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**SUCCESS CHECKLIST**

**King fahad hufuf hospital**

*Accreditation program*

بسم الله الرحمن الرحيم

{إِنَّ خَيْرَ مَنْ اسْتَأْجَرْتَ الْقَوِيُّ الْأَمِينُ}

سورة القصص آية ٢٦

the best one you can hire  
is the strong and the  
trustworthy."

Holy Quran Al.Kassas 26 Aya



I wish to acknowledge the  
commendable initiative taken to  
establish this guidance for the benefit  
and interests of KFHH employee from  
different categories.

Thank You...

*Dr. Mohammed K. Alabdulsaafi*



## Mission

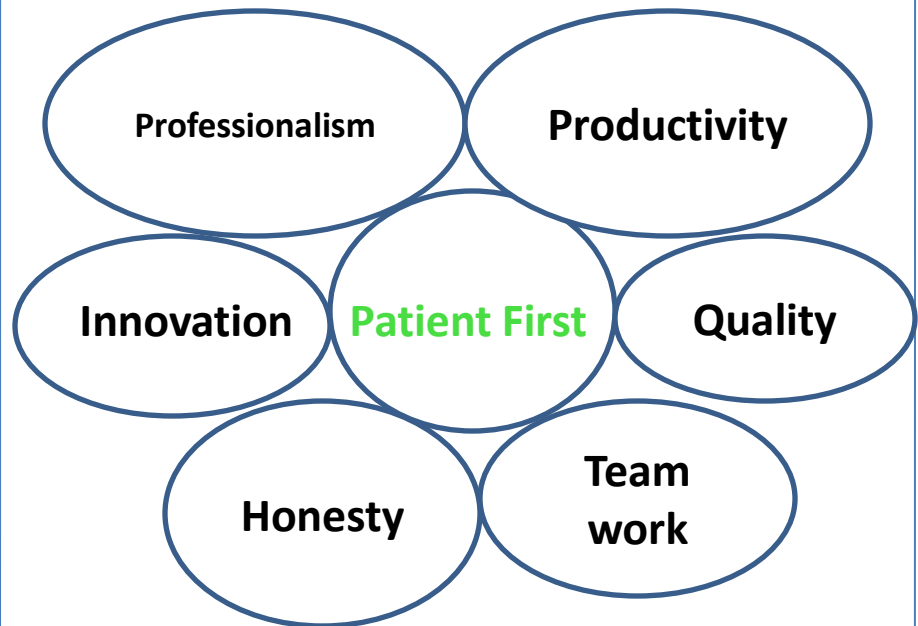
Providing safe , effective ,efficient and high quality province with high quality preventive and curative healthcare services delivered by a highly professional and motivated team for the people of Al Ahsa,in accordance with local and International quality standards .

Our prime focus is the patient

## Vision

To be a model in providing medical services in Eastern province with high levels of quality which others can follow

## Values



## Excellence Every Day

Excellence Every Day means striving to provide the best possible care to every patient and family in every moment of every day.

It is our philosophy and our commitment.

Our efforts to achieve Excellence Every Day include validation by external regulatory agencies in the form of on-site surveys by JCI and through our designation as quality department.

Based upon view about the most helpful process for preparing to JCI this Resource Guide has been developed for your learning.



## Joint Commission International (JCI) Accreditation

### What is accreditation?

Accreditation is a formal recognition that a hospital or some of its programs meets certain standards and provides patient with good quality care.

### What is the date of Accreditation ?

It will be a 5 days activity started from



## Who will conduct the survey ?



**Angela Norton, MA, RN, RM,  
RHV**  
*Nurse Surveyor, Joint  
Commission International*

**Dr. Norman Jacobs**  
*Physician Surveyor, Joint Commission  
International*



**Mrs. Penny Ott**  
*Administrator Surveyor, Joint  
Commission International*



## Who is the target of the survey ?

You ..... You ..... You ..... You and me

So every body will be a target.

(Leaders –Directors –Supervisors-Doctors-  
Nurses- Technetions –Cleaners ect) .

