



MedStar Health

# **ORIENTATION FOR NURSING FACULTY**

MedStar Good Samaritan Hospital  
&  
MedStar Union Memorial Hospital

## **PART 4**

### **Safety Information**

**2021 - 2022**

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The following pages contain Safety Information that instructors are required to review with all students prior to the student's first clinical day on a nursing unit. Instructors and each student must sign the Safety Signature page acknowledging that they have reviewed all the following Safety Information.

## **ELECTRICAL SAFETY**

Patient care equipment and facility equipment is checked by Clinical Engineering when put into service and receives a green sticker indicating when inspection is next due or a blue sticker indicating no further inspection necessary.

### **Common Electrical Hazards in the Hospital Environment:**

- Faulty lamp socket
- Use of cheaters
- Frayed power cords
- Broken/cracked plugs
- Cords across pathways
- Missing/damaged ground pins
- Liquids spilled in electrical equipment

### **Electrically Sensitive Patients:**

- Patients with pacemakers (external) or catheters in the heart (i.e. Swan Ganz) are sensitive to very small amounts of electrical current which if it travels through the catheter to the heart can cause severe damage and even death.
- **Precautions:** Pacer and catheter connections must be secure and waterproof; operator must never touch the pacer/catheter and electrical equipment at the same time, keep area dry.

### **Faulty or Malfunctioning Equipment:**

- Unplug the device if you are able and do not continue to use it.
- Label the equipment as defective.
- Notify the supervisor.
- Notify engineering.

### **Precautions for the Safe Use of Electrical Equipment:**

- Inspect all equipment prior to use for integrity of plug, cord and connections.
- Make sure all equipment, including the outlet, has no cracks, or burn marks.
- Check to see there are no exposed wires.
- Three prong plugs should be used on all cords, never use a cheater (A cheater plug, AC ground lifter or three-prong/two-prong adapter is an adapter that allows a [grounding](#)-type [plug](#) (three prongs) to connect to a non-grounding receptacle (two slots). Cheaters put the patient or equipment operator in danger of receiving an electrical shock; therefore, they are absolutely contraindicated in a hospital setting.)
- Never use extension cords.
- Extension cords are prohibited.
- Remember to unplug equipment by the plug. ***Do not remove equipment by pulling on the cord.***
- Never touch a metal device and electrical equipment at the same time.
- Never place containers of liquids on electrical equipment.
- Never handle electrical equipment with wet hands.
- Never allow patients with external pacemakers to use their own personal electrical devices in the hospital (i.e. radio, electrical razors, etc.).

- Make sure electrical medical equipment has a current inspection sticker.

#### **Electrical Fire:**

- **Dial “4911” to activate a Code Red AT MGSB**
- **Dial 3333 to activate a Code Red at MUMH.**
- Report the fire location to hospital operator and proceed according to hospital fire policy.

## **FIRE SAFETY - THE HOSPITAL CODE FOR FIRE IS “CODE RED”**

There is a general hospital fire plan which is supplemented by department specific fire plans. Know your department specific fire plan. A Fire Evacuation Plan and a list of Bell Codes are located at all major intersections in the hospital.

Fire safety starts with you. Report any fire safety hazards to a supervisor.

**The hospital’s basic fire plan is RACE.**

***R = Rescue anyone in immediate danger  
A = Activate the alarm and dial 11 to report fire  
C = Confine the fire by closing doors and windows  
E = Extinguish fire***

Know the location of fire alarm **pull stations**, **fire exits**, and **fire extinguishers** in your area.

**To use an extinguisher, remember the acronym PASS.**

***P = Pull pin  
A = Aim nozzle (at the base of fire)  
S = Squeeze handle  
S = Sweep from side-to-side***

#### **Fire Evacuation Plan**

Each area in the hospital has its bell code. When you hear the fire alarm sound, go to the nearest fire box and look up the bell code on the alarm list hanging next to the alarm box. EXAMPLE: 2-1-3 would ring 2, pause, 1, pause, 3, long pause. The sequence is repeated four times.

**Coded Announcement:**

The page operator will announce "CODE RED" followed by the location.

**When You Hear the Fire Signal:**

- Remain calm.
- Members of the fire brigade respond to fire locations with extinguisher.
- Use the stairs.
- Stay alert for further instructions or the all clear signal: "CODE RED – ALL CLEAR."
- Don't report to the fire location unless you are assigned.
- Don't use the elevators until the "all clear" signal has been given by the operator.

