Children’s Hospital and Health System, Inc.
Safety Policy and Procedure

This policy applies to the following entity(s):

- ☒ Children’s Hospital of Wisconsin
- ☒ Surgicenter of Greater Milwaukee
- ☒ Children’s Health Education Center
- ☒ National Outcomes Center
- ☒ CHHS Corporate Departments
- ☒ Children’s Hospital and Health System Foundation
- ☒ Children’s Family & Community Partnerships
- ☒ Children’s Hospital of Wisconsin-Fox Valley
- ☒ Children’s Medical Group
- ☒ Seeger Health Resources
- ☒ Children’s Service Society of Wisconsin

SUBJECT: Safety: General

POLICY

Children’s Hospital of Wisconsin is committed to a policy of quality care in an environment, which is free of hazards and safe for all of its occupants. Specific safety measures related to the child's developmental level and disease state will be employed to prevent incidents.

PROCEDURE

I. PATIENTS

A. SAFETY MEASURES:

All patient care providers will:

1. Assess the room for choking hazards, and remove from the patient's room anything sharp, and/or small enough to be swallowed. This includes balloons, pins, tape, or other small objects.
2. Keep plastic bags out of the reach of children.
3. Assure that patients are not allowed unattended in treatment rooms, utility rooms, nursing station or storage areas.
4. Transport patients via elevator except during a disaster/fire.
5. Assure that needles/sharps are disposed of in needle/sharp container immediately after use by the user.
6. Makeshift pacifiers are not to be utilized in the hospital setting or recommended to parents for use in the home. A commercially prepared pacifier may be used.
7. When available and appropriate, tamper proof features on medical devices should be used.
8. Gliders should be used whenever possible in lieu of rocking chairs.
B. **TOY PRECAUTIONS:**
All employees/volunteers will enforce:

1. Toys shall be selected with thought and consideration of the patient's safety, age, developmental status, activity level, limitations, and special interests/wishes as well as the toy's therapeutic value. Toys with detachable parts small enough to be swallowed will not be used in areas where children under 3 years of age are also playing, unless the employee/child ratio allows for close supervision.

2. Latex balloons and balloons manufactured out of latex gloves are not allowed. Mylar balloons are permitted.

3. Sparking/friction toys are not permitted in the hospital.

4. Toys with sharp edges are not permitted in the hospital.

5. Toys in need of repair are removed, repaired or discarded.

6. Refer to the Infection Control Policy “Toys” for toy cleaning requirements.

C. **MICROWAVE OVEN/FOOD:**
All patient care providers will assure:

1. Non-food items are not to be heated in a microwave oven.

2. Bottles:
   - Heating of formula in microwaves is per the Infection Control Policy, “Formula Guidelines, Preparation of”.
   - Breast milk shall not be warmed in a microwave oven.
   - Only plastic bottles will be given to children who hold their own bottles.
   - All heated formula must be shaken and tested for temperature prior to being fed to the infant.
   - Feeding bottles will not be propped.
   - Bottles will not be left with children who are unattended in bed.

3. Baby food:
   - Will not be heated in jars, but will be transferred to a styrofoam cup prior to placing in the microwave oven.
   - Any food heated in the microwave needs to be tested for temperature prior to delivering to patient.

D. **MEDICATION:**
All patient care providers will assure:

1. The medication room door is kept locked when a pharmacist is not present.

E. **TOXIC SUBSTANCES:**
All health care providers will:

1. Keep all toxic substances, cleaning products and harmful materials out of the reach of children.

2. All janitorial closet doors will have a store room lock function which will require the use of a key to open the door at all times. The janitorial closet doors are not to be propped open for the purpose of defeating the lock function. When janitorial carts are left unattended, any chemicals present will be secured in a lockable compartment. Open buckets of fluids should not be left on these carts as children could fall in.

II. STAFF

A. This procedure as outlined represents actions which should be initiated to protect employees from injury and preserve health while also protecting patients, visitors, property and equipment.

B. Employee orientation to job-related safety shall be conducted within each hospital department or unit for new/transfered employees.

