N/A

REFERENCES:

<https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html>

<https://www.cdc.gov/hai/prevent/resource-limited/high-touch-surfaces.html>

REVIEWED BY:

Environmental Services Manager
Infection Control Nurse
Medical Staff
Director of Patient Care Services
Administrator



DEPARTMENT: Environmental Services	APPROVED:	Page 1 of 1
SUBJECT: No 4 Terminal Cleaning	EFFECTIVE DATE: 10/26/2023	SUPERCEDES: 08/27/2020

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a patient care environment throughout the facility that will be maintained in a state of cleanliness that meets professional standards in order to protect patients and healthcare personnel from potentially infectious microorganisms. Environmental cleaning is a team effort. Personnel responsible for cleaning the environment and equipment will receive education and training on proper environmental cleaning and disinfection methods, agent use and selection, and safety precautions.

PURPOSE:

To maintain a clean environment for patients and minimize the risk of patient and healthcare personnel exposure to potentially infectious microorganisms.

DEFINITIONS:

Terminal cleaning of inpatient areas, which occurs after the patient is discharged/transferred, includes the patient zone and the wider patient care area, and aims to remove organic material and significantly reduce and eliminate microbial contamination to ensure that there is no transfer of microorganisms to the next patient.

REFERENCES:

[Environmental Cleaning Procedures | Environmental Cleaning in Global Healthcare Settings | HAI | CDC](#)

REVIEWED BY:

Environmental Services Manager
Infection Control Nurse
Medical Staff
Director of Patient Care Services
Administrator

SAFETY & EMERGENCY PREPAREDNESS POLICIES



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 15 Extension Cords and Adapters	EFFECTIVE DATE: 10/26/2023	SUPERCEDES: 04/05/18

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide the safe use of electrical equipment.

PURPOSE:

The purpose of this policy and procedure is to delineate the process in which the extension cords and adapters will be implemented.

DEFINITIONS:

Extension Cord, power extender, drop cord: a length of flexible electrical power cable (flex) with a plug on one end and one or more sockets on the other end.

Adapter: a device for connecting electrical equipment to a power supply, or for connecting different pieces of electrical or electronic equipment together.

REFERENCES:

N/A

REVIEWED BY:

Engineering Manager/Safety Committee
ER/Acute Nurse Manager
Skilled Nursing Manager
Clinic Nurse Manager
CNO/Patient Care Services
ER/Hospital Medical Director



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 16 Facility Evacuation Procedure	EFFECTIVE DATE: 10/26/2023	SUPERCEDES: 04/05/18

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a plan for the orderly evacuation of all persons from the facility as deemed necessary by existing conditions.

GOALS:

The goals of patient care during a disaster are different from normal patient care goals. During disasters, the goal is to save the greatest number of individuals as possible, with the priority being the healthiest first and the sickest last. This is the reverse of the way routine patient care is prioritized in which the sickest patients receive the most available resources while the healthiest receive extraordinarily little. This reverse concept can be difficult for healthcare workers to incorporate into their practice during a disaster. However, for the greatest outcome, the order of prioritization is essential.

DEFINITIONS:

N/A

REFERENCES:

<https://emergency.cdc.gov/planning/index.asp>

<https://emergency.cdc.gov/>

REVIEWED BY:

Chief Operations Officer
Chief Nursing Officer/Director of Patient Care Services
Safety Committee



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: NO 17 Fire Prevention Plan	EFFECTIVE DATE: 10/26/2023	SUPERCEDES: 03/24/22

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to make every effort to prevent fire.

DEFINITIONS:

The Fire Prevention Plan: is to prevent a fire from occurring in a workplace. It describes the fuel sources (hazardous or other materials) on site that could initiate or contribute to the spread of a fire and the building systems, such as fixed fire extinguishing systems and alarm systems, in place to control the ignition or spread of a fire.

REFERENCES:

[Fire Safety - Resources | Occupational Safety and Health Administration \(osha.gov\)](#)

[Fire Safety - Hazards and Possible Solutions | Occupational Safety and Health Administration \(osha.gov\)](#)

[Fire Safety - Standards | Occupational Safety and Health Administration \(osha.gov\)](#)

REVIEWED BY:

Safety Committee/Engineering Manager
Emergency Department
ER/Acute Nurse Manager
Skilled Nursing Facility Manager
Clinic Nurse Manager
Chief Nursing Officer/Patient Care Services
Clinic Medical Director
ER/Hospital Medical Director
Chief Operations Officer



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 18 Fire Response Plan	EFFECTIVE DATE: 10/26/2023	SUPERCEDES: 03/24/22

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to maintain an organized hospital-wide response in the event of a fire or the need for evacuation.

PURPOSE:

The purpose of this plan is to delineate the priorities, actions, and responsibilities when there is a fire in the facility or there is a need for evacuation.

DEFINITIONS:

N/A

REFERENCES:

[Emergency Preparedness and Response Program | NIOSH | CDC](#)

REVIEWED BY:

Safety Committee/Engineering/Environmental Manager
Emergency Department
ER/Acute Nurse Manager
Skilled Nursing Facility Manager
Clinic Nurse Manager
Chief Nursing Officer/Director of Patient Care Services
Clinic Medical Director
ER/Hospital Medical Director
CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 19 Fire Watch	EFFECTIVE DATE: 10/26/2023	SUPERCEDES: 03/24/22

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a means for monitoring for the presence of fire in the event fire alarm or sprinkler systems are inoperable, there is a water outage to the facility, or there is planned maintenance on the water system which will be longer than four hours in duration.

PURPOSE:

The purpose of this policy and procedure is to delineate the steps to monitor for fire in the event of the above-noted situations.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

Engineering Manager/Safety Committee Lead
Emergency Department
ER/Acute Nurse Manager
Skilled Nursing Facility Manager
Chief Nursing Officer/Director of Patient Care Services
ER/Hospital Medical Director
CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 20 General Safety in the Acute Care Unit	EFFECTIVE DATE: 10/26/2023	SUPERCEDES: 03/24/22

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a safe environment for patients, visitors, and staff.

PURPOSE:

The purpose of this policy and procedure is to provide general safety guidelines for the staff to follow.

Safety is a very important part of the acute care unit as it concerns patients and employees. All nursing staff must be trained in their duties to assure safety in the acute care unit for the patients, the general public, and employees. Be aware and know the risks involved in your job. Explain safety rules to patients and staff and set the example of safety awareness and practices for co-workers, patients, and visitors.

DEFINITIONS:

N/A

REFERENCES:

[Acute Care / Critical Access Hospitals \(ACH\) | NHSN | CDC](#)

REVIEWED BY:

Chief Nursing Officer/Director of Patient Care Services
ER/Acute Nurse Manager
Skilled Nursing Facility Manager
ER/Hospital Medical Director
CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 21 General Statement	EFFECTIVE DATE: 10/26/2023	SUPERCEDES: 03/24/22

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to maintain a functionally safe and sanitary environment for patients, hospital employees, medical staff, and visitors.

PURPOSE:

The purpose of this policy and procedure is to insure that employees alert all Engineering/Maintenance Department and or Housekeeping of any unsafe conditions so it can be corrected immediately. Any hazardous waste spills or conditions must be cordoned off and reported immediately.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

Safety Committee/Engineering Manager
Emergency Department
ER/Acute Nurse Manager
Skilled Nursing Facility Manager
Clinic Nurse Manager
Chief Nursing Officer/Patient Care Services
Clinic Medical Director
ER/Hospital Medical Director
Chief Operations Officer