**Patient Evacuation Procedure:**

1. Internal Horizontal Evacuation - Evacuate patients from one smoke zone to another smoke zone (for example from the east side of the hospital to the west side of the hospital)
2. Internal Vertical Evacuation - Evacuate patients from one floor to another. As a last resort, patients will be evacuated vertically downward via stairwells, not elevators.
3. External Evacuation- Evacuate patients from the hospital building
  - Move those closest to danger.
  - Move the helpless patients (they may be lowered to the floor onto a blanket and pulled along the floor, head first).
  - Move the wheelchair patients.
  - Move the walking patients. Every patient should take a blanket.

**Remain at fire location until you are instructed to leave or the "all clear" sounds.**

**HAZARDOUS MATERIALS: THE HOSPITAL CODE FOR HAZARDOUS MATERIAS IS CODE ORANGE**

- a. Every chemical container must be labeled.
- b. Material Safety Data Sheets (MSDS) are fact sheets that describe the hazards of chemicals used on your unit. MSDS are located on your unit and you should know location of this information.
- c. Do not use any chemical in a container that is not labeled.
- d. The Facility Safety Officer maintains a master list of chemicals used within the facility.
- e. Report spills to the Nursing Supervisor and dial x4036.

**GENERAL GUIDELINES FOR HAZARDOUS SUBSTANCES IN THE WORKPLACE**

The Safety Committee has developed a Hazardous Substance Program in compliance with OSHA Standards. It is a yellow booklet called "**You Have a Right to Know about Hazardous Substances in Your Workplace**"

All employees are required to have education on potential hazardous material found in the hospital. This includes infectious materials, radioactive materials, sharps, flammable liquids, gases, and chemical health hazards.

## **MATERIAL SAFETY DATA SHEETS**

Material Safety Data Sheets (MSDS) for chemicals used in the hospital are available at all times in most departments, the Emergency Room and Security. If you need to review a data sheet, contact the supervisor, the Safety director, or the Security Office.

## **LABELS**

The products which we use labeled in accordance with the Right to Know Law. They contain an identification of any hazardous components and an appropriate hazard warning. Some of the products use are consumer products and may not indicate the hazards of their use. When in doubt, see the list and Material Safety Data Sheet (MSDS).

**Ask questions if you are unsure of any safety precaution.  
Eat and drink only in authorized areas.  
Practice safe work habits always.**

## **INFECTION CONTROL:**

### **General Guidelines for Healthcare Workers**

#### **COVID 19 Infection Control Precautions: Refer to Part 5 of this manual**

- **Consider blood/body fluids of all/patients potentially infected.**
- Use appropriate barrier precautions to prevent exposure when contact with blood or body fluid is anticipated.
- Use isolation procedures based on CDC guidelines for known or suspected infectious patients.

#### **Proper Hand Washing.**

- Hand washing is the most important measure in controlling the transmission of microorganisms and infection.
- Wash hands before and after contact with patients.
- Wash hands immediately and thoroughly if contaminated accidentally with blood, body fluids or contaminated items

#### **A. Wash hands** after removing gown and gloves and before leaving patient's room.

1. Use antiseptic soap
2. Scrub with friction for 15 seconds
3. Rinse with your fingers pointed downward
4. Dry hands well and use towel to turn off the faucet

#### **B. Alcohol gels** – use unless hands are visibly soiled. Gel has been shown superior in removing organisms.

### **Use Gloves**

Gloves are to be worn when.....

- Touching blood, body fluids, mucous membranes or broken skin areas.
- Handling items soiled with blood or body fluids
- Emptying urinary drainage bags, hemovacs, etc.
- Suctioning patients.
- Handling blood samples or blood soiled items, blood and body fluids.
- Performing venipuncture or other vascular access procedures and invasive procedures including assisting with same.
- **Gloves are to be changed and hands washed after contact with each patient or contaminated item.**

### **Protective Eye Protection Gear**

- **Goggles or protective Eye Gear is to be worn in all patient rooms when providing Patient care.**

### **Dispose of Properly**

- Blood and body fluid waste containers, as well as all disposable contaminated materials (trash), are red bagged for incineration.
- Suction fluids, excretions, or blood can be poured down a drain connected to a sanitary sewer.
- Needles are not to be recapped, bent or broken by hand, but placed in a puncture resistant container after use. Any sharp item (e.g. scalpel, razor, etc.) that has been contaminated or used is placed in the same box.