**So be ready.....**



## How is the scoring determine?

### 1. “Fully Met” Score

- i. An ME is scored “fully met” if the answer is “yes” or “always” to the specific requirements of the ME.
- ii. If 90% or more of observations or records (for example, 9 out of 10) are met

### The track record :

related to a score of “fully met” is as a **4-month** look-back period of compliance.

### 2. “Partially Met” Score

- i. An ME is scored “partially met” if the answer is “usually” or “sometimes” to the specific requirements of the ME.
- ii. If 50% to 89% (for example, 5 through 8 out of 10) records or observations demonstrate compliance
- iii. Evidence of compliance cannot be found in all areas/departments in which the requirement is applicable (such as inpatients but not outpatients, surgery but not day surgery, sedating areas except dental).
- iv. When there are multiple requirements in one ME, at least half (50%) are present.



## Cont.....

v. A policy/process is developed, implemented, and sustainable but does not have the track record required for “fully met.”

vi. A policy/process is developed and implemented but does not seem to be sustainable.

### The track record :

related to a score of “partially met” is as a **1-3month** look-back period of compliance.



### **3. “Not Met” Score**

i. An ME is scored “not met” if the answer is “rarely” or “never” to the specific requirements of the ME

If 49% or fewer (for example, 4 or less out of 10) records or observations demonstrate compliance

ii. When there are multiple requirements in one ME, 49% or fewer are present.

iii. A policy/process is developed but is not implemented.

### The track record :

related to a score of “not met” is as a less than **1month** look-back period of compliance.



## What is accreditation denial criteria?

- One or more standards is scored less than “5.”
- The aggregate score of one or more chapter of standards is less than “8.”
- The aggregate score for all standards is less than “9.” previous 24 months.



**No Saudi Council registration  
=  
No accreditation**



**Threat to patient/public health or  
staff safety  
=  
No accreditation**



**Falsifying  
=  
No accreditation**





## How many standard and measurable elements will be survey?

Patient Centered Standards			
No	Chapter	Standard	ME
1	IPSG	6	24
2	ACC	23	105
3	PFR	30	101
4	AOP	44	184
5	COP	22	74
6	ASC	14	51
7	MMU	21	84
8	PFE	7	28

## Cont.....

Health Care Organization Management Standards			
No	Chapter	Standard	ME
9	QPS	23	90
10	PCI	24	83
11	GLD	27	98
12	FMS	27	92
13	SQE	23	99
14	MCI	28	109



## **DO'S** **(during time of Accreditation)**

- Welcome the surveyor to your area
- Introduce yourself, explain your position and how long you've been here (the surveyor wants to hear about your every day practice –safe 7 competent care)
- Answer only what you're asked
- Ask for clarification if you don't understand question
- If unsure of the answer ,the safest response Is that you'd check the policy or ask your supervisor
- Try to allocate appropriate space for tracer team to do the interviews



## **DON'TS** **(during time of Accreditation)**

- Don't run away...
- Don't volunteer additional information
- Don't elaborate (just give direct answer)
- Don't show panic behaviors or inappropriate body language (means not to put hands inside your pocket)
- Don't behave defensively in front of patient (if patient is commenting )
- Don't leave the patient if you're giving care even if surveyor is around



## **(Sample Question)**

### **Q :Who are your customers?**

✓ Patients ,Families ,Visitors ,Physicians ,  
Co –workers within my department and  
other  
Departments

### **Q :Who is responsible for safety at your Hospital?**

✓The safety and safety committee  
and safety is important part of every  
employee responsibility

### **Q :What does “environmental of care means ?**

✓“EOC” is another word for managing our  
safety program



## **((Sample Question) cont...**

### **Q :Where are the fire alarm pull boxes and fire extinguishers located in the department?**

✓Know the locations of fire extinguishers  
and fire alarm pull boxes in your department

### **Q :What information should be attempt to obtain from someone calling in a bomb threat?**

✓Exact language uses by the caller/type of  
speech & gender of caller ,location of the  
bomb /when explosion is occur /background  
of noise noted

### **Q :From what sources you get information ?**

✓Memos sent to department /Bulletin board  
& communication log book /Staff meeting



