

SUBJECT: GUIDELINES FOR PROCEDURE FOR FAILURE OF ESSENTIAL EQUIPMENT	REFERENCE #2004
DEPARTMENT: ENGINEERING	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

GUIDELINES:

- The Engineering Department Director is responsible for the proper and safe functioning of all equipment within the facility and the condition of that facility generally. It is therefore, the Engineering Department Director's responsibility to maintain awareness of the activities within the facility.
- The Joint Commission on Accreditation of Healthcare Organizations requires that written procedures shall be developed that specify the action to be taken during the failure of essential equipment and major utility services. Emergency procedures include: procedures to follow when a utility system malfunctions; alternate sources of essential utilities; shutoff procedures and controls of malfunctioning system; procedures for notifying personnel in the affected areas; how to obtain repair services; and procedures to perform emergency clinical interventions. The written procedures shall include a call system for summoning essential personnel and outside assistance when required. The following essential equipment and services shall be included:
 - Major air conditioning equipment
 - Air handling systems (ventilation, filtration, quantitative exchanges, humidity)
 - Boilers
 - Electrical power services
 - Fire alarm and extinguishing systems
 - Water supply
 - Aerosolizing water systems
 - All waste disposal systems
 - Medical gas and vacuum systems
- Qualified engineering consultation advice shall be available as needed.
- The Engineering Department Director shall always be notified first when a disruption of service occurs, but in the event of his/her absence, this system gives administration and other department managers a greater idea of who is best qualified to handle the situation.

SUBJECT: PREVENTION OF TUBING/CATHETER MISCONNECTIONS	REFERENCE #2102
DEPARTMENT: ORGANIZATIONWIDE	PAGE: 1 OF: 3
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BACKGROUND:

- Tubing and catheter misconnections errors occur with significant frequency as reported by the FDA, the Institute for Safe Medication Practices (ISMP), United States Pharmacopeia (USP), ECRI and The Joint Commission.
- The types of tubes and catheters involved in misconnection errors include:
 - Central intravenous catheters
 - Peripheral IVs
 - Nasogastric feeding tubes
 - Percutaneous enteric feeding tubes
 - Peritoneal dialysis catheters
 - Tracheostomy cuff inflation tubes
 - Automatic blood pressure cuff insufflation tubes

POLICY:

- _____ Hospital will establish, as a part of its Patient Safety Program, a plan that recognizes tubing and catheter misconnections, risk assessment of new tubing/catheters and equipment, acceptance testing of new tubing/catheters and staff, patient and family education.
- _____ Hospital, when possible, shall not purchase non-intravenous medical equipment that has connectors that can join with a female luer IV line connector.
- Before new tubing/catheters are placed into use in this facility, a risk assessment will be performed, along with acceptance testing (performance, safety and usability testing), to identify the potential for misconnections.
 - If a risk is identified, the appropriate preventive measures will be instituted.
- Clinical and non-clinical staff shall receive education regarding tubing/catheter misconnections. Education will be provided at orientation and inservices.

SUBJECT: PREPARATION AND DISPENSING OF DRUGS FOR INTRATHECAL ADMINISTRATION	REFERENCE #2305
DEPARTMENT: PHARMACY	PAGE: 1 OF: 2
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POLICY:

- Intrathecal injections are prepared and dispensed in a safe manner.
- All drug containers used for intrathecal injections shall be labeled. Drug labels must be clear, consistent, legible and in compliance with state and federal requirements.

PROCEDURE:

- The Pharmacist will prepare intrathecal injections according to established policies and procedures for the handling of drugs and sterile compounding.
- Intrathecal drugs will be prepared as close as possible to the time of administration.
- The Pharmacist will assign an appropriate short-term expiration date for the intrathecal injection, i.e., eight (8) hours.
- When preparing intrathecal injections, two (2) Pharmacy staff members will perform a “time out”. The Pharmacy staff members will verify and document the following:
 - Correct patient
 - Correct drug
 - Correct dose
 - Correct route of administration
- The syringe will be labeled as such: **FOR INTRATHECAL USE ONLY.**
- Each intrathecal injection will be placed in an overwrap, which will be labeled with the same warning as above.
- The Pharmacy will dispense the intrathecal injections to the specified areas of the facility at a specified day of the week, _____, and specified time of day, _____ AM/PM.

SUBJECT: ANESTHESIA AWARENESS	REFERENCE #2502
DEPARTMENT: ANESTHESIA	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE:
	REVISED:

DEFINITIONS:

- Anesthesia:
 - For the purpose of this policy, anesthesia consists of general anesthesia and spinal or major regional anesthesia. It does not include local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
- Anesthesia Awareness:
 - Anesthesia awareness is defined as a situation that takes place when a patient, **under general anesthesia**, becomes aware of some or all events during surgery or an invasive procedure and has direct recall of those events.

POLICY:

The Anesthesia Department is committed to preventing and, when unavoidable, adequately managing unintended intraoperative awareness, known as anesthesia awareness. The following processes will be undertaken to identify patients at risk for anesthesia awareness, prevent the occurrence if possible, and adequately manage the occurrence if it occurs.

PROCEDURE:

- All clinical staff (anesthesia and nursing staff) in the Surgical Services Department will receive education on anesthesia awareness, including identification of patients at risk, precipitating factors, prevention and management of anesthesia awareness.
 - Patients who may be at risk for anesthesia awareness are those patients who undergo abdominal, cardiac, obstetric, ophthalmologic, thoracic or trauma surgeries.
 - Precipitating factors may include:
 - Excessive use of neuromuscular blockers
 - The misuse or failure of equipment during surgery

SUBJECT: RESTRAINT USE FOR THE MANAGEMENT OF NONVIOLENT, NON-SELF DESTRUCTIVE BEHAVIOR	REFERENCE #3905
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POLICY:

- Restraint use for nonviolent, non-self destructive behavior may only be used to ensure the immediate physical safety of the patient, staff or others, and must be discontinued at the earliest possible time.
- All patients have the right to be free from physical or mental abuse and corporal punishment.
- All patients have the right to be free from restraint or seclusion, of any form, imposed by staff as a means of coercion, discipline, convenience or retaliation.
- Restraint may only be used when less restrictive interventions have been determined to be ineffective to protect the patient or others from harm.
- Restraints must be used in accordance with a written modification to the patient’s plan of care.
- Use of restraint must be implemented in accordance with safe and appropriate restraint techniques as determined by hospital policy and in accordance with state law.
- The type or technique of restraint used must be the least restrictive intervention that will be effective to protect the patient, a staff member or others from harm.
- _____ Hospital ensures the use of restraints is clinically justified and guided by criteria present in current practice guidelines, practice parameters, pathways of care or other standardized care procedures developed by the appropriate professional organizations.
- Restraints shall be ended at the earliest possible time.
- This policy and procedure does not apply to forensic and correction restrictions used for security purposes. **However**, if the restraint or seclusion is related to the clinical care of an individual under forensic or correction restrictions, then the standards and this policy and procedure apply.