#### **Other:**

- Linen which is soiled with blood or body fluids is to be bagged as usual.
- **Specimens** are to be placed in plastic puncture proof sealable bags. "Special handling sticker" is used for specimen from known infectious patient.
- **CPR** – vent easy airways or ambu bag is to be used for CPR ventilation.

**Renal Dialysis** has own guidelines specifically established for dialysis patients  
**MedStar participates** in Maryland Health Care Commission Hand Hygiene Initiative using unknown observers to monitor compliance with hand hygiene practices

### **Standard Precautions apply to all patients**

Hand Hygiene must be performed before putting PPE and immediately after removal. Discard in room.

Hands must be cleaned with soap and water on exit from Enteric Precautions Patient to kill spores.

### **Infection Prevention & Infection Control**

**COVID 19 Infection Control Precautions: Refer to Part 5 of this manual.**

Infection Prevention and Control is both a process and a program that targets the prevention of the transmission of illness or infections in the health-care setting. Infections that are not present or incubating at the time of admission to the health care facility are called hospital-acquired infections. Some of these infections may include:

- Antibiotic Resistant Infections (MRSA, VRE, and other gram negative organisms)



- Respiratory infections such as Tuberculosis, Influenza
- Foodborne illness
- Bloodborne Pathogens (Hepatitis B, Hepatitis C, HIV)

**DEVICE RELATED INFECTIONS**

- Catheter Associative Urinary Tract Infections (CAUTI)
- Central line associated bloodstream infections (CLABSI)
- Ventilator associated Pneumonia (VAP)

**PROCEDURE RELATED INFECTIONS:**

- Postoperative infections (surgical site infections)

## INFECTION PREVENTION BASICS

MedStar requires 100% compliance with the following:

**HAND HYGIENE IS THE SINGLE MOST EFFECTIVE METHOD TO PREVENT TRANSMISSION OF INFECTIONS. (CDC - Centers for Disease Control and Prevention)**

Components of Hand Hygiene Program:

1. Use soap and water – wet hands with warm water, apply soap, scrub for 15 seconds, rinse, use towel to turn off faucet
2. Alcohol Hand Gel – apply to dry hands with no visible contamination, rub until dry
3. Hospital Approved Hand Lotion – personal hand lotions containers become contaminated with bacteria during use, only hospital approved lotions are tested for compatibility with latex gloves and Chlorhexidine Gluconate (CHG) – a skin antiseptic

When to use hand hygiene (either soap/water or alcohol hand gel):

- Before and After entering a patient room
- Before and after using gloves
- Before doing an invasive procedure (inserting an IV catheter, drawing blood)

When to wash your hands with soap and water:

- Whenever they look or feel dirty
- After using the bathroom
- Before and after eating
- After coughing or sneezing into your hands
- When exiting a room with patient on Enteric Precautions

### STANDARD PRECAUTIONS

Use when caring for all patients – use personal protective equipment to prevent exposure to blood and body fluids or the nonintact skin of a patient.

Personal Protective Equipment: gloves, gowns, masks, eye protection (goggles or face shields)

### TRANSMISSION BASED PRECAUTIONS (ISOLATION)

Three Categories:

**CONTACT** – Use for all antibiotic resistant bacteria and Clostridium difficile cases with diarrhea  
All staff and visitors must use **gloves and a gown** upon entering the patient room

**DROPLET** – Use for suspected meningitis, influenza, mumps, German measles, whooping cough  
All staff and visitors must use a **surgical mask** upon entering the patient room

**AIRBORNE** – Use for suspected tuberculosis, chicken pox, measles, smallpox, avian flu  
All staff and visitors must use the **N95 mask** for TB isolation, smallpox, and avian flu  
The door to the patient room must remain closed with HEPA filter or NAP room

# ISOLATION SIGNAGE:



## CONTACT PRECAUTIONS

VISITORS: Please go to nurses' station prior to first visit.

BEFORE ENTERING	READY TO ENTER	BEFORE LEAVING
<p><b>1</b></p>  <p>CLEAN YOUR HANDS</p> <hr/> <p><b>2</b></p>  <p>PUT ON ISOLATION GOWN &amp; GLOVES</p>		<p><b>1</b></p>  <p>DISPOSE OF GLOVES &amp; GOWN</p> <hr/> <p><b>2</b></p>  <p>CLEAN YOUR HANDS</p>





## DROPLET PRECAUTIONS

VISITORS: Please go to nurses' station prior to first visit.

