

MICHAEL E. DEBAKEY VETERANS AFFAIRS MEDICAL CENTER
Houston, Texas

MEDICAL CENTER POLICY
MEMORANDUM NO. 138S-002

April 4, 2016

SAFETY, OCCUPATIONAL HEALTH AND FIRE PREVENTION PROGRAM

I. PURPOSE

This publication describes the Safety, Occupational Health and Fire Prevention Program for the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC). It is published to inform, direct, and guide compliance of all VA compensated employees; non-compensated employees such as volunteers, students, residents, interns and anyone with a WOC (Without Compensation) appointment; patients and visitors in a cooperative team effort to maintain a patient care environment free from recognized hazards. As a basic policy, consistent with the established intent of Executive Order 12196, Public Law 91-596, and Occupational Safety and Health Administration (OSHA) 1960, every employee at the MEDVAMC is responsible for the prevention of fire, occupational accident, injury or disease. In addition management will ensure protection of government property against loss by fire or other accidental damage.

MEDVAMC is committed to assessing the impacts of its services on the safety of employees, customers and the community. Objectives and targets will be established to effectively control high-risk elements of our business.

MEDVAMC is committed to achieving the following items through execution of a Safety Management System (SMS):

- Comply with all federal, state, and local safety regulations including VHA Handbook 7701.01, Section 14.
- Assign SMS responsibilities in all areas of the medical center and ensure that employees are trained in their individual responsibilities.
- Identify, assess and prioritize risks to the safety of employees, customers and the community that result from business operations.
- Implement, review and improve procedures to minimize potential safety and health risks.
- Periodically review objectives and targets against established goals.
- Maintain regular communication with employees and customers.
- Evaluate and/revise elements of the SMS to achieve continuous improvement.

Details of the SMS are found in the SMS Manual, located on the P-drive and entitled *138S-001 Safety Management System Manual*.

II. PROCEDURES

See attached Safety, Occupational Health and Fire Prevention Manual.

III. RESPONSIBILITY

A copy of this publication must be maintained in a prominent place within each supervisor's work area. The supervisor is responsible for training respective subordinates in the content of this publication, and for providing an adequate training schedule with personal follow-up action that assures sufficient employee awareness to guarantee successful compliance with this policy.

IV. REFERENCES

Medical Center Policy Memorandum No. 138ENG-008, *Safety and Health during Construction Activities*, dated November 21, 2014.

Medical Center Policy Memorandum No. 138S-007, *Accident Prevention*, dated October 7, 2013.

VA Directive 7700, *Occupational Safety and Health*, February 11, 2009.

VHA Directive 7701, *Occupational Safety and Health (OSH)*, August 9, 2010.

VHA Handbook 7701.01, *Occupational Safety and Health (OSH) Program Procedures*, August 24, 2010.

Occupational Safety and Health Administration (OSHA) 1910 – Occupational Safety and Health Standards.

National Fire Protection Association (NFPA) 70E, *Standard for Electrical Safety in the Workplace*, 2015.

(NFPA) 101, *Life Safety Code*, 2015.

Comprehensive Accreditation Manual for Hospitals, Joint Commission.

V. RESCISSION

Medical Center Policy Memorandum No. 138S-002, *Safety, Occupational Health and Fire Prevention Program*, dated May 22, 2015.

/acw/
ADAM C. WALMUS
Medical Center Director

Attachment A Safety, Occupational Health and Fire Prevention Manual
Appendix A Fire Drill Sign-in Sheet
Appendix B Work-related Injury or Illness Investigation Report

**SAFETY,
OCCUPATIONAL HEALTH AND
FIRE PREVENTION MANUAL**

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CHAPTER 1

Employee Responsibilities

I. The Medical Center Director, as Chief Executive Officer, is responsible for protecting medical center property and for the safety of patients, beneficiaries, visitors, employees, and persons supervised by VA compensated employees within the MEDVAMC.

II. The Facilities Management Service Line Executive (FMSLE) is responsible for the Environment of Care, Life Safety Code, and Fire Prevention Programs at the MEDVAMC.

A. Immediate Threat Statement: The Safety Manager, as the Safety Officer, has authority to intervene whenever conditions exist that may pose a significant threat to the environment or human life and health or pose a threat of damage to equipment or buildings. This intervening action will include responsibility for reporting to the Medical Center Director and/or designated agency official all such actions.

B. In all cases of imminent fire, safety, or environmental hazard, the authority of the Safety Officer shall transcend organizational lines of authority.

C. The FMSLE will forward to the Patient Safety & Environment of Care Board comprehensive reports required to document Joint Commission Environment of Care Standards.

III. The Safety Manager is responsible for planning, organizing, and providing active leadership in implementation of the Safety, Occupational Health and Fire Prevention Program. This includes:

A. Establish and coordinate a program to prevent occupational accidents, potential injury and illness.

B. Implement compliance with all Joint Commission, VA and local policies and other agency mandates pertaining to the Safety, Occupational Health and Fire Prevention Program.

C. Identify work place safety hazards or unsatisfactory occupational trends and advise as to appropriate action to eliminate, correct or control such occurrences.

D. Supervise the evaluation and analysis of accidents, fires, injuries, and environmental incidents to identify and implement preventive measures.

E. Supervise the safety and fire prevention inspections of all MEDVAMC buildings, areas, equipment and activities, and initiate corrective action necessary to eliminate or control accidents, injuries, fire, and environmental hazards.

F. In conjunction with the Education Service Line, establish a proactive Occupational Safety and Fire Prevention training program for supervisors and employees.

G. Establish, implement, coordinate, and report on the hazardous materials and waste control program for the MEDVAMC.

H. Supervise a comprehensive safety and fire prevention inspection program for community healthcare facilities serving VA beneficiaries.

IV. Service chiefs and service/care line executives are responsible to:

A. Ensure proactive support of the Safety, Occupational Health and Fire Prevention Program within their area of responsibility.

B. Ensure that every subordinate employee is properly trained, before assuming any official duty, to specific safety procedures that are to be followed in their work place and certifying to the Patient Safety & Environment of Care Board that this training has been accomplished annually for every employee.

C. Ensure that Safety Data Sheets (SDS) are available for all chemicals with which an employee may have contact.

D. Ensure implementation of an active Safety Subcommittee per guidance outlined in Chapter 2, Section I., Paragraph C. of this manual.

E. Ensure completion of Personal Protective Equipment (PPE) assessment audits.

F. Ensure that all job descriptions are accompanied by a current physical examination that accurately reflects assigned duties.

G. Ensure satisfactory maintenance of Joint Commission's Environment of Care Standards documentation.

V. Supervisors are responsible to:

A. Promote a positive accident and fire prevention program within their areas of supervision.

B. Strictly observe all restricted duty limits established by attending physicians.

C. Train all subordinate personnel to conduct safe work practices and proper work procedures that are designed to eliminate safety and fire hazards within their work areas.

D. Investigate all accidents, injuries and alleged hazards within their areas of responsibility and follow through to ensure that corrective action is completed.

E. Forward employee feedback through the Safety Subcommittee to the Safety Manager.

F. Solicit necessary assistance from the Safety Manager or Ergonomic Program Manager to properly control recognized ergonomic hazards.

VI. All employees of the MEDVAMC have an individual responsibility for safety and fire prevention. They will demonstrate cooperation with their respective supervisors to maintain a proactive accident prevention and fire prevention program as follows:

A. Eliminate or immediately report to a supervisor all known or suspected hazards found in their own or other work areas.

B. Immediately report all on-the-job accidents, fires, injuries and illnesses, no matter how minor, to their supervisor. Advise their supervisor of any musculo-skeletal or other ergonomic-related symptom they may be experiencing.

C. Familiarize themselves with the current MEDVAMC safety and fire prevention rules and apply only safe work practices and proper work procedures.

D. Read and thoroughly understand all equipment safe operating procedures and all chemical labels before utilizing either of these items.

E. Not knowingly engage in any unsafe work practice or activity for which required safety training is not complete.

F. Immediately advise their supervisor of any personal medical restrictions they have received.

G. Provide feedback to supervisor concerning the resolution of ergonomic and other safety issues.

H. Demonstrate a proactive response by utilizing correct ergonomic work procedures based upon training in worker self-protection with emphasis on personal ergonomics, fatigue avoidance tactics and preventive stretching.

CHAPTER 2

MEDVAMC Patient Safety and Environment of Care Board

I. RESPONSIBILITIES

A. The fundamental responsibility of the MEDVAMC Patient Safety & Environment of Care Board (EOCB) is to provide leadership necessary to reduce loss due to workplace safety hazards, accidents, crimes, violence, and fires. The following staff are appointed by the Medical Center Director to comprise the membership of the EOCB:

Deputy Medical Center Director	001	Chair
Chief Nurse Executive	00N/118	Member
Employee Health Physician	11K	Member
OWCP Coordinator	11OWCP	Member
Quality Management Director	00Q	Member
Patient Safety Program Manager	00Q	Member
Facilities Management Service Line Executive	138FMS	Member
Engineering Section Manager	138ENG	Member
VA Police Chief	07B	Member
Safety Manager	138S	Member
Deputy Medical Care Line Executive	111	Member
Infection Control Nurse	111G1	Member
Operative Care Line Administrative Officer	112	Member
Nutrition & Food Section Representative	120	Member
Canteen Section Manager	133	Member
Education Service Line Executive	141	Member
Research Service Line Administrative Officer	151	Member
AFGE Safety Representative	AFGE	Member

B. The Patient Safety and Environment of Care Board is responsible for:

1. Reviewing accidents reported on VA Form 2162, *Report of Accident*, to determine causes and trends, and evaluating preventive measures needed to eliminate recurrence;
2. Reviewing reported occupational health and infection control issues and recommending necessary corrective actions;
3. Reviewing life safety program issues and recommending necessary corrective action in accordance with National Fire Protection Association (NFPA);

4.