## **(Sample Question)**

**Q :Why is there an Infection control Program?**

✓To reduce risk of infections between patients ,visitors ,employees

**Q : If a patient has an infection which requires isolation ,where would you find information regarding the type of isolation  
Who is responsible for infection control?**

✓The manual located in each department or isolation policy

**Q :Who should be contacted upon receiving bomb threat ?**

✓Administrator                      Safety officer  
✓Departmental head              Security



## **((Sample Question) cont...**

**Q :What do you do if someone ,whether a patient ,visitor or employee becomes extremely agitated violent?**

✓ page “ code gray” Remain calm ,allow them to verbalize ,keep distance ,keep exit open

**Q :Where is Emergency Manual located in your department?**

✓Know where your department's emergency disaster manual is located

**Q :Who is responsible for infection control?**

✓All of us health care workers are responsible for preventing infections



## JCI addresses the following very intensively

- ☐ Daily Assessment by a physician
- ☐ Care of patients undergoing moderate and deep sedation
- ☐ Pain Management
- ☐ Patient Safety Issue
- ☐ Department level plan for clinical services
- ☐ Resuscitation technique training for staff
- ☐ Managing documents such as policies and procedures
- ☐ A process to help patients at times of spiritual and religious



## JOINT COMMISSION INTERNATIONAL ACCREDITATION STANDARDS FOR HOSPITALS

**Standard: Total Numbers: 313**

Standards are set around the Important Functions, they are common to all health care organizations

**Intent statement:** Easy explanation of the Standards

**Measurable Elements :Total number:1198**

Measurable elements are those requirements of standards which are Reviewed and assigned a score during survey



## 1.International Patient Safety Goals

The Purpose of IPSGs to promote specific improvement in patient Safety:

### Goal 1 :

Identify Patients Correctly  
Use tow identifiers other than

~~Room#~~

~~Bed #~~

### Goal 2:

Improve Effective Communication  
Use Read back policy for verbal order and laboratory test result obtained on the phone.

**Don not accept verbal or telephone order except in emergency situation**



## 1.International Patient Safety Goals Cont...

### Goal 3 :

Improve safety of High – alert medications

e.g. Potassium Chloride ,inj. Sodium Chloride more than 0.9%,inj.phosphate concentrated electrolytes are not be stored in patient ward but stored only in the pharmacy

### Goal 4

Ensure Correct Site ,Correct –Procedure ,Correct Patient Surgery Follow pre – surgical site marking ,pre- operative checklist and time out



## 1.International Patient Safety Goals Cont...



**Goal 5 :**Reduce Risk of health care associated Infections.  
Follow the hand hygiene guidelines



**Goal 6 :**Reduce Risk of Patient Harm Resulting from falls.

All patient should be assessed on admission for risk of falling using **Morse Fall Scale (Adult)** and **Little schimdy (0-12yrs.of age)**



## 2.Access to Care and Continuity of Care

Information about the hospital provided to the patients .

### **Removal of Barriers to Care :**

Language : A list of interpreters is available in all nursing station .

Physical Wheelchair/Stretchers are readily available at the entrance .

Lifts are available for all floors .

Religious Prayer Rooms are available .

Spiritual services are provided when asked for.

Culturally different types of food are available .

Patients needs to observe auspicious times for any procedures are honored.



## Discharge Planning

**Who** : the physician

**When** : on the time of admission

**What:**

- non ambulatory
- extreme of age
- patient who required post discharge Special care



## Clinical Summary

**Who** : Doctors who see the patient first in the clinic

**When** :

- After 3 visit
- If patient have large volume file
- If he has more than 3 problems

**What:** to write :

- Diagnoses
- Medications
- Pervious Hospilization
- Previous Surgical History







### 3.Patient and Family Rights

Patient's rights and responsibilities have been defined and are actively to the patients and families.

Management ensures strict compliance with patient's rights and responsibilities.

All violations of the policy are reviewed by the top management and actions are taken or prevent such Incident in the future.