BEFORE ENTERING	READY TO ENTER	AFTER LEAVING
<p><b>1</b></p>  <p>CLEAN YOUR HANDS</p> <hr/> <p><b>2</b></p>  <p>PUT ON MASK</p>		<p><b>1</b></p>  <p>DISPOSE OF MASK</p> <hr/> <p><b>2</b></p>  <p>CLEAN YOUR HANDS</p>

DURING TRANSPORT: PATIENTS MUST WEAR A SURGICAL MASK.





## ENTERIC PRECAUTIONS

VISITORS: Please go to nurses' station prior to first visit.

BEFORE ENTERING	READY TO ENTER	BEFORE LEAVING
<p><b>1</b></p>  <p>CLEAN YOUR HANDS</p> <hr/> <p><b>2</b></p>  <p>PUT ON ISOLATION GOWN &amp; GLOVES</p>		<p><b>1</b></p>  <p>DISPOSE OF GLOVES &amp; GOWN</p> <hr/> <p><b>2</b></p>  <p>WASH HANDS WITH SOAP &amp; WATER</p>

ALL EQUIPMENT MUST BE CLEANED WITH BLEACH WIPES WHEN REMOVED FROM THIS ROOM.




## AIRBORNE PRECAUTIONS

VISITORS: Please go to the nurses' station prior to first visit.

BEFORE ENTERING	READY TO ENTER	AFTER LEAVING
<p><b>1</b></p>  <p>CLEAN YOUR HANDS</p> <hr/> <p><b>2</b></p>  <p>PUT ON N95 (RESPIRATOR)</p>		<p><b>1</b></p>  <p>DISPOSE OF N95 (RESPIRATOR)</p> <hr/> <p><b>2</b></p>  <p>CLEAN YOUR HANDS</p>


DURING TRANSPORT: Patients MUST wear a surgical mask.



# Guide to Clorox Disinfectant Use

## Important Notes:

- To use any disinfectant effectively, first remove any visible soiling/debris that may be present on surfaces/items to be disinfected. After this step is complete, refer to below to assure proper "contact time" for the disinfectant used.
- Shelf life of disinfectants is two years after date of manufacture, unless labeled with an expiration date.

NAME OF DISINFECTANT	CHEMICAL INGREDIENTS	REQUIRED CONTACT TIME (HOW LONG SURFACES NEED TO STAY WET)	SUGGESTED USES OF DISINFECTANT
<p><b>CLOROX HYDROGEN PEROXIDE WIPES</b></p> 	<p>Hydrogen Peroxide (1 – 5%)</p>	<p>1 Minute Let Air Dry</p>	<p>DISINFECTING HARD NON-POROUS SURFACES</p> <p><i>Example: Portable equipment (BP cuffs, stethoscopes), MedConnect equipment, countertops, work spaces, telephones, computer keyboards (not screens)</i></p> <p><i>Do not use on copper, brass or aluminum surfaces.</i></p> <p><i>Do not use on Alaris IV pumps.</i></p>
<p><b>CLOROX BLEACH WIPES</b></p> 	<p>Bleach Solution (5,500 ppm)</p>	<p>3 Minute Let Air Dry</p> <p>May need to use additional wipes to reach required contact time</p>	<p>DISINFECTING HARD NON-POROUS SURFACES</p> <p><i>Use on Alaris IV pumps.</i></p> <p><i>Targeted for C difficile isolation rooms</i></p> <p><i>C difficile spore 3 minutes kill claim approved by EPA (2012)</i></p>

**HOSPITAL EMERGENCY CODES:**

## **Emergency Codes**

**MGSH** – Dial “**4911**” to activate any code. Tell the operator the location and type of code

**MUMH** – Dial “**3333**” to activate any code. Tell the operator the location and type of code

**Code Red - Fire**

**Code Pink - Infant/Child Abduction**

**Code Blue – Adult/Child/Infant Arrest**

**Code Blue Cardiac Arrest Open Heart–  
Adult/Child/Infant Arrest**

**Code Green - Combative person**

**Code Gold -Bomb Threat – not paged**

**Code Orange -Hazmat Spill – not paged**

**Code Gray- Elopement – not paged**

**Code Purple -Security Only – not paged**

**Code Yellow - Emergency/Disaster**

# HAZARDOUS PHARMACEUTICAL WASTE FAQ

## 1. Why do we need to implement a Hazardous Pharmaceutical Waste program at our hospital?

- **The Resource Conservation Recovery Act (RCRA)** requires training for all workers who handle or come in contact with hazardous waste.
- 2002 U.S. Geological Survey (USGS) Report found pharmaceuticals such as endocrine disruptors, hormones, and antibiotics in US waters.
- Some pharmaceuticals that we administer are regulated by the EPA as “hazardous Waste” and must be managed by the RCRA rules.
- These rules apply for generators, transporters, or owners of treatment, storage, and disposal facilities. Hospitals are **GENERATORS** of hazardous pharmaceutical waste.