4. Reviewing service, service/care line-level safety subcommittee and Safety Process Action Team reports of hazardous conditions having potential for accident, injury, illness, and fire, and for reducing these conditions;
5. Establishing and evaluating the Safety, Occupational Health and Fire Prevention Program corrective action, goals and objectives;
6. Reviewing Office of Workers' Compensation Programs (OWCP) to assure that all losses due to lost workday accidents consistently reveal a downward trend; and,
7. Reviewing VA Police Service and Patient Safety statistical reports regarding incidents involving patients, visitors and employees for the evaluation of preventive measures. The EOCB provides oversight for the Patient Safety Program.

C. Each service chief and service/care line executive will establish at least one service and service/care line-level safety subcommittee.

1. The service chief or service/care line executive will select a chairperson who will be responsible for conducting quarterly meetings and recording minutes. The chairmanship may be permanent or rotated among the members. Membership should include at least one union representative and an employee representing each section within the service or service/care line.
2. Safety subcommittees play an important role in the MEDVAMC safety program by identifying and addressing safety issues at the grass roots level. Members conduct walk-through inspections in all work areas of their respective service or service/care line area for safety and fire prevention deficiencies at least once per quarter. Findings of each inspection are recorded on the safety subcommittee checklist and summarized in the minutes. Minutes of these quarterly meetings are forwarded to the Safety Manager for review and addressing any safety issues. Any issues that cannot be resolved by the Safety Manager are brought to the EOCB for action.
3. Minutes are forward through the service chief or service/care line executive to the Safety Manager according to the schedule established by the safety subcommittee chair and communicated to the Safety Section. The format for the minutes is available from the Safety Manager.

D. Safety Process Action Team

1. Each designated service and service/care line-level safety subcommittee chair will represent his/her respective area in Safety Process Action Team assignments.
2. Safety Process Action Team meetings will meet on-call as prescribed by the Safety Manager or his/her designee.
3. Safety Process Action Team assignments will be rotated on an annual basis to ensure equitable member participation, utilizing the best available subject matter experts within the Safety Process Action Team pool.
4. Each Safety Process Action Team will focus on assigned safety issues provided by the EOCB or developed through employee initiatives. Each team project will strive to develop solutions that reflect appropriate all-employee input.

II. MEETINGS

The EOCB will meet the first Tuesday of each month at 1:00 p.m. in the Executive Boardroom, Room 4A-235, unless otherwise designated by the chair. Minutes of each meeting will be recorded, forwarded to the Medical Center Director for review and comment, and then distributed to all service chiefs, service/care line executives, committee members, and each service and service/care line-level safety subcommittee chair to assure each has the opportunity to review committee actions

CHAPTER 3

Reporting and Investigating Incidents and Unsafe or Unhealthful Working Conditions

I. PURPOSE

The purpose of this chapter is to establish uniform reporting, accident analysis and follow-up procedures for occupational injuries and illnesses, fire incidents, property damage and employee reports of unsafe or unhealthful working conditions. This chapter primarily addresses incidents involving employees and visitors. The Patient Safety Program Manager processes and maintains documentation for adverse patient incidents. Please see Medical Center Policy Memorandum 00Q-008, *Integrated Risk Management Program*, for guidelines regarding these.

II. REPORTS OF UNSAFE OR UNHEALTHFUL WORKING CONDITIONS

A. Categories of Unsafe or Unhealthful Working Conditions

1. Imminent Danger: Any condition or practice such that a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through enforcement procedures otherwise provided by Safety staff.
2. Serious: A situation in which there is substantial probability that death or serious physical harm could result from a condition which exists, or from one or more practices, means, methods, operations or processes which have been adopted or are in use.
3. Other Than Serious: A situation where the most serious injury or illness likely to result from a hazardous condition cannot reasonably be predicted to cause death or serious physical harm, but does have a direct and immediate relationship to safety and health.

B. Every employee is responsible to bring unsafe or unhealthful working conditions to the attention of his/her supervisor immediately.

C. If an employee is uncomfortable discussing the unsafe working condition with his/her supervisor and/or considers the corrective action or implementation schedule inadequate, the employee can notify facility safety staff (extension 27474) or a union representative. Written notification is encouraged and any request to remain anonymous must be clearly stated.

D. The employee must be notified in writing within 15 days if a hazard investigation is not warranted. Otherwise for employee reports of imminent danger conditions, an inspection must be conducted immediately; for potentially serious conditions, an inspection must be conducted within 3 working days; and for other than serious safety and health conditions, an inspection must be conducted within 10 working days.

E. If the employee is not satisfied with the timeliness or response of the management team, the employee is encouraged to contact VISN Safety staff, the VHA Director, Office of Occupational Safety, Health and GEMS Programs (10NA8), the VA Director of the Office of Occupational Safety and Health (00S1) and OSHA, preferably in that order until there is resolution. The VISN Director must be notified of any report sent to OSHA.

F. The employee may contact OSHA concerning unsafe or unhealthful working conditions at any time without reprisal. However, the employee is encouraged to work within VHA to resolve the condition.

G. Final investigative reports must be made available to the employee within 15 days after the completion of the investigation.

H. Supervisors and managers are prohibited from taking reprisal against employees who exercise their rights in reporting unsafe or unhealthful conditions.

I. Further information regarding employees' rights to report unsafe or unhealthful working conditions may be found on VA Form 2180, *Occupational Safety and Health Protection for VA Employees*, which is posted on several bulletin boards throughout the medical center.

III. PROCEDURES FOR REPORTING VA COMPENSATED EMPLOYEE ACCIDENTS

A. The supervisor will immediately accompany the employee to the Office of Workers' Compensation (OWCP) when it has been determined or reported by the employee that an injury, illness or aggravation thereof, was sustained while in the performance of official duties. At this time, OWCP will assist the supervisor in completing the electronic VA Form 2162, *Report of Accident* and either the Form CA-1, *Federal Employee's Notice of Traumatic Injury* or Form CA-2, *Federal Employee's Notice of Occupational Illness*. The employee will complete the employee portion of the CA-1 or CA-2.

B. If a non-job related injury or illness occurs and no on-the-job aggravation of this condition is noted, the injury or illness will not be reported nor will it be investigated. The Employee Health Physician will make the determination for the employer as to whether an injury or illness is work-related, a recurrence, or aggravation of a previous

injury or illness. This determination will include evaluation of supervisor and/or Safety Manager comments noted on VAF-2162 and CA-1 or CA-2.

IV. PROCEDURE FOR REPORTING NON-COMPENSATED EMPLOYEE ACCIDENTS

A. The supervisor completes an electronic VAF-2162 for non-compensated employees such as volunteers, students, interns, and residents and anyone with a WOC appointment in the same manner as are employee accidents. These personnel are eligible for VA-sponsored medical care for all on-the-job injury or illness at this facility.

B. VA Police Service reports patient accidents that occur in public areas such as hallways, lobbies, and parking lots using the electronic Patient Event Report (ePER). C.

All visitor accidents that occur in MEDVAMC public areas such as lobbies, foyers, stairways, and parking lots will be reported to Police Service by calling extension 27106. Police Service or the person reporting the incident will then complete the ePER. Visitors involved in an accident on MEDVAMC premises will be encouraged to visit the Emergency Room for a no-cost examination or emergency treatment. Report of examination by the attending physician will be recorded in detail in an appropriate medical record and a copy provided to the Police officer responsible for conducting the investigation.

V. PROCEDURES FOR FIRE INCIDENTS

The FMS Safety Section will investigate all fires. VA Police will forward a completed VAF-2162 report to the Safety Manager (138S) for review and processing on the first workday following the fire.

VI. PROCEDURES FOR MOTOR VEHICLE ACCIDENTS

A. Any motor vehicle accident or employee injury involving a Government-owned or operated vehicle will be reported by the supervisor on an electronic VAF-2162 within established time frames used to report an employee accident or illness.

B. The driver or responsible supervisor will immediately complete a Standard Form 91, *Operator's Report of Motor Vehicle Accident* (located in government vehicle) and submit it with VAF-2162 to the Safety Manager. VA Police officers are responsible for completing VA Form 10-1393, *Report of Motor Vehicle Accident*, for all on-site motor vehicle accidents. The supervisor and driver will, when required, also complete OF-26, *Data Bearing upon Scope of Motor Vehicle Operator*, which will accompany SF-91. Accidents with GSA vehicles will require two copies of SF-91 and will be distributed by the investigating official or supervisor.

VII. RESPONSIBILITIES

A. Medical Center leadership will report the following incidents to OSHA by calling the local OSHA Area Office, OSHA's toll-free central telephone number, 1-800-321-OSHA or by electronic submission using the reporting application located on OSHA's website at www.osha.gov.

1. The death of any employee as a result of a work-related incident must be reported within eight (8) hours of occurrence.
2. The inpatient hospitalization of one or more employees, an employee's amputation or an employee's loss of an eye, as a result of a work-related incident must be reported within twenty-four (24) hours of occurrence.
3. NOTE: A death or inpatient hospitalization caused by a heart attack while on the job must be reported as above. The local OSHA Area Office director will decide whether to investigate the event, depending on the circumstances of the heart attack.
4. More details are found in 29 CFR 1904.39, *Reporting fatalities, hospitalizations, amputations, and losses of an eye as a result of work-related incidents to OSHA*.

B. Medical Center leadership will report the following types of incidents to the VISN Director.

1. Work-related incidents resulting in an employee or contractor fatality or the inpatient hospitalization of one or more employees or contractors;
2. Fires in patient care areas or those in other areas that pose significant risk to patient/employee safety or those resulting in property damage greater than \$2500;
3. Motor vehicle accident or other incident that results in more than \$2,500 in property damages;
4. Spills, leaks and releases of hazardous materials that would require reporting under a specific federal, state or local regulation.
5. OSHA Notices of Violation, Environmental Protection Agency (EPA) citations, and events involving safety, fire protection or environmental issues that may result in compliance/enforcement action or adverse media attention.
6. Inspections of MEDVAMC by outside agencies, e.g. EPA, Joint Commission, Nuclear Regulatory Commission, OSHA.

C. Service chiefs and service/care line executives shall review and maintain copies of all safety and occupational health documentation (VAF-2162, etc.) of incidents that occur within their areas of responsibility.