## Following are the Rights of a Patient:

- ☐ Right medical care
- ☐ Information on identity of the staff taking care of them.
- ☐ A second opinion
- ☐ Dignity
- ☐ Confidentiality
- ☐ Privacy
- ☐ Informed Consent
- ☐ Access to medical information



## Following are patient Responsibility

- ☐ To participate ,to the best of their ability in making Decisions about their treatment and to comply with.
- ☐ To bring authorized identification
- ☐ To Ask question of their physician or other care providers when they do not understand any information or instructions.
- ☐ To considerate of others receiving and providing care and also to observe facility policies and procedure ,including those regarding smoking, noise and number of visitors.
- ☐ Accept financial responsibility for healthcare received and settle bills promptly.



## 4.Assessment of Patient

- ☐ All patients are assessed by a doctor and the history And physician examination form filled within 24 hours of admission
- ☐ The nursing admission assessment is also done within 24 hours
- ☐ Nutritional screening is done for all patients and the dietician sees all cases
- ☐ Discharge planning is initiated at the time of admission.
- ☐ All patients are assessed for pain at the time of admission and in every nursing shift .



## 5.Care of Patient

### Restraint Order

- ☐ Restraint order form has to be filled which is valid for 24 hours only.
- ☐ Restraint should not be done without a physician order.
- ☐ Assessment of patient physical and psychological well being shall be made throughout the restraint period with a maximum 2 hour interval.
- ☐ Document the need for restraint prior to applying restraint.



## 5.Care of Patient (cont...)

### Pain Management

Assessment and reassessment of pain is documented in the initial and follow up notes. Patient and family are educated on pain.

**Pain rating scale is used for assessment of pain**

### Patient rights regarding pain

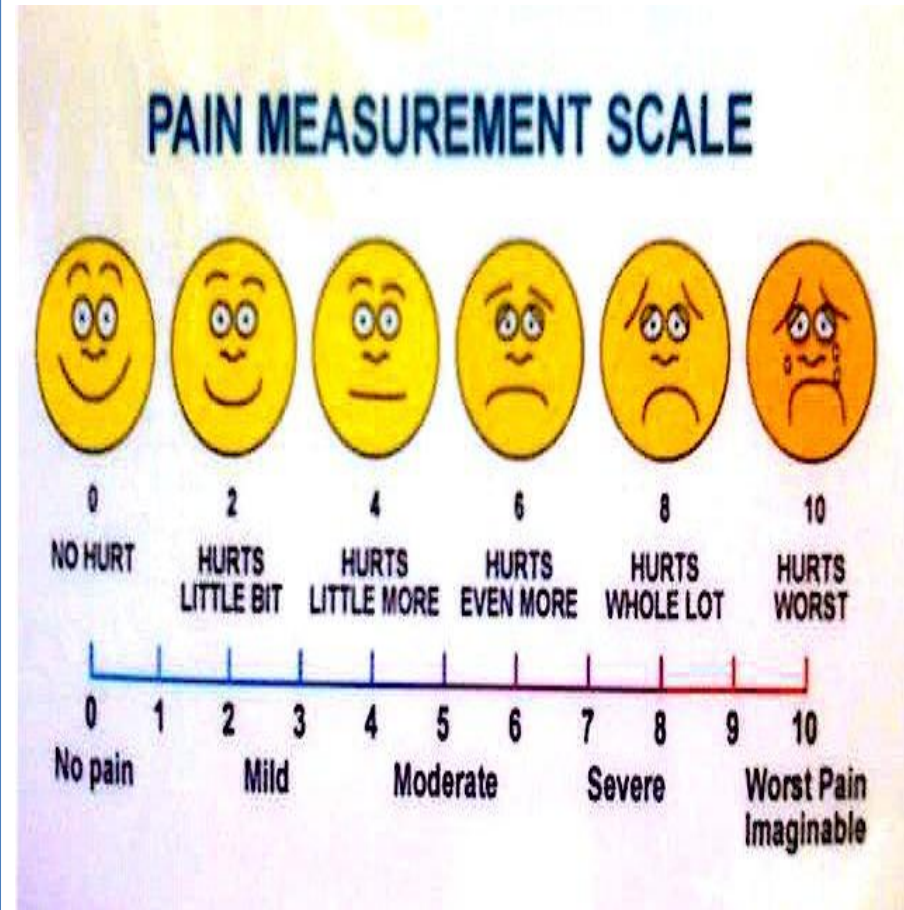
Patient has right to make decision to manage pain effectively and to have assessment of pain ,a right to get information about pain & pain relief measures