☀ **It's the right thing to do – It's better for the environment!**

## 2. What is the definition of hazardous waste?

- Impacts human health and the environment when discarded.

## 3. What happens if we don't comply?

- The hospital will be fined for noncompliance.

## 4. Define satellite and central storage area as it relates to the management of pharmaceutical waste.

- A **satellite** is collection area near the point of generation of hazardous waste. It is the black box/container in the med room or nursing station area.
- **Central Storage Area:** the area hazardous waste is taken prior to transport off-site for disposal.

## 5. When are pharmaceuticals regulated?

- If they are listed on an EPA list
- If they exhibit any of the 4 characteristics of hazardous waste: (1) Ignitable/flammable; (2) Corrosive; (3) Reactive; (4) Toxic
- **Some examples are: nicotine/nicotine patches, warfarin, Mitomycin, Selenium sulfide, human insulins, and paclitaxel.**

## 6. What is my role?

- **Proper collection: Choose the right container.** For those drugs marked with a black box or EPA sticker, place them in the black box/container located on your unit. Needles and other infectious materials do **NOT** go into the black boxes!
- **Proper Storage of Containers:** The black boxes/containers must be kept in a secure area with limited access. The lids must be closed when you are not adding waste.
- **Labeling Containers Properly:** All boxes/containers must be marked with a “Hazardous Waste” sticker. The sticker should be on the container. Do **NOT** put a date on the container.
- **Communicate** to your supervisor/manager if things change or are not working.



**7. How will I know what drugs to place in the black container?**

- You will see a “black” rectangle on the package
- OR
- A sticker with a symbol that says “EPA” on a black background with white lettering on insulin bottles or IV bags.

**8. What goes in the black containers?**

- Unused medication
- Empty containers which held the medications
- Unit dose packaging for some medications such as warfarin

**9. Are there any precautions I need to take before placing medications or empty containers in the black box?**





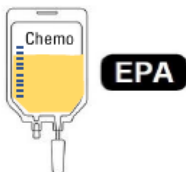


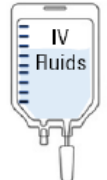








- Make sure tops are on containers of liquids.

**10. What do I do when the container is full?**

- Call environmental service for a replacement. They will transport the box to the central storage area.