D. Supervisors

1. Shall upon receipt of notification of an employee on-the-job injury, illness or receipt of light duty restrictions, escort employee to OWCP for purpose of immediate treatment, accident analysis and confirmation of light-duty assignments, if needed.
2. Will document the circumstances of the injury using electronic VAF-2162. This activity will, with assistance from facility Safety Manager, identify mandatory preventive and follow-up action to eliminate recognized hazards.
3. Will complete Department of Labor (DOL) Form CA-3, *Report of Termination of Disability and/or Payment*, upon employee's return to duty from any lost workday case, if necessary.
4. Will report all after-hours Emergency Room visits of subordinates to OWCP on the next scheduled workday for any necessary action.
5. Will review medical documentation of any work restrictions that may have been incurred by the employee before the employee can return to work. Immediately after the employee returns to work and before assuming any duties, the supervisor must submit Form CA-3 and a copy of any change in duties to accommodate a light-duty assignment. For assistance, please contact OWCP, extension 5740 or 5741.
6. When it has been determined by a physician that it is not medically feasible for the employee to return to regularly assigned duties, but the employee is physically capable of performing other tasks, the supervisor will seek, and strictly observe, a light-duty assignment with the limited capabilities outlined by the attending physician. If such a position is not available within the parent service or service/care line, the employee will be identified to OWCP for reassignment.
7. Will investigate reports of unsafe or unhealthful working conditions when notified by employees or Union Safety and Health Representative and take corrective action as soon as possible to eliminate or reduce severity of the conditions. Will contact for assistance and work with facility and/or SCVAHCN safety and health staff in correcting any hazardous conditions when necessary.

E. Employees

1. All employees are responsible for immediately notifying their supervisor of any job-related injury, illness, disease or any other medical restrictions. Employees must provide written notice of injury, illness or medical restrictions by completing electronic Form CA-1 or CA-2 in the OWCP office.
2. Employees who file a claim for on-the-job injury or illness must provide medical evidence that will support their claim within 10 days of notification. The medical evidence shall be presented to their supervisor, service chief, or service/care line executive, and the OWCP Coordinator. Immediately upon the employee's return to work after an injury or illness which resulted in "lost time" (annual leave, sick leave and leave without pay) the employee is responsible for immediately providing medical documentation indicating any remaining work restrictions to the supervisor, service chief, or service/care line executive, and OWCP Coordinator.

F. Safety Manager

1. Evaluate all VAF-2162s to ensure adequacy, identify appropriate corrective actions, and assure completion of corrective actions.
2. Assist supervisory personnel in identifying the most appropriate corrective actions for any event reportable on a VAF-2162.
3. Ensure EOCB, service and service/care line-level safety subcommittee chairs, and service chiefs and service/care care line executives, are appraised of necessary preventive measures to reduce on-the-job accidents and illnesses, lost workdays and light or restricted duty.
4. In conjunction with OWCP Coordinator and service chief or service/care line executive, identify those employees whose on-the-job accident or illness behavior indicates a need for management behavior modification assistance.
5. Manage the Work Injury Prevention Program through participation in the Accident Review Board and the Ergonomic Program (see Chapter 12).
6. Arrange for transmittal of investigation reports as required by VA policy.
7. Maintain documentation for and annually distribute OSHA Form No. 300, Log of Federal Occupational Injuries and Illnesses.

G. Employee Health Clinic

1. Record and examine all occupational injuries, illnesses and medical restrictions of employees, including persons supervised by a VA compensated employee. VA Form 5-3831C, *Daily Report of Employees' Injuries*, will be used to record all on-the-job injuries or illness and copies will be provided daily to the OWCP Coordinator.
2. Following notification that the injured employee wishes to visit his/her own physician, the OWCP Coordinator will conduct discussions with the private physician to assure they are thoroughly familiar with facility light-duty options.
3. Immediately assign permissible light duty whenever an injury or illness may result in lost time.

CHAPTER 4

Fire Response Plan

I. GENERAL

Although buildings at this facility are of fire-resistive construction, the contents and interior furnishings are subject to fires that could result in injury, death and property damage. This policy will guide all VA employees in fire prevention methods and responses.

II. FIRE PLAN

1. **R A C E**

Rescue - persons in immediate danger.

Alarm - activate nearest fire alarm pull station and call telephone operator at 911. Give your name and specific location of fire or smoke.

Confine Fire - close doors, particularly door to room where fire is located. This most important action will confine the fire and limit smoke infiltration to nearby areas.

Evacuate / **E**xtinguish

a. **E**vacuate

i. **PREPARE FOR EVACUATION** by pushing all wheeled equipment out of the egress corridors and into alcoves or unused rooms.

ii. Nursing units and other areas with non-ambulatory patients evacuate patients and staff horizontally (on the same floor) toward the opposite side of the building.

iii. Other areas such as offices and laboratories evacuate vertically using the nearest stair.

b. **E**xtinguish fire. This is an optional step. Before re-entry to suspected fire area, touch the door. If the door is warm or hot, **DO NOT OPEN DOOR**. If the door is cool, open slowly, with extreme caution. Use the following methods to extinguish the fire.

- i. Smother fire if possible.
- ii. Use a fire extinguisher according to **P A S S** :

Pull handle-locking pin.

Aim nozzle at base of fire.

Squeeze handle.

Sweep nozzle back and forth across base of fire.

III. EMPLOYEE FIRE AND SAFETY INSTRUCTIONS AND RESPONSIBILITIES

A. Every employee must be knowledgeable in the four-step **R A C E** fire plan: **R**escue, **A**larm, **C**onfine, **E**vacuate/**E**xtinguish. This includes specific knowledge of:

1. Location and activation of fire alarm pull stations.
2. Location and correct use of fire extinguishers.
3. Appropriate primary, secondary and backup evacuation routes as well as the location of exit stairwells.
4. Patient emergency movement procedures to area of refuge/safety.
5. East/West divider (Building 100 only).
6. Special hazards of the work place such as flammable chemicals.
7. Emergency telephone number: 911 for fire, VA Police, chemical spills and cardiac arrest.
8. Designated evacuation meeting place.

B. Do not use elevators during fire alarm. When exiting the building leave the fire scene horizontally to exit stairway and proceed outside to your designated meeting place. Remember, elevators are restricted to potential non-ambulatory patient evacuation or fire-fighting personnel.

C. Medical gas shut-off valves. When a fire occurs, medical oxygen can enhance its spread and severity. For that reason medical gas is shut off using the valves provided near each nurses' station. The charge nurse has the responsibility to determine when it is safe to shut off medical gas. When evacuation is indicated, nursing staff assesses all patients to determine their need for supplied oxygen. Those patients that need continuous oxygen should immediately be connected to portable oxygen bottles. Those who can go without oxygen can simply be disconnected from it. Once this process is completed and the charge nurse determines that all patients are secured and

ready to evacuate, she/he directs that the valves be shut off. Anyone can shut off the gas, but the charge nurse has to give the order. To close the valves, pull on the ring located on the valve cover and pull off the cover. Pull each handle outward until it is at right angles to the pipe. To restore service, simply return the handle to its original position.

IV. FIRE RESPONSE

A. When a fire occurs, the response is initiated by an alarm and a 911 call. The alarm is activated manually by a pull station or automatically by a smoke detector or sprinkler flow device. See flow chart after Section XIV.

B. Alarm activation automatically notifies an alarm monitoring contractor, who, in turn, notifies Houston Fire Department (HFD). HFD then initiates a Level I response. No phone call from anyone at the VA can stop the Level I response once an alarm has been received by the contractor.

C. The alarm monitoring contractor also notifies the VA Police dispatcher that the Level I response has been initiated. VA Police then meet the fire trucks at the gate in order to escort them to the fire scene.

D. In rare cases, when the fire alarm system is undergoing maintenance, the alarm monitoring contractor is "off-line" and does not respond to alarm signals. If a fire should occur at this time, the 911 call alerts VA Police to the situation and the VA Police dispatcher will notify HFD to initiate the Level I response.

E. The 911 call goes to the telephone operator who immediately transfers the call to the VA Police dispatcher. The caller then gives the dispatcher the specific location of the fire, i.e. room number. This information is then relayed to VA Police, Engineering and Safety personnel who are en route to the fire scene.

F. Upon reaching the fire scene, VA Police, Engineering and Safety personnel confirm whether there is an actual fire or just a false alarm. They relay this information to the VA Police dispatcher. If there is an actual fire, the dispatcher immediately calls HFD to initiate a Level II response. The dispatcher also calls the telephone operator who makes the following announcements and telephone calls.

1. During administrative business hours:

"Dr. Redd"	P/A System*
Safety - I	Two-way Radio, Channel 2
FMSLE	27474
Associate Director, Patient Care Services	27475

2. During evenings, weekends, and holidays:

"Dr. Redd" PM Team Supervisor VA Police Service Deputy Medical Center Director FMSLE	P/A System* Two-way Radio, Channel 2 Two-way Radio, Channel 2 Cellular phone Cellular phone
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***Example:** *"Dr. Redd, 4th floor west, Dr. Redd, 4th floor west"* to identify the area threatened by the fire.

G. Once the fire has been extinguished or the threat of fire has passed (as determined by HFD, the VA police officer in charge or Safety Section representative), Safety or the dispatcher will notify the telephone operator who will then announce "All Clear".

H. If the incident is a false alarm, VA Police and Safety personnel will meet with HFD to review the area. Safety or the dispatcher will also call the operator to announce "All Clear".

V. VA POLICE DISPATCHER DUTIES

A. Receives confirming call from alarm monitoring contractor that an alarm has been received and HFD notified.

B. Upon receipt of a confirmed report of fire immediately contacts HFD to confirm an actual fire situation (Level II response). S/he then immediately notifies the telephone operator of the situation so that the appropriate notifications may be made.

C. Notifies telephone operator when advised by VA police officer in charge or designated Safety Section representative that fire has been extinguished or the threat of fire has passed.

D. When a fire occurs during fire alarm system maintenance, notifies HFD to initiate the Level I response.

E. Records in log advance notification of any emergency drills, fire alarm testing or maintenance/shut-down of any component of the fire alarm system.