### Pain management scales

Numerical score ,Wong baker and FRAAC scale

### Pain Characteristics

Location ,Intensity ,frequency and quality



## 6. Anesthesia and Surgical Care

- ☐ Pre anesthetic assessment and documentation mandatory
- ☐ Care –planned and documented, Risks , complications, options etc are discussed with patient and family members.
- ☐ Separate consent of anesthesia is obtained
- ☐ Anesthesia used is documented
- ☐ Physiological status during anesthesia is monitored and recorded
- ☐ Post anesthesia status is documented
- ☐ Discharge or transfer from recovery is done using established criteria



## Surgical Care

- ☐ Patients surgical care is planned and recorded
- Risks , benefits ,potential complication and options
- Discussed with patient and family and documented
- ☐ Surgery done is recorded :Pre-op and post-op
- Diagnosis and operation notes are written clearly
- ☐ Care after surgery is planned , documented and signed or cosigned by the responsible surgeon



### **Pre-op Verification:**

1. Its to verify the correct site, procedure and patient
2. To ensure all relevant document, images and studies are available properly labeled and displayed.

### **Time Out (Before skin incision )**

Prior to the start of any surgical procedure , conduct a final verification process such as “Time Out “ to confirm the correct patient ,procedure and site using active communication technique

### **Surgical Site Marking**

Surgical Site Marking is done using only arrows in all cases . Where we need to donate laterality, digital or level.

The surgical site marking done by the surgeon and with recognizable mark when the patient aware and awake .



## **7.Medication Management & Use**

### **Medication Policy**

We have a medication plan in place to reduce medication errors .



## Medication Management Plan

- 1) Medication orders are to be written clearly in the drug chart
- 2) Start and Discontinuation order of any drug has to be signed ,dated and timed.
- 1) Medications are administered at standard times other than stat orders.
- 2) Self medication and medication from outside are not encouraged in the hospital ( except not available in the hospital pharmacy).
- 3) Never leave medications unattended in the open. Keep them locked.
- 4) Label all open in use vials and pre –filled syringes.



- 10) All ADR need to be reported in ADR form for Medication safety officer.
- 11) All orders (including diet and nursing stands cancelled when patient undergo surgery or is transferred out of ICU's . All order including dietary order ,need to be written a fresh in the situation.

## Nurses will administer the medicines after cross checking:

- 1.Right patient
2. Right drug
3. Right dose
4. Right time
5. Right route
6. Right Purpose
7. Right documentation





## High Alert Medications

Are drugs that bear a heightened risk of causing significant patient harm when they are used in error .

**Storage** : high alert medications are not allowed as floor stock except as part of crash cart medication (or any other location as per pharmacy protocol)

### Strategies to avoid errors involving High risk medication:

- Medication Arrangement (LASA)
- Tall Man Lettering



## High Alert Medications

**Concentrated IV potassium Chloride (equal to or greater than 2mEq/ml concentrated)**

**Potassium Phosphate (equal to or greater than 3 mmol/ml)**

**Sodium Chloride (greater than 0.9% concentrated-Hypertonic saline )**

**Magnesium sulfate (equal to greater than 50% concentrated)**

**Heparin**

**Warfarin**

**Chemotherapy agent ( parental & oral )**

**Neuromuscular Blocking agent**

**Narcotic Medication**

**Epinephrine / Nor epinephrine**

**Nitroprusside Sodium IV**

**Hypoglycemic agent**





# Prohibited Abbreviations

## Do Not Use

U

IU

Q.D. ,QD, q.d., qd

Q.O.D. ,QOD , q.o.d . , qod

Trailing zero(X.0)

Lack of leading zero(.X)

MSO4

MgSO4

ug

cc

D/C

HS

SC ,SQ ,sub q

>and<

## Use

Unit

International Unit

Daily

Every other day

X mg

0.X mg

Morphine Sulfate

Magnesium Sulfate

Mcg

MI

“Discharge “ and “ Discontinue”

“ Half strength “ or “ bedtime “

“ subcut “ or “ subcutaneous”

“ greater than “ or “ less than “





## **8.Patient and Family Education**

Patient and Family should be educated about their diseases process, proposed plan of care and effect of treatment . Patient and family should be educated based on the individuals learning preferences , privileges , cultural values ,reading and language skills.