C. All employees shall be aware of the job-related issues in their area(s) including, but not limited to the following:

1. Ergonomics
   a. Office furniture shall be ergonomically designed according to the manufacturing specifications and the Workers' Compensation carrier's recommendations. This includes, but is not limited to, chairs, work surfaces and keyboards.
   b. Reports of ergonomic-related injury or discomfort should be made to Employee Health and Wellness for investigation and correction.
   c. Reviews for workplace analysis and ergonomic design should be requested through Employee Health and Wellness, Ext 2190.
   d. Damaged furniture should be repaired or replaced before use.

2. Equipment
   a. Employees using equipment with special safety considerations shall be oriented to the proper usage procedures by department/unit instructors.
   b. Cables (i.e. telephone, computer, etc.) must be routed to keep them out of traffic areas.
3. Lifting/Pulling/Pushing Requirements

   a. Proper lifting, pulling and pushing techniques shall be reviewed at initial orientation with department/unit instructors and on an annual basis thereafter.
   
   b. Only employees specifically trained in the techniques of properly lifting, pulling and pushing heavy objects shall be required to lift, pull or push items on a regular basis.
   
   c. Assistance shall be requested when weights exceed an employee's lifting capacity.

4. Safety Policies

   All personnel must be familiar with hospital and their departmental safety policies.

6. Lighting

   a. Standard, permanently installed lighting shall be designed to provide maximum employee comfort and efficiency. Lights should all be functional. Contact Facilities Operations for lighting assistance.
   
   b. Any non-standard lighting must be approved for electrical safety. (See Safety Policy: "Electrical Safety").

7. File Cabinets

   a. File cabinets must be of the type that allows only one drawer to be opened at a time.
   
   b. Any defects in the safety mechanism that prevents more than one drawer from being opened at a time must be reported to Materials Services and corrected immediately.
   
   c. File cabinet drawers shall not remain open when not in use.

D. General

   1. Work area hallways must be maintained to be sufficiently wide to provide easy movement and floors must be clear of items, which can trip people.

   2. Equipment and supplies that are stored inside cabinets must be properly secured to prevent items from falling out and injuring someone. All doors to clean and dirty utility rooms should be kept closed at all times.

   3. Floors should have no damaged carpet or tile, or tripping hazards. Wipe up any spills.
4. Areas should be free of insect or rodent activity. Contact Environmental Services for problems.

5. Fire doors with ratings of 20 minutes or less may be held open with a manual "hold open" device on the top of the door. Doors with ratings of greater than 20 minutes may only be held open by the magnetic device connected to the hospital's fire alarm system. To determine whether or not doors have 20 minute ratings, either call Facilities Operation or read the tag on the hinged-side of the door.

6. Any door stoppers or wedges are not to be used to prop any door open at any time.

7. Departments which have specific safety issues shall have department-specific safety policies which are reviewed at least every 3 years.

8. Staff are encouraged to immediately pick up any foreign objects seen on the floor or report them. To pick up glass use a damp paper towel or a brush and pan.

9. Do not use your hands to push down waste in a container.

10. Do not mix cleaning agents with one another in solutions.

11. Do not stand on chairs.

12. Never run over electrical cords. If this happens, remove the cord from the outlet and check for cuts and damage. If damaged, refer to "Electrical Safety" Safety Policy on what to do.

13. Do not store anything under sinks. Sink cabinets should be locked and keys retained only by Facilities for service access.

   Exceptions:
   • Equipment requiring a sink and chemical solution may have the chemicals stored under the sink if appropriate.
   • Analytical areas of Lab may store chemicals and cleaning supplies under the sink.

Approved by the Environment of Care Committee on 11/29/2012
Appendix A

FALL RISK ASSESSMENT: If 2 or more of the following conditions exist, implement Fall Prevention Protocol.

- Length of stay (LOS) anticipated > 5 days
- IV Free
- PT / OT ordered
- Patient receiving seizure or sedating medications
- Patient has an orthopedic diagnosis
- Impaired mobility