VI. MEDVAMC TELEPHONE OPERATOR DUTIES

A. Upon receipt of a 911 call, immediately transfers call to VA Police dispatcher.

B. Upon receipt of a confirmed report of fire, immediately makes notifications listed in Section IV. Paragraph F, above.

C. Announces "All Clear" when notified by VA Police dispatcher that fire has been extinguished or the threat of fire has passed.

VII. VA POLICE EMERGENCY SCENE DUTIES

A. Respond to all emergencies or life-threatening situations that occur on the property, immediately evaluate the situation and initiate appropriate actions. If necessary, contain the area while notifying and awaiting the arrival of emergency response personnel.

B. Notify VA Police dispatcher of the status of the emergency as the situation warrants or conditions change.

C. Direct municipal and staff emergency response personnel to the scene and limit the flow of all traffic to assure easy access of emergency response personnel to and from the scene.

D. Restrict news media to approved locations.

E. Limit access of pedestrian traffic to emergency scene respondents only.

F. Assure proper egress from emergency scene.

VIII. SAFETY MANAGER DUTIES

A. Notifies VA Police dispatcher, telephone operator and alarm monitoring contractor in advance of any fire drills.

B. Ensures that all fire emergency response activities are successfully completed.

C. Assists nursing unit staff and Emergency Management personnel in developing, implementing and testing evacuation procedures.

IX. ENGINEERING SECTION PM CREW SUPERVISOR DUTIES

A. Assumes responsibility at the emergency scene in conjunction with the Care Line Nurse Executive (CLNE), charge nurse or VA Police until relieved by HFD supervisor or higher-level management personnel.

B. Identifies the need to, and provides for shut down of utility systems, valves, breakers, and air handler systems.

C. Assists HFD personnel at the scene to provide correct utility system management procedures.

X. ADMINISTRATIVE NURSING DUTIES

The CLNE and administrative personnel (i.e., nursing unit medical support assistants, outpatient clinic support staff, etc.) during regular hours, and all charge nurses during irregular hours, will respond to any fire in an occupied patient area under their cognizance. The CLNE or charge nurse will determine if nurse staffing is adequate to accomplish the fire protection response, including proper supervision of evacuation routes and refuge area. If more assistance is needed, the charge nurse will call 911 to implement patient evacuation procedures. The telephone operator will use the overhead page to request more nursing assistance only at the request of the CLNE or charge nurse.

XI. NURSING UNIT STAFF DUTIES

The primary mission of nursing unit staff will be safe rescue of patients, alarm notification, first aid, and fire or smoke containment. Nursing staff will assist in any patient evacuation procedure utilizing all available personnel and equipment.

XII. OTHER EMPLOYEE DUTIES

Upon hearing the Dr. Redd code, all employees will respond according to the facility fire plan acronym **R A C E**. Evacuation to an area of refuge or safety from the fire zone area will begin immediately following the overhead page for Dr. Redd. Employees located on the floor above and the floor below the identified Dr. Redd fire zone area will also evacuate to the opposite end of Building 100. All other Building 100 occupants will maintain an alert state to the overhead audio paging system announcements.

XIII. FIRE RESPONSE IN OUTLYING BUILDINGS

All buildings outside of Building 100 are defined as outlying buildings. Follow emergency notification procedures to include **R A C E**, fire plan action and evacuation when an alarm sounds. Assemble at designated meeting place. On site FMS or VA Police supervisor will transmit additional emergency response instructions to evacuated occupants via word of mouth.

XIV. PROCEDURE FOR TAKING THE FIRE ALARM SYSTEM OFFLINE

A. Identify the need to take the system offline for construction work, repair, inspection, fire drill, etc. NOTE: Contractors must request the shutdown through whomever has requested the work (Electric Shop, Construction, Energy Control or Safety). Contractors are **not** permitted to directly request that the system be placed offline.

B. Call Energy Control (EC) and ask that the system be taken offline. Give EC the following information:

1. VA employee requesting the shutdown.
2. Contractor doing the work.
3. Nature of work to be done.
4. Location of work.
5. Duration of shutdown.

C. EC records all information in a log and then emails the information to the Fire Alarm Shutdown mail group, **VHAHOU FIREALARM**, in order to notify all parties of the shutdown.

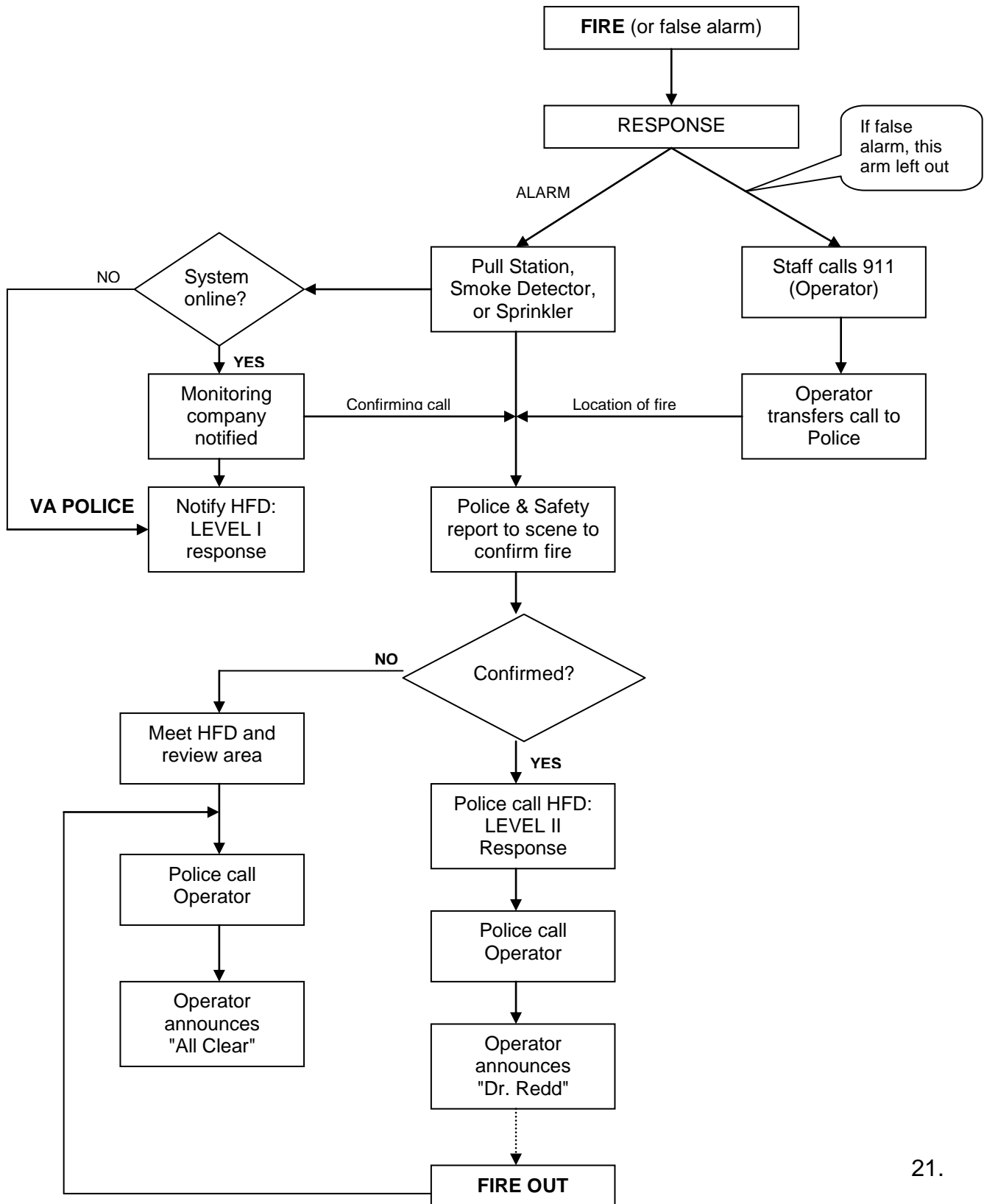
D. EC calls the alarm contractor to actually take the system offline.

E. After completion of the work EC calls the alarm contractor to place the system back online.

F. If the fire alarm sounds while the system is offline there are two responses:

1. If the alarm originates where the contractor is working, VA Police will wait to receive confirmation of a false alarm before calling HFD.
2. If the alarm originates anywhere else, VA Police will call HFD to initiate fire department response. Because the system is offline, a manual phone call is required.
3. If there are any doubts, VA Police should call HFD.

Fire Response



CHAPTER 5

Fire Drills

I. GENERAL

A. One-half of all fire drills will be announced in advance by memo to all service chiefs and service/care line executives, administrative officers and safety subcommittee chairs. The remainder will be unannounced. Fire drills will be conducted to provide training and instruction for all personnel to ensure adequacy of notification, first response fire fighting, rescue, and evacuation techniques. Training will be as realistic as possible and will cover all shifts in all areas. Fire drills will be conducted under varying conditions to simulate the unusual conditions that may occur in the case of fire. Fire drills will be held quarterly on each shift in Building 100, quarterly at the Domiciliary and at least annually in outlying buildings and community based outpatient clinics.

B. The Safety Manager is responsible to the FMSLE for pre-planning and coordinating all fire drills. S/he will also notify each service and service/care line in writing concerning fire drill evaluations and/or critique deficiencies.

C. The procedure of fire drills shall stress rescue, alarm/notification, containment and extinguishing/evacuation under proper discipline rather than speed.

II. DRILL PROCEDURE

A. When instructed by Safety personnel, a designated employee in the area of the drill will turn in a fire alarm by using fire alarm pull station. Employees will then provide necessary response as directed by the facility fire plan.

B. In Building 100, in addition to using the pull station, either Safety personnel or an employee in the area will also call the telephone operator via 911 and report the fire drill. The operator will then announce, "Fire Drill for all of Building 100".

C. Safety Section personnel will hold a brief critique with all personnel from the simulated fire zone to explain observed oversights and ways to improve fire response procedures. In addition, the Safety Manager will forward a fire drill report to the EOCB Chair for review and comment. This fire drill report will discuss reported deficiencies and summarize facility performance.