### **Educate Patient on :**

1. How to take medication safely
2. How to prevent Falls
3. Food drug interactions
4. Nutrition

This must be documented in the multidisplanary form.



## 9. Quality Improvement and Patient Safety

### Quality

The clear and comprehensive definition for quality is written by total quality management experts “doing the right thing right at the first time and doing the better the next”

### Methodology:

**FOCUS -PDCA ,RCA ,FMEA**

### Quality Indicators:

**A few of the quality indicators used as clinical monitors include:**

1. Patient Falls
2. Medication Errors
3. Healthcare associated Infections
4. Unplanned return to OT
5. Recovery room delays



### Near Miss Events

A near miss is defined as any planned event that did not result in injury ,illness ,or damage , but had the potential to do so **e.g.** a post operative patient slips in the bathroom but is immediately supported by accompanying nurse, preventing a fall .

### Sentinel Events

An unexpected occurrence involving death or serious physical or psychological injury not related to nature of illness **e.g.** major permanent loss of function Suicide , Homicide ,Surgery on wrong patient or body part , rape , child abduction or discharge to wrong family ,unexpected death not related to patients underlying medical condition



## 9. Quality Improvement and Patient Safety (Cont..) OVR

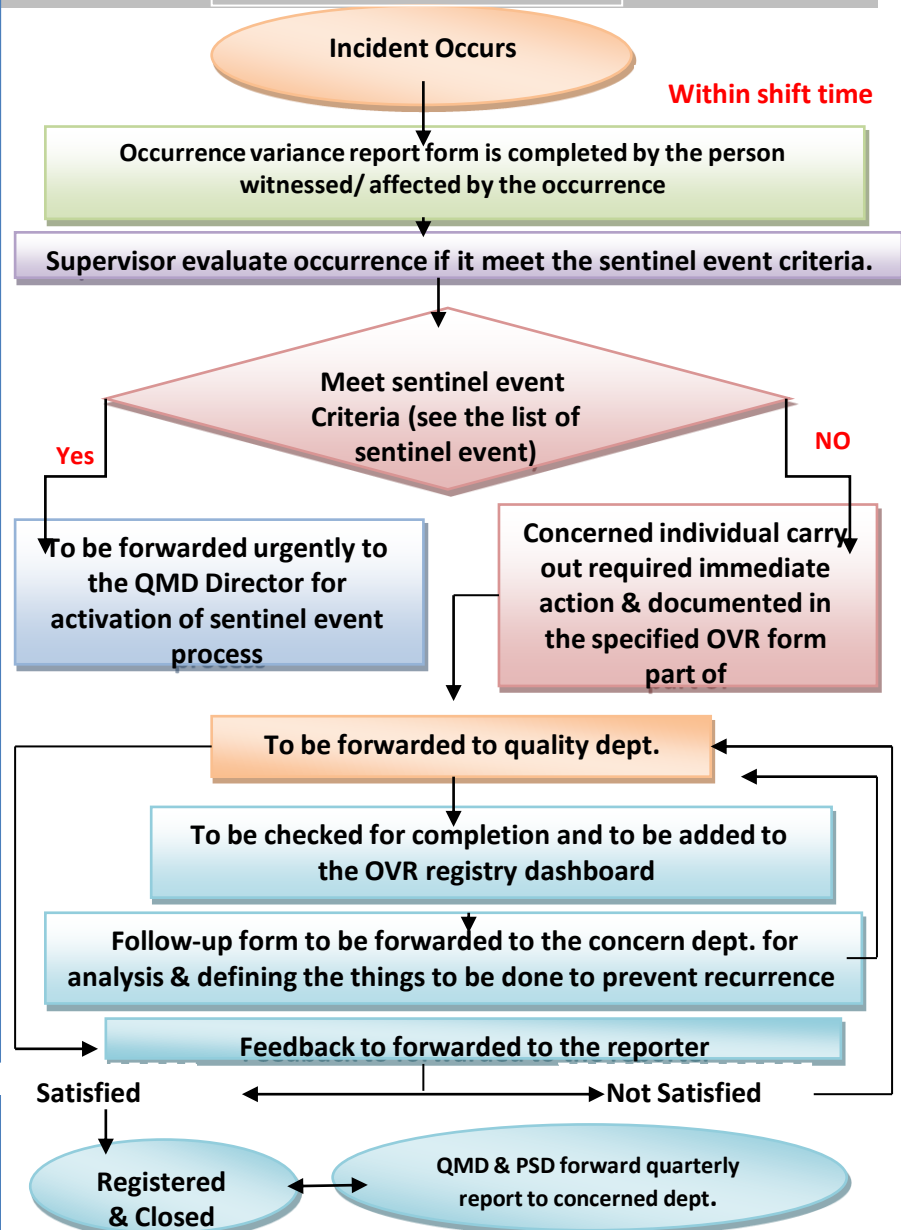
The documentation for any unusual problem ,incident ,or other situation that is likely to lead to undesirable effects or that varies from established policies and procedures or practices