**11. Who do I contact if I have questions?**

- Nursing Supervisor or Inpatient Pharmacy

 <p><b>Ordinary Trash, PPE, Diapers</b></p>	 <p><b>Infectious/ Biohazard Waste</b></p>	 <p><b>Sharps &amp; Glass</b></p>	 <p><b>Trace/ Empty Chemo</b></p>	 <p><b>Chemo (EPA) &amp; EPA-Regulated</b></p>	 <p><b>Controlled Substances II - V</b></p>	 <p><b>General Medications</b></p>	 <p><b>Crystalloid IV Fluids</b></p>
 <p><b>Yes</b></p> <ul style="list-style-type: none"> <li>• Ordinary Trash</li> <li>• Packaging</li> <li>• Food Waste</li> <li>• PPE, Drapes, Gowns</li> <li>• Soiled Diapers</li> <li>• Intact Non-EPA Empty Bottles / Vials</li> </ul>	 <p><b>Yes</b></p> <ul style="list-style-type: none"> <li>• Materials Saturated with Blood or Bodily fluids</li> <li>• Containers of Blood</li> <li>• Potentially Infectious Materials</li> <li>• Empty IV Bags with Patient Information</li> </ul>	 <p><b>Yes</b></p> <ul style="list-style-type: none"> <li>• Lancets</li> <li>• Needles</li> <li>• Syringes</li> <li>• Scalpels</li> <li>• Broken Glass (Bottles / Vials)</li> <li>• Glass Specimen Containers</li> </ul>	 <p><b>Yes</b></p> <p><b>Trace/Empty Chemo Drug Waste Only (&lt;3% left):</b></p> <ul style="list-style-type: none"> <li>• IV Bags, IV Tubing</li> <li>• Sharps</li> <li>• Syringes, Vials</li> <li>• Plastic Bags</li> </ul> <p><b>Chemo-Contaminated Materials:</b></p> <ul style="list-style-type: none"> <li>• PPE, Gowns</li> <li>• Bodily Fluids/Waste</li> </ul>	 <p><b>Yes</b></p> <p><b>Chemo (EPA) Drug Waste (&gt; 3% left):</b></p> <ul style="list-style-type: none"> <li>• IV Bags, IV Tubing</li> <li>• Syringes</li> <li>• Bottles/Vials (Intact or Broken)</li> <li>• Plastic Bags</li> </ul> <p><b>EPA-Regulated Drug Waste such as:</b></p> <ul style="list-style-type: none"> <li>• Nicotine Patches</li> <li>• Coumadin/Warfarin</li> <li>• Insulin Vial/ Capped Pens</li> <li>• Other Meds marked with EPA Label</li> </ul>	 <p><b>Yes</b></p> <p>Controlled Substances place in designated canister/slot for:</p> <ul style="list-style-type: none"> <li>• Pills</li> <li>• Liquids</li> <li>• Patches</li> </ul>	 <p><b>Yes</b></p> <p><b>Non-EPA-Regulated:</b></p> <ul style="list-style-type: none"> <li>• IV Bags, IV Tubing</li> <li>• Syringes</li> <li>• Bottles/Vials Containing Meds</li> <li>• Plastic Medication Bags</li> </ul> <p><b>IV Solutions Containing Medication</b></p> <ul style="list-style-type: none"> <li>• Antibiotics</li> <li>• IV Medications</li> </ul>	 <p><b>Yes</b></p> <p><b>IV Solutions Only</b></p> <ul style="list-style-type: none"> <li>• Sterile water</li> <li>• Dextrose Solutions (D5W...)</li> <li>• Saline Solutions (NS...)</li> <li>• Lactated Ringers (LR...)</li> <li>• Potassium Salts (KCL...)</li> <li>• Calcium Salts (CaCL...)</li> <li>• Magnesium Salts</li> </ul>
<p><b>No</b></p> <ul style="list-style-type: none"> <li>• No Pharmaceuticals</li> <li>• No Glass or Sharps</li> <li>• No Chemicals</li> <li>• No Chemo Drug Waste or Materials</li> <li>• No Materials Saturated with Blood or Bodily Fluids</li> </ul>	<p><b>No</b></p> <ul style="list-style-type: none"> <li>• No Pharmaceuticals</li> <li>• No Glass or Sharps</li> <li>• No Ordinary Trash</li> <li>• No Chemicals</li> <li>• No Chemo Drug Waste or Materials</li> </ul>	<p><b>No</b></p> <ul style="list-style-type: none"> <li>• No Pharmaceuticals</li> <li>• No Chemo-Exposed Sharps</li> <li>• No Ordinary Trash</li> <li>• No Chemicals</li> </ul>	<p><b>No</b></p> <ul style="list-style-type: none"> <li>• No Pharmaceuticals</li> <li>• No Full/Partially Full Chemo Drug Waste</li> <li>• No Ordinary Trash</li> </ul>	<p><b>No</b></p> <ul style="list-style-type: none"> <li>• No Needle Sharps</li> <li>• No Ordinary Trash</li> <li>• No Controlled Substances</li> <li>• No Materials Saturated with Blood or Bodily Fluids</li> </ul>	<p><b>No</b></p> <ul style="list-style-type: none"> <li>• No Sharps</li> <li>• No Ordinary Trash</li> <li>• No Chemicals</li> <li>• No Chemo Drug Waste or Materials</li> <li>• No EPA-Regulated Pharmaceuticals</li> </ul>	<p><b>No</b></p> <ul style="list-style-type: none"> <li>• No Needle Sharps</li> <li>• No Ordinary Trash</li> <li>• No EPA-Regulated Drug Waste</li> <li>• No Controlled Substances</li> <li>• No Materials Saturated with Blood or Bodily Fluids</li> </ul>	<p><b>No</b></p> <ul style="list-style-type: none"> <li>• No Pharmaceuticals (exceptions noted above)</li> <li>• No Glass or Sharps</li> <li>• No Ordinary Trash</li> <li>• No Chemicals</li> <li>• No Chemo Drug Waste or Materials</li> </ul>

Contact Inpatient Pharmacy for any questions related to pharmaceutical waste



# 2021 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

## Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

## Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

## Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

## Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

## Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

## Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

## Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at [www.jointcommission.org](http://www.jointcommission.org).