D. All on-duty personnel will respond to scheduled fire drills according to their service's or service/care line's fire plan.

E. After completion of the drill, Safety personnel will notify the telephone operator who will make an "All Clear" announcement.

III. Supervisor's Fire Drill Report Responsibility

A. At a designated time or immediately after fire alarm notification, assemble appropriate personnel and conduct training to familiarize all employees with the components of your fire plan.

B. Conduct a short show-and-tell test and critique to determine drill effectiveness and to identify any elements needing corrective action. Ask for recommendations and comments and note these on fire drill report.

C. Upon completion of the fire plan review, have employees sign roster acknowledging their participation in this activity.

D. After service chief or service/care line executive's review, comment and signature, submit copy of fire drill documents to the Safety Manager (138S) within 48 hours.

E. The "Supervisor's Fire Drill Report" form, Appendix A, may be copied for future use.

CHAPTER 6

Training and Fire Prevention

I. SAFETY MANAGEMENT TRAINING

A. All MEDVAMC employees or any personnel supervised by a compensated VA employee will be given new employee and annual refresher training in the following elements: OSHA 1910.1020, 1910.1200, 1960.8-11 and Fire Plan. Training records will be maintained in TMS.

II. PATIENT FIRE EVACUATION TRANSPORT TRAINING

Nursing staff will be responsible for routine training of designated personnel in transporting and selecting areas of refuge/safety for the emergency removal or relocation of patients. This involves both horizontal and vertical evacuation.

III. FIRE PREVENTION

A. The following guidelines will be used by all employees as a continual Fire Prevention Plan awareness checklist:

1. Fire Equipment - Fire extinguishers, fire/smoke doors, sprinklers, smoke detectors, and pull stations unobstructed and ready for instant use.
2. Exits and Exit ways - All exits clearly marked and exit lights on. All exit doors are self-closing, stairways and exit corridors unobstructed. Furniture or fixtures placed to avoid any evacuation route obstruction.
3. Electrical Wiring and Equipment - All power supply cords and plugs are free of visible defects. Space heaters, extension cords, two-to-three-wire cheaters, and plugging one power strip into another ("daisy chaining" are not permitted.
4. Storage, Waste Disposal - Brooms, mops, and other cleaning supplies stored and, where necessary, labeled properly. Flammable liquids in excess of working stock quantities stored in NFPA-approved, metal cabinets. Gas cylinders will be stored and secured in an upright position and transported only when securely tied down.
5. Open flames – Open flames such as candles are not allowed to be used except in the Chapel for religious services and by food service employees in specially-designed containers to keep buffet style food

warm. In the case of food service, electric heaters are recommended if feasible.

6. Trash Containers:

- a. Trash and waste containers not exceeding 32 gallons in capacity used for ordinary combustibles may be used uncovered provided the containers are constructed of non-combustible materials.
- b. Trash and waste containers used for the disposal of materials subject to spontaneous combustion, generation of flammable vapors, or intense burning, will be approved for such use and provided with tight fitting covers, suitable swing tops, or other means of confining combustion within the containers.

B. Fire and Smoke Resistance:

1. When making any repairs, replacements or improvements, materials used will in no case be of lower fire or smoke resistance than that used in the original structure.
2. All penetrations of any fire/smoke enclosure, covering or barrier will be resealed by person who made penetration to ensure that the integrity of these barriers remains intact.

C. Fire Spread – Safety Officer approval may be requested in writing upon the proposed purchase of furniture or furnishings. See Chapter 8 of this manual.

D. Flammable and combustible material will not be transported, stored or used in any manner that may endanger patients, visitors, or staff.

E. Corridor Smoke and Fire Doors/Exit Doors/Hazardous Location Doors - The practice of using wedges, stops, chairs, tape and other unapproved methods of holding smoke or fire control doors open beyond period of actual attended passage is prohibited in all situations. All observed door closure problems will be immediately reported to the Customer Service Center at 25884

CHAPTER 7

Fire and Safety Equipment, Inspections and Tests

I. LOCATION OF EXTINGUISHERS AND PULL STATIONS

Fire extinguishers are located throughout all buildings so that they are immediately available for emergency use. They are placed in special fire extinguisher cabinets clearly visible and located in the corridor of each floor of each building and near every stairwell. They are also located in special main hazard areas that are classified as extra hazardous, i.e., M&R shops, laboratories and in larger interior office sections.

II. FIRE ALARM SYSTEM

A. Clearly visible, individual fire alarm pull boxes are located on walls throughout the MEDVAMC. Each employee is responsible for knowing the location of the pull boxes in his or her work area.

B. Fire system speakers and strobe lights are located throughout the building. In addition, an actual fire emergency will be identified via Dr. Redd announcement on the overhead audio paging system. In Building 100, a corridor annunciator panel, located at each east and west service elevator lobby, will show the location and type of device activated.

III. ELEVATORS

A. All elevator lobbies are equipped with fireman's recall device. This allows HFD quick emergency access to the scene of a fire. If any smoke detector in the elevator lobby, elevator hoistway or elevator mechanical bay is activated, a Phase I Fire Service recall is initiated. The elevators (in that bank only) will cancel all calls and return to the first floor lobby, provided that the first floor lobby elevator smoke detector did not initiate the alarm. In that instance, the elevators in that bank will respond to the second floor lobby.

B. All elevator lobbies on the first and second floor are also equipped with a key operated switch that will manually initiate a Phase I Fire Service recall.

C. A Phase II Fire Service operation is defined as an individual car operation under key control from a Fire Service switch located inside each elevator car.

IV. OUT-OF-SERVICE FIRE SPRINKLER

When the facility's fire sprinkler systems are out of service, for any reason, more than four hours in any 24-hour period, a fire watch/patrol will be provided until full operational status is restored.

V. FIRE INSPECTIONS AND TESTS

A. Fire and safety inspections of all areas and operations will be conducted by qualified personnel in accordance with Joint Commission, OSHA, NFPA, and VA fire and safety regulations.

B. The Safety Manager will be responsible for providing the testing of and documentation for all fire protection equipment or programs to assure compliance with Life Safety Code® (NFPA 101). Results of all inspections will be maintained in FMS administrative office for ready reference, follow-up and evaluation and reported to the EOCB per agenda schedule.

VI. INSPECTION REQUIREMENTS

A. Service chiefs and service/care line executives are responsible for quarterly safety subcommittee inspections of all areas under their jurisdiction. They will identify and initiate corrective actions to eliminate unsafe practices and conditions as well as assure that the combination of buildings, equipment, occupancies, and environment do not jeopardize safety and/or property as compared to VA design criteria, and OSHA or Joint Commission standards.

B. Twice-weekly hazard surveillance inspections will be conducted by administrative personnel. See Medical Center Policy Memorandum 002-005, *Hazards Surveillance and Environmental Rounds*. Unsafe practices and conditions identified by surveillance activity will be reported to the responsible service chief or service/care line executive who, in turn, will initiate immediate corrective action.

C. Criteria for inspections and tests will be those required by NFPA, OSHA, ANSI, NIOSH, and consensus standards. Inspections will be made by qualified individuals who can demonstrate adequate familiarity with applicable compliance standards. Records of inspections and equipment or environmental test results will be kept in the FMS administrative offices. Tags on equipment, data sheets and logbooks will serve as job-site records and will not be disposed of without prior approval of the Safety Manager.

D. Specific requirements for testing of emergency eyewashes—Supervisors are responsible for ensuring that the emergency eyewash stations located in their areas are inspected and tested weekly.

1. To conduct the weekly inspection and test:

- a. Ensure access to the eyewash is unobstructed.
 - b. Verify protective eyewash covers are properly positioned, clean, and intact.
 - c. Check that the bowl and spouts are clean and free of trash.
 - d. Check that flow is effective and continuous by activating the unit (pushing the paddle or foot pedal).
 - e. Verify that protective eyewash covers come off when the eyewash is activated.
 - f. Check that water flows from both eyepieces.
 - g. Evaluate for adequate flow. The streams of water should cross.
 - h. Run the eyewash until the water runs clear (15-30 seconds).
 - i. Verify that flow continues until deactivation.
 - j. Check that water drains from the bowl.
 - k. Document the inspection and performance test.
2. After testing, replace the covers that protect the heads from dust and other airborne contaminants.
 3. Report any problems with eyewash stations or safety showers to the Customer Service Center, ext. 25884 and Safety, ext. 27474.
 4. Be sure to train all staff in the use of the emergency eyewash station and document training.

CHAPTER 8

Fire Safety Characteristics of Interior Finishes and Furnishings

I. GENERAL

To ensure that all interior finishes and furnishings purchased for this facility are in accordance with NFPA recommendations. Because smoke and other products of decomposition may be highly toxic and irritating, material that presents an unreasonable life hazard due to characteristics of decomposition shall not be used.

II. REQUIREMENTS

A. Interior finishes are decorations, signage, coverings for walls, floors and ceilings, trim work and all non-metallic patient contact surfaces. These materials must meet the requirements of NFPA 101, 18.3.3.

B. Furnishings are upholstery fabrics, draperies, furniture lighting fixtures, curtains, window blinds, furniture, fixtures and bedding.

1. Since Building 100 is fully sprinkled, there are no specific requirements with respect to upholstered furniture, but the Safety Officer reserves the right to disallow the use of furniture deemed unsafe for a health care setting.
2. Draperies, curtains, window blinds and other loosely hanging fabrics and films must meet the flame propagation performance criteria contained in NFPA 701, *Standard Methods of Fire Tests for Flame Propagation of Textiles and Films*.

C. Fire-retardant coatings shall possess the characteristics outlined in NFPA 703, Chapter 3 and said coatings shall be renewed or reapplied at intervals specified by manufacturer.

D. All materials will be maintained a safe distance away from any heat-producing source as stated by manufacturer. Likewise, heat-generating equipment will not be placed in close proximity to flammable materials or any furnishings.