### Types of errors /variance to be reported

- **Procedural** (e.g. IV infusion related ,procedure done causing complications )
- **Medication** (e.g. missing /misplaced medication, adverse side effect)
- **Security** (e.g. patient absconded)
- **Hazard** (e.g. Needed prick injury, burn, chemical spill)
- **Trauma** (e.g. Fall, patient ,staff ,visitor injury)
- **Equipment** (e.g. electrical problem, malfunction defect not reported)
- **Misellellaneous Events/Behavior/staff non-compliance** (e.g. fight between staff



## Flow-Chart





## 10.Prevention and Control of Infections

*Infection control is everyone's responsibility.....*

Everyone can prevent infection and all of us need to be equally concerned with infection Control in the hospital.

Wash hands before and after patient contact , before eating ,after visiting toilet and even after touching inanimate objects like files ,Equipments ect.

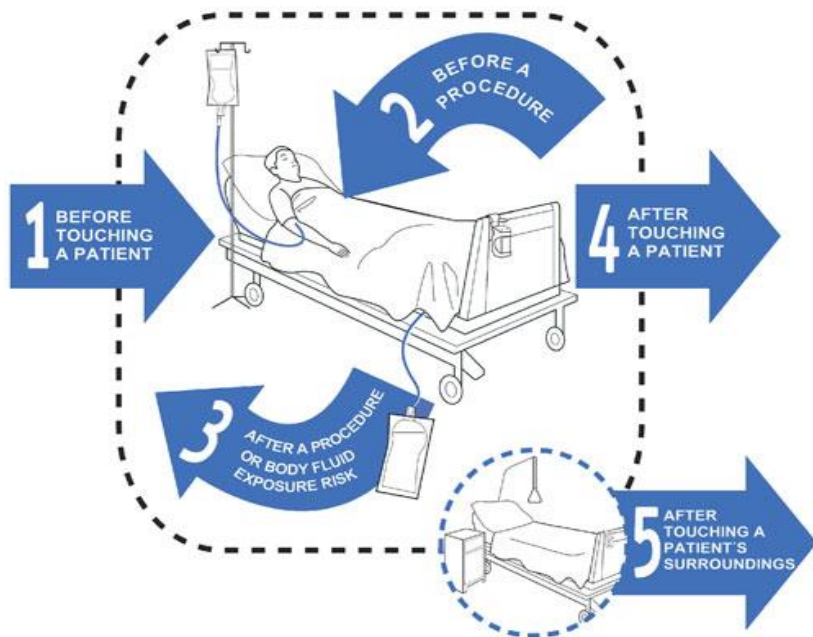


## 10.Prevention and Control of Infections *Hand Hygiene Technique with soap and water*

### 1.Hand Washing

Hand Washing is the single most important factor for Infection Control.

