MedStar Georgetown University Hospital

Department of Anesthesia

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Safety Regulations	9251
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POLICY:

The Department of Anesthesia adheres to all safety regulations promulgated by MedStar Georgetown University Hospital. In addition the Department defines procedures and monitors work practices to ensure both staff and patient safety.

PROCEDURE:

1. All anesthetizing locations are posted as "Restricted to Non-Flammable Anesthetics" The Department does not use, store or order flammable anesthetic agents (Cyclopropane, Fluroxene, Divinyl Ether, Ethyl Chloride, Diethyl Ether or Ethylene). The only inhalation agents used by the Department are:
   - Nitrous Oxide
   - Isoflurane
   - Sevoflurane
   - Desflurane

   The Department is also accord with the most recent versions of:
   - NFPA 99-2005 Health Care Facilities
   - NFPA 101-2003 Life Safety Code

2. In the event of a hazardous spill, with or without bodily contact, staff members are directed to the Material Safety Data Sheet (MSDS) for the particular drug. These MSDS sheets are located in the Anesthesia Workroom in a binder entitled "MSDS/Hazardous Communication Book" in the Emergency Department. Drug information sheets are alphabetized.

3. Anesthesia machines will be serviced every six months at a minimum in accordance with the manufacturer's maintenance directives. All records of manufacturer inspection and service will be kept in the Office of Biomedical Engineering. Copies may also be available within the Department of Anesthesia administrative files.

4. All anesthesia equipment will be categorized as to need for annual maintenance. All electrical equipment will be tested and inspected when acquired and thereafter as required by the Department of Biomedical Engineering (See policy 9257 Biomedical Equipment).

5. When the line isolation monitor and/or the audible warning alarms, the administration of the anesthetic will be delayed when feasible. During an anesthetic, the use of any electrical equipment, particularly the last electrical item put into use, as well as any item not required for patient monitoring or support shall be discontinued, and the Biomedical Engineering Department shall be notified. Following completion of the operation, the operating room in which the signal functioned shall not be used until the electrical defect has been remedied.

5. In the event of fire, the Anesthesiologist is responsible for the determination of when oxygen flow to the involved area should be terminated via oxygen shut off valve. It is the responsibility of every anesthesia provider to know the exact locations of the oxygen shut off valves for each area. These are located outside of each room and will be clearly labeled at all times

6. All anesthesia machines meet or exceed ASTM F1161-1988 and/or ASTM F1850-1998 standards. As such, they have:
    - Pin indexing
    - Inspired Oxygen monitoring
    - Manual oxygen flush
    - Oxygen "Fail Safe" system
    - Back-up tanks of N20 and Oxygen
    - Calibrated vaporizers

   It is expected that all new machines purchased will meet or exceed, F1850 - 2005 Standards.

7. All anesthesia equipment/machines used in the administration of clinical anesthesia will be checked by the anesthesia provider (Attending, CRNA, Resident or SRNA) prior to the start of the anesthetic in accordance one of the following:
    - Manufacturer's suggested preoperative checklist
    - Anesthesia Apparatus Checkout Recommendations" by the ASA/FDA
    - Specific Departmental checklists, where applicable

   The completion of the preoperative checklist will be noted on the patient's anesthesia record.

8. In the event any piece of equipment is found to be faulty, the clinician should
    - Remove the item from service
    - Place a "Broken/Do Not Use" notice on the machine
    - Notify the Chief Technician, Anesthesia Assistant or Anesthesia Tech that the equipment needs service.

9. If there is any suspicion that a patient was injured or could have been seriously injured by the malfunction of specific piece of anesthesia equipment, the physician, nurse or technician should:
    - Complete an "incident report/report to counsel" form
    - Notify the Chief of Service or the Anesthesiologist-in-Charge. The clinician will then be advised of any additional steps that need be taken.

10. If there is any suspicion of an untoward drug reaction, the physician, nurse or technician should:
    - Complete an "Incident Report/Report to Counsel"

- Notify the Chief of Service or the Anesthesiologist-in-Charge. The clinician will then be advised of any additional steps that need be taken.

11. Members of a Departmental Safety Subcommittee are appointed annually from the ranks of attending physicians, CRNAs, technical and administrative staff. As problems in patient or occupational safety are brought to the attention of the Chief of Service, the Chief may ask members of the subcommittee or other Departmental members to investigate and report on the problem. The Chief of Service is responsible for monitoring the implementation of these regulations and will ensure Departmental compliance with new standards as part of the annual faculty and staff reviews.

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