III. RESPONSIBILITIES

A. Interior Design is responsible for:

1. Purchasing furniture and/or materials in accordance with this policy.

2. Consulting the Safety Manager concerning any questions with regard to an item's suitability.
3. Maintaining a file on all purchased furnishings, draperies, decorations etc. with proof of their flame resistance.

B. The Environmental Management Service Manager is responsible for maintaining flame-resistant coatings and coverings as available to retain effectiveness. Flame-retardant coatings will be renewed and/or reapplied as often as necessary to maintain the desired degree of permanency and effectiveness of the treatment under the service conditions encountered in actual use.

C. Service chiefs and service/care line executives are responsible for:

1. Routing all requests, including credit card procurement, for furnishings through Interior Design in order to ensure compliance with fire safety requirements.
2. Conducting quarterly safety subcommittee inspections to assure all furnishings/materials are maintained a safe distance away from any heat-producing equipment.

D. Any VA Form 90-2237s for furnishings, draperies, wastebaskets, etc., that have not been routed through and approved by Interior Design will be returned to Interior Design by Contracting.

CHAPTER 9

Personally Owned Electrical Property Placed in Use at the MEDVAMC

I. GENERAL

A. This chapter establishes policy and procedures for personally owned electrical property used at the MEDVAMC, including the Community Based Outpatient Clinics, and the Veterans Readjustment Counseling Centers, by patients, visitors, and employees.

B. It is the policy of the MEDVAMC to provide optimum patient, employee, and visitor safety using procedures designed to assure the safe use of approved electrical appliances. The Government's policy is also to supply all items of equipment necessary to meet the official requirements of VA personnel; however, under special circumstances, personally owned property may be placed in official use for the convenience of the Government or the convenience of an employee.

1. Convenience of the Government: Personally owned property placed in official use for the convenience of the Government may be serviced or repaired at Government expense, if approved by the FMSLE.
2. Convenience of the Employee: Personally owned property placed in use for the convenience of an employee will not be considered in official use, and the Government assumes no responsibility for property loss, service or repairs.

II. PROCEDURES

A. Patients and Visitors

1. Personally owned electrical/electronic appliances may be approved for inpatient use on a case-by-case basis. The attending physician first authorizes use of the item by making a note in the patient's chart. A nurse manager then requests a safety inspection from the Biomedical Shop. The VA assumes no responsibility for the loss or repairs to privately owned appliances.
2. Personally owned coffeepots, fans, hot plates, microwave ovens, toaster/broilers, hair dryers, or electric heaters will not be approved for use by patients or visitors without provision for specific supervised use per Safety Manager documentation.

B. Employees

1. Personally owned electrical devices of employees will be permitted in the hospital under the following conditions:
 - a. As long as the item is not on the list of prohibited equipment (see Paragraph 3 below), approval is hereby granted to use personally owned property for the convenience of the employee. However, equipment must be kept clean and in good condition.
 - b. Prior to bringing personally owned property to the MEDVAMC for the convenience of the Government, employees must complete and sign VA Form 90-2235, List of Personally Owned Property Placed in VA Use. The service chief or service/care line executive will then endorse all valid requests to the Logistics Manager stating that the use of personal property is justified.
 - c. Upon receipt of the VA Form 90-2235, Logistics Personal Property Management Section (PPM), will review for compliance with this policy. Unacceptable items will be returned to the service chief or service/care line executive for necessary corrective actions.
 - d. Personally owned property used for the convenience of the Government to be removed from the facility must be reported in advance to PPM for issuance of a property pass. Unapproved or unsafe personally owned property must be removed by the owner from VA property or it may be seized.
2. Refrigerators, coffee pots and microwave ovens must be kept in break rooms for the congregate use of more than five employees.
3. Employees are prohibited from placing the following electrical items in use at the VA.
 - a. Hot pots or immersion-type heaters for soups, tea, etc.
 - b. Popcorn poppers
 - c. Comfort-type space heaters, fans, or air conditioners
 - d. Broilers, toasters, electric skillet, or toaster ovens
4. No personally owned electrical appliance will be connected to a "red" electrical outlet at any time!

C. Use of Cellular Phones and Two-way Radios

Radio frequency (RF) producing devices such as cellular phones and two-way radios may interfere with some medical equipment when the RF device is activated in close proximity to medical equipment. Cellular phones and two-way radios shall not be used in any of the areas listed below. Because they transmit even when no call is taking place, cellular phones must be physically turned off before entering these areas:

Operating Rooms/PACU	SACC
SICU	CCU/MICU
3C/3D Step Down/Telemetry	Cardiac Cath/EP Labs
Diagnostic & Therapeutic Care	Dialysis
Telemetry	EEG Labs
Emergency Room	Procedure Rooms

D. Use of Extension Cords

1. No patient, visitor, or employee is allowed to bring a personally owned extension cord into the MEDVAMC.
2. Requests for extension cords will be made to Engineering Section Manager, Facilities Management Service Line, where determination will be made as to type of extension cord needed for electrical load, proper grounding, and elimination of two-three-wire adapter.
3. Power strips supplied by IT are authorized for use on computers and associated equipment, but plugging one power strip into another (“daisy chaining”) is prohibited.

III. RESPONSIBILITIES

A. Employees are responsible for requesting and obtaining the necessary approval prior to placing personally owned property in use for the convenience of the Government. Nursing staff are responsible for obtaining the necessary approval and inspection prior to placing patient owned appliances in use.

B. Service chiefs and service/care line executives, and the team leader at each Veterans Readjustment Counseling Center, are responsible for reviewing and approving VA Form 90-2235 to place personally owned property in use. These individuals also have the responsibility, through respective Safety Subcommittees, of performing spot checks on personally owned property in use within their respective services and service/care lines to ensure approved personally owned property is safe for continued use.

C. The Logistics Manager is responsible for processing VA Form 90-2235, for tagging the approved personally owned property to identify the owner, and for maintaining master file of approved VAF 90-2235s.

D. The Medical Center Director is responsible for approving or disapproving the use of personally owned property at the MEDVAMC, including the Community Based Outpatient Clinics and the Veterans Readjustment Counseling Centers.

CHAPTER 10

Electrical Safety Program

I. GENERAL

A. The purpose of this chapter is to provide guidance for the establishment and implementation of a comprehensive electrical safety program that includes hazard evaluation, safe work practices, employee training and periodic evaluation for effectiveness. These guidelines will assure the electrical safety of patients and employees within the MEDVAMC.

B. It is the policy of the MEDVAMC to provide a safe environment free from all recognized electrical hazards. This chapter is written specifically to provide instructions so that employees who may be exposed to the hazards of electrical energy because of their job assignments will be provided a safe work environment including hazard recognition/evaluation, written work practices, personal protective equipment and training. This program will be in conformance with OSHA Standards and VA written procedures. The following definitions are applicable:

1. Qualified Persons: Those employees who have completed specific training in avoiding the electrical hazards of working on or near exposed energized parts.
2. Unqualified Persons: Those employees with little or no documented training.

II. RESPONSIBILITIES

A. The FMSLE has overall responsibility for the electrical safety program and to ensure the MEDVAMC is in full compliance with OSHA and VA regulations and NFPA codes. FMS will develop a written program dealing with all aspects of the OSHA regulations as found in 29 CFR 1910.331-.335. This program will ensure that all employees assigned to FMS who may be exposed to electrical hazards, as part of their normal job duties will be appropriately trained. (See FMS Policy Memorandum 138S-033, *FMS Electrical Safety Program*).

B. All other employees are required to observe warning signs and refrain from using equipment that is suspected to have any type of electrical defect. Report any suspected electrical problems to FMS immediately and make sure that the problem area or piece of equipment is isolated to prevent any other employees from being injured. Qualified employees are responsible for working safely in accordance with their specific qualifications and training. They are specifically forbidden to do any work that is beyond their level of expertise or competence.

C. The Biomedical Engineering Shop is responsible for:

1. The review of all new electrical equipment requests for electrical safety considerations;
2. Electrical safety inspection of incoming biomedical equipment, both new and loaned;
3. Periodic electrical safety inspection of all clinical equipment.
4. The annual electrical safety inspection of all patient contact electrical equipment.

D. The Electric Shop is responsible for receptacle testing and documentation. (See Section III.D.3).

E. The Safety Section is responsible for providing electrical safety training material for MEDVAMC personnel.

F. Contracting is responsible for:

1. Incorporating applicable VA specifications in the purchase of equipment;
2. Routing all new electrical and electronic equipment requests through FMS for review;

G. Logistics Management Service Line is responsible for delivering all clinical/electrical equipment that is purchased, loaned or rented by the MEDVAMC to Biomedical Engineering for incoming safety inspection and tagging prior to delivery to the appropriate service or care line.

H. Service chiefs or service/care line executives are responsible for:

1. Making the applicable equipment available for electrical safety test in accordance with established schedules;
2. Conducting permissible daily operator maintenance;
3. Inspecting all equipment for broken or damaged plugs, frayed line cords or abnormal operation. If a hazard is suspected, the using service, service line or care line will initiate a work order by calling Customer Service Center at ext. 25884 and not use the equipment until it has been repaired; and,

4. Assuring that no personally owned electrical devices are used in assigned areas by patients or personnel except as provided for in Chapter 9 of this policy.

III. PROCEDURES

A. The Engineering Section Manager will establish a program to ensure that only qualified employees are assigned job duties that may expose the employee to energized parts. This written program will be in full compliance with all requirements as listed in the OSHA regulations on safe work practices 29 CFR 1910.331-.335. The areas of the MEDVAMC are divided into three classes of patient/employee susceptibility to electrical shock, primarily dependent upon the basis of contact with electrical conductors in the environment, as follows:

1. General/Non-Patient: Administrative areas and areas where patient has little or no contact with electrical and electronic equipment.
2. General Patient: These areas are patient bedrooms, examining rooms, clinics and similar areas in which it is understood the patient will contact ordinary appliances such as nurse call systems, electric beds, examining lamps, telephones and entertainment devices. In such areas, it may occur that patients are connected to electromedical devices such as heating pads, electrocardiographs, drainage pumps, monitors, otoscopes, ophthalmoscopes, intravenous lines, etc.
3. Critical Care Areas: These areas include those special care units, intensive care units, coronary care units, angiography laboratories, operating rooms and similar areas in which patients are subjected to invasive monitoring or therapy using direct pathways to the cardiac musculature.

B. All equipment rooms, electrical cabinets, access panels, etc. at the MEDVAMC will be appropriately labeled to warn against the hazards within. These areas will be locked at all times to prevent unauthorized entry.

C. New Equipment

1. Prior to the purchase of any piece of biomedical/patient contact equipment, a review of the requisition will be conducted by FMS. If the manufacturers' technical specifications are not available, Contracting will obtain and provide this information on request by FMS. If review of the manufacturers' technical specifications reveals that the manufacturer does not specify leakage currents, FMS will request in writing that allowable leakage current and ground lead resistance limits be incorporated into the technical requirements of the requisition.

2. Upon arrival at the facility, all electrical and electronic patient care and non-patient care equipment will be inspected by FMS for compliance with manufacturer's specifications and leakage current limits before delivery to the department.

D. Frequency of Testing

1. Electronic medical equipment will be inspected:
 - a. At least semi-annually or more often as recommended for critical care areas,
 - b. At least annually for general patient areas; and,
 - c. Additionally, all such equipment will be tested for electrical safety at the conclusion of each repair.
2. Line Isolation Monitors will be inspected monthly, using the "Test" selector switch to activate the signal lights and buzzer. A full evaluation will be preformed semi-annually and after any repairs to the equipment.
3. Random sampling testing of hospital grade receptacles will be conducted by the Electric Shop annually in critical and general patient care areas for polarity, ground conductor integrity, contact tension and overall physical condition. In addition, the Biomedical Shop will perform random testing during regularly scheduled maintenance of medical equipment. All non-hospital grade receptacles will be tested annually for polarity, ground conductor integrity, contact tension and overall physical condition. Receptacles in renovation project sites will be tested upon project completion. The Electric Shop will replace defective receptacles and will be responsible for maintaining records of receptacle inspections.
4. Equipment with no patient contact such as computer equipment, other office type equipment, refrigerators, microwave ovens and most research equipment are excluded from electrical safety testing.

E. Equipment Labeling

1. After the initial incoming safety inspection, Logistics, in conjunction with FMS, will affix a preventive maintenance number to each piece of equipment in the non-expendable for Medical Equipment Management Program and enter an electronic equipment record. The number will serve as the means of identifying each piece of equipment. The equipment record will provide preventive maintenance and corrective maintenance history on the AEMS/MERS application program in FMS.

2. After each periodic electrical safety inspection, biomedical and electronic equipment in the Equipment Management Program, will have a tag, similar to the following, affixed with the appropriate annotations.

MEDVAMC BIOMEDICAL ENGINEERING PATIENT CARE EQUIPMENT		
INSPECTED _____	BY _____	
REINSPECTION DUE _____		
PM <input type="checkbox"/>	II <input type="checkbox"/>	EST <input type="checkbox"/>
This device is safe for intended use under normal operating conditions at the time of inspection.		

3. The tag will have a heading appropriate to the area of usage and will be color-coded:
 - a. General/Non-Patient Areas – Red/White background
 - b. General Patient Areas – Yellow background
 - c. Critical Care Areas – Green background (It should be noted that equipment with this tag can be safely used in all areas of the hospital.)

F. User Maintenance: Where appropriate for equipment usage, personnel within these areas are responsible for routine functional checks, daily calibration, quality control, user maintenance that may be recommended by the manufacturer and documentation of these routine checks. This documentation will be maintained by the using service, service line or care line.

G. Equipment Restrictions

1. Three-to-two wire adapters (cheater plugs) are prohibited from use on all equipment.
2. Extension cords are prohibited from use, except where used by maintenance personnel. Long line cords (over 12 feet) are to be avoided. Power strips supplied by IT are authorized for use on computers and associated equipment, but plugging one power strip into another (“daisy chaining”) is prohibited.
3. Adapters used to allow equipment fitted with distinctive plugs to be used with conventional grounded outlets shall be avoided whenever possible.

However, when adapters for distinctive plugs are deemed essential, they will be as short as possible and will be inspected monthly to assure continuity of all conductors.

4. All line cord-connected electrically powered equipment used in the patient vicinity shall be provided with a three-wire power cord and a three-pin grounding type "hospital grade" plug. Double-insulated appliances shall be permitted to have two conductor cords and plugs. Hospital-owned household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient vicinity for example, typewriters, ADP equipment, etc.
5. The use of portable heating devices such as fuel-burning or electrical space heaters is prohibited.

H. Electrical Safety Education

1. All personnel shall be instructed annually by their unit supervisor in electrical safety and potential electrical hazards that may occur in their work area. Particular emphasis will be directed toward recognition of electrical hazards, prevention of automatic re-starts and applicable lockout/tagout safety training.
2. All components of the facility's electrical distribution system shall be labeled with individual markings. There will be one-line diagrams developed and maintained in accordance with the facility's program of utility management that will accurately correspond to the component labels.
3. The FMSLE will develop specific lockout/tagout procedures for all components, systems or sub-systems of the facility's electrical distribution system. FMS employees, who are assigned the responsibility to modify, repair or maintain these systems will have documented training on an annual basis (minimum) to ensure they meet the requirements to be considered as qualified. In no circumstances other than extreme emergency will employees be assigned or allowed to do any work assignments outside their area of documented expertise. (See FMS Policy on this subject).

I. Defective Equipment

1. Any electrical or electronic equipment that fails to operate or displays unusual operating characteristics, should be disconnected or turned off immediately and FMS contacted for repairs.

2. If electrical or electronic medical care equipment fails to meet applicable operational or safe use standards, the equipment shall be removed from service and handled according to instructions in the Medical Equipment Failure Kit, available in all nursing stations and outpatient clinic areas. (See Medical Center Policy Memorandum No. 138ENG-001, *Medical Equipment Management Program*). The using service or service/care line should immediately initiate an electronic VA Form 10-3213b, Request and Engineering Work Order.

J. Hazard Reporting: Any suspected equipment hazard should be immediately reported to FMS extension 25884 or 27479. Reportable electrical hazards include:

1. The use of "cheater plugs", which eliminates the equipment ground;
2. "Daisy chaining;"
3. Electrical equipment with frayed or damaged power cords or plugs;
4. The presence of sparks when equipment is plugged in;
5. Electrical outlets in which the equipment plugs seem to have a loose fit;
6. Any electrical shock;
7. Any equipment cord that feels hot to the touch;
8. Any electrical circuit that is interrupted on a recurring basis; and
9. Any rubbery or plastic burning odor present around electrical equipment.

CHAPTER 11

Work Injury Prevention Program

I. GENERAL

The work injury prevention program promotes a safe working environment using a bilateral approach. First, we seek to eliminate workplace hazards and unsafe practices before they cause accidents. Second, we carefully examine the circumstances surrounding accidents that have occurred in order to determine root causes and recommend corrective actions to prevent further accidents.

II. ACCIDENT REVIEW BOARD

A. The purpose of the Accident Review Board (ARB) is to promote a safe environment for employees, patients, and visitors by reviewing, analyzing, and conducting investigations of all lost-time injuries and illnesses occurring at the MEDVAMC. The ARB determines root causes, ensures that recommended corrective actions preclude recurrences, and monitors implementation of corrective actions to ensure their effectiveness.

B. The Patient Safety and Environment of Care Board is responsible to:

1. Appoint the members of the ARB.
2. Review minutes of ARB meetings.
3. Make recommendations to MEDVAMC leadership regarding ARB findings.

C. The Accident Review Board is responsible to:

1. Review all lost-time computerized reports and written investigative reports.
2. Investigate accidents and occupational illnesses as required by either the chair or the EOCB.
3. Determine root causes and trends, evaluate the effectiveness of corrective actions taken to prevent recurrence, and monitor implementation of corrective actions to ensure their effectiveness.
4. Review all statistics concerning injury rates, monitoring for trends in accident ratios, management procedures and reporting, corrective

actions to prevent recurrence, and steps followed to assist employees in returning to work.

5. Develop policies and procedures for EOCB approval that address measures to be taken to reduce accident incident rates and methods to improve the chances of employees returning to work as early as possible.
6. Review injury control procedures with all services, service lines and care lines.
7. Interact with service and service/care line-level safety subcommittees for purposes of fact-finding and work injury prevention program enhancement.
8. Report findings and recommendations to the EOCB along with appropriate courses of action to take in promoting injury and lost work time reduction.

D. The Safety Manager is responsible for conducting and documenting investigations using Appendix B, Work-Related Injury or Illness Investigative Report. Each investigation should be conducted by the service or service/care line safety representative, the employee's immediate supervisor, the Safety Manager, the AFGE Safety Representative, and, if possible, the injured or ill employee.

E. The ARB is comprised of:

Associate Director, Patient Care Services	118CPO	Chair
OWCP Coordinator	11OWCP	Co-Chair
Safety Manager	138S	Co-Chair
Accident Investigator	138S	Member
Employee Health Physician Assistant	11K	Member
Ergonomic Program Manager	138S	Member
Labor Relations Specialist	05LMR	Member
OWCP Program Support Assistant	11OWCP	Member
AFGE Safety Representative	AFGE	Member

F. The ARB meets the third Thursday of each month at 11:00 a.m. in the Mini Board Room, unless otherwise designated by the chair. Minutes of each meeting will be recorded and forwarded to the EOCB Chair for review and comment.

III. ERGONOMIC PROGRAM

A. The purpose of the Ergonomic Program is to establish an ergonomically safe workplace, through correction of ergonomic hazards by minimizing the biomechanical

stressors of the workplace. This will be accomplished through management commitment; employee involvement; work hazard recognition; training and education of management, supervisors and employees; and the development and implementation of strategies that encourage ongoing improvement in quality patient care, productive employee relations and staff morale.

B. DEFINITIONS

1. *Cumulative Trauma Disorders* (CTD) are a category of musculo-skeletal disorders resulting from progressive damage to tendons, muscles, joints and related structures arising from biomechanical stress to structures unable to tolerate that stress.
2. A *Work Station* is the area where an employee performs his/her duties.
3. *Ergonomic Hazards* are workplace conditions and demands that pose a stress to the musculo-skeletal tissues of the worker.
4. *Work Risk Analysis* (WRA) identifies risks and offers corrective recommendations for low back and neck-arm stresses for each workstation.
6. *Ergonomic Plan* is a written plan implemented to resolve the ergonomic problem(s) being experienced by an employee. It begins with a WRA and includes goals, objectives, and guidelines designed to resolve the risk(s) identified.

C. RESPONSIBILITIES

The Ergonomic Program Manager is responsible to:

1. Conduct walk-through ergonomic inspections of those work sites where evidence indicates uncontrolled ergonomic hazards may be present. These inspections will be coordinated with the service chief, service line executive, or care line executive and written reports submitted to him/her.
2. Develop and implement ergonomic program goals, goal accomplishment status, resource allocation, and required surveillance procedures.
3. Prepare structured continuing education and training for employees at all levels of this facility.

4. Investigate accidents and occupational illnesses as required by either the chair or the EOCB;
5. Develop policies and procedures for EOCB approval that address measures to be taken to reduce accident and incident rates and methods to improve the chances of employees returning to work as early as possible.
6. Interact with service, service line and care line-level safety subcommittees for purposes of fact-finding and work injury prevention program enhancement.
7. Work with the ARB to determine and implement corrective actions.

D. PROCEDURES

1. Scope. Application of these procedures will be considered at work sites where one or more employees have had musculo-skeletal or soft tissue disorder claims or reportable injuries. Also, any work site that has daily exposure to one or more of the following risk factors is considered a possible ergonomic problem area and will be evaluated based on the systematic approach outlined in this section.
 - a. Performance of the same motion pattern every few seconds for two hours continuously or more than a total of four hours including scheduled breaks. Examples include intensive data entry requiring rapid keystroke activities, or rapid repetitive motion of the same movement, which stresses the body parts performing the same motion.
 - b. Unsupported fixed or awkward work posture for more than one hour continuously, or a total of four hours including scheduled breaks. Examples include working in a constrained posture, sitting without back support, sitting with feet dangling, operating a foot pedal while standing, bending knees or squatting, wrist or neck being noticeably bent.
 - c. Using forceful hand exertions for more than a total of two hours including scheduled breaks. Example includes holding an object that weighs 10 pounds or more, such as holding a gallon of paint or continuous pinching the equivalent of a small binder clip.
 - d. Unassisted frequent or forceful manual handling. Examples include lifting more than 35 pounds in an awkward posture;

pushing or pulling with more than 20 pounds of force for more than one hour; and lifting, pushing or pulling adult patients.

- e. Use of vibrating or impact tools or equipment for more than one hour of continuous use or more than two hours including scheduled breaks. Examples include use of hand tools such as sanders, grinders, chain saws, and chipping hammers.
2. Work Risk Analysis.
- a. The objective of a WRA is to identify all real or potential risks for CTD. This is the first step in implementing an ergonomic plan. Such an analysis should identify and assess musculo-skeletal work stresses, list and describe the risk of injuries or illnesses, and provide a list of corrective recommendations.
 - b. The WRA establishes a baseline problem list and corrective action plan against which progress may be measured. Problems and correct recommendations are added on an ongoing basis throughout the life of the plan.
 - c. The WRA identifies specific training needs for managers, supervisors, and employees.
 - d. The Ergonomic Program Manager will schedule WRAs only for those employees who have supporting medical documentation from one or more of the following sources: VA Service Connected Veteran, physical limitations, OWCP, Reasonable Accommodation or the employee's personal physician.
3. Safety and Health Training. This is to identify and assign responsibilities to managers, supervisors and employees in the workplace as to their skills and participation in identifying and correcting ergonomic hazards and work practices. Supervisors should be trained to identify and address ergonomic risks they may encounter in work design or work behavior. Employees should be educated and motivated to participate in personal ergonomic self-care, self-protection, and fatigue-avoidance procedures.
4. Hazard Prevention and Controls to Eliminate Identified Risks. Procedures are implemented to abate the identified ergonomic hazards in a timely manner. These controls will include modifications in work design, work assignment and work procedures, plus mechanisms for exposure reduction, training of supervisors and workers, enforcement of safe work practices, and appropriate medical management to include

early problem intervention and facilitating safe and effective early return to work of recovering injured workers.

- a. If staff require ergonomic equipment to make minor adjustments in their workspace to be more comfortable, the Safety Section will provide the following items with or without a WRA:

- Foot rests
- Ergonomic keyboards
- Keyboard trays
- Mouse and wrist rests
- Monitor risers
- Document holders

All of the above items can be picked up in Room 4B-330 Monday – Friday, 6:30 am – 4:30pm.

- b. All requests for furniture must be submitted to Interior Design using the Furniture Request Form.
 - c. Requests for headsets must be submitted to OI&T by clicking on the “CA Help Desk Ticket” icon on your computer’s desktop.
 - d. All specialty items such as sit to stand stations and monitor arms will be paid for by your Service/Care Line and must be approved by your Administrative Officer prior to purchase.
 - e. On the main campus, equipment installations of specialty items and keyboard trays are accomplished by submitting an Engineering work order. At the CBOCs a contractor must be hired for installation.
5. Medical Management to Encourage Optimum Problem Recovery. This calls for effective case management policies as outlined in Medical Center Policy Memoranda No. 05-011, *Employee Health Services Program* and this policy. These policies identify responsibilities of the injured worker, supervisor, Safety Manager, Human Resources Management, OWCP, and treating medical professionals for effective worker rehabilitation.
 6. Long-term Implementation and Feedback to Assess Progress and Assure Successful Long-range Implementation. All components of the ergonomic plan should include accountability for implementation, ongoing assessment of effectiveness and identification of new problems. The WRA is the first step in any ergonomic plan. Corrective

actions will have dates of implementation and evaluation of effects. The work place will be monitored for ongoing problems. Injury claim trends will be monitored and appropriate action taken. Specific mechanisms will include job analysis and corrections, ergonomic profiles of workers, OSHA 300 Log reviews, employee suggestions, goal updates, review training and participation of all parties in the workplace in these ongoing processes.

IV. RESPONSIBILITIES

A. Service chiefs and service/care line executives are responsible to:

1. Contribute to the effectiveness of the work injury prevention program by assuring that corrective actions are documented on the VAF-2162 and by maintaining a log of WRAs.
2. Implement corrective actions and recommendations of the ARB and/or Ergonomic Program Manager.
3. Ensure that proposed changes in equipment and supplies are reviewed with the ergonomic leader and evaluated in light of any WRAs that have been conducted. The ergonomic impact of each purchase must be weighed against the cost to ensure an ongoing ergonomically correct worksite.

B. Supervisors are responsible for participation in ARB meetings and investigations for those accidents involving their employees.

Supervisor's Fire Drill Report

1. Immediately after fire alarm notification, assemble personnel and conduct hands-on training to familiarize all employees with the components of your fire plan. Upon completion of fire plan review, have employees sign roster on reverse side acknowledging their participation in the drill/review.

2. Conduct a short show and tell test and critique to determine drill effectiveness and to identify any elements needing corrective action. Ask employees for recommendations and comments and note these on fire drill report.

3. Submit fire drill reports through your service chief, service or care line executive to Safety Manager (138S) within 48 hours.

4. Fire Drill Report

Date _____ Time _____ Care/Service Line _____ Building _____ Alarm Location _____

Notification Public Address Alarm Other _____

No. of ambulatory patients _____ No. of non-ambulatory patients _____ Staff present _____

Primary exit Secondary exit Proposed carry method (118)

Doors Manual Automatic Locked Keys available Yes No

(NOTE: Fire/smoke doors will close automatically only in fire zone experiencing a fire alarm. Other zone fire/smoke doors will close when detection devices in their respective zones are activated.)

Medical gas shut-down at room _____ Smoke restriction planning _____

5. Supervisor's Fire Safety Discussion Elements:

a. Audio Paging _____	h. Elevators _____
b. Fire Extinguishers _____	i. Gas Shut-off Valves _____
c. Pull Stations _____	j. Special Hazards _____
d. Stairwell Exit Locations _____	k. Meeting Place _____
e. Annunciator Panel _____	l. Attitude _____
f. East/West Divider _____	m. Crowd Control _____
g. Evacuation Routes: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Backup _____	

6. Four Basic Steps of Fire Plan

Rescue	Alarm	R A C E	Extinguish Fire
Patients	Pull Station	Confine Fire	Touch Doors
Visitors	911	Close Doors	5-lb. ABC
Staff			P A S S

7. **Disadvantaged Persons Evacuation Plan** Yes No N/A

8. Supervisor's signature _____ Date _____ Ext. _____

Fire Drill Sign-in Sheet

	Print Name	Signature	Service/Line
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
Deficiencies observed: _____			

Service Chief, Care/Service Line Executive's Evaluation

Evaluation of signatures on this Fire Drill Report indicates _____ percent participation for this section of _____ Service/Line is Acceptable Unacceptable *(check one)*.

Service Chief, Care/Service Line Executive's signature _____

I.

**Work-related Injury or
Illness Investigation Report**



**Department of
Veterans Affairs**

Name _____ Date of Injury _____
Position _____ Service/Line _____
Supervisor _____ Phone/pager _____
Current duty status _____
Source of injury _____

Nature of injury sustained _____

Cause of injury *Detailed narrative description of actual events leading up to the alleged accident or illness and specific tasks being performed on date and time of injury or illness*

Primary factors which caused or contributed to the accident _____

Did the alleged factors cause or contribute to the nature of injury
(e.g., pain in the shoulder, lower back pain, knee pain, bruised right hand?) Yes No

If "No," explain why the factors could not have caused or contributed to the nature of injury alleged by the employee

Corrective actions taken _____

Recommendations to prevent similar accidents _____

Safety Manager's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Service/Line-level Safety Representative's
Signature _____ Date _____

AFGE Safety Representative's Signature _____ Date _____