Wash Hands before /after patient contact and use of toilet. Follow “Standard precaution “ in the hospital



**\* Duration of the entire Procedure:40-60 seconds \***





## Hand Hygiene Technique with Alcohol-Based Formulation

\* Duration of the entire Procedure: 20-30 seconds \*



Rub palm to palm



Rub the back of both hands



Rub palm to palm interlacing the fingers



Rub the backs of fingers by interlocking the hands



Rub the thumbs



Rub palms with fingertips

## 2. Isolation of Patients with Communicable Disease

## 3. Waste Disposal

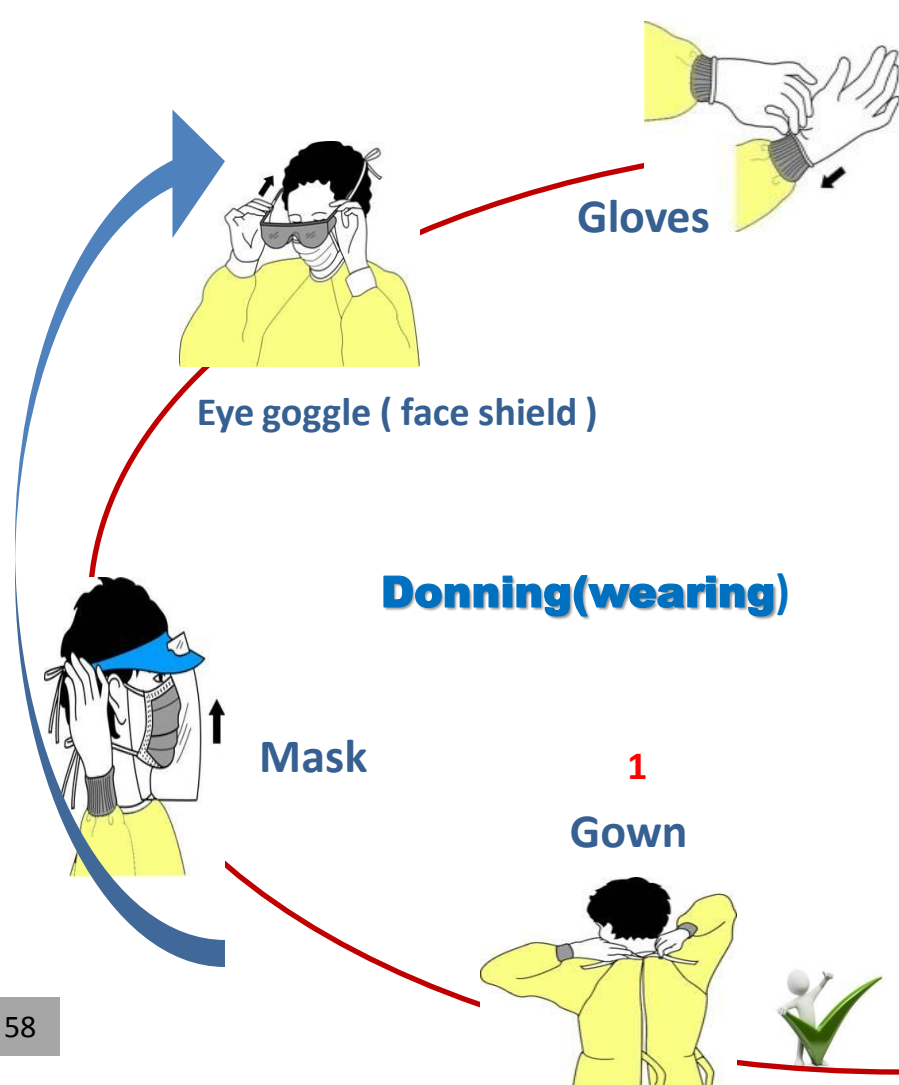
Segregation of waste at source is very important and waste disposable should be done in correct color bags as per hospital policy

## 4. Disposal of Sharp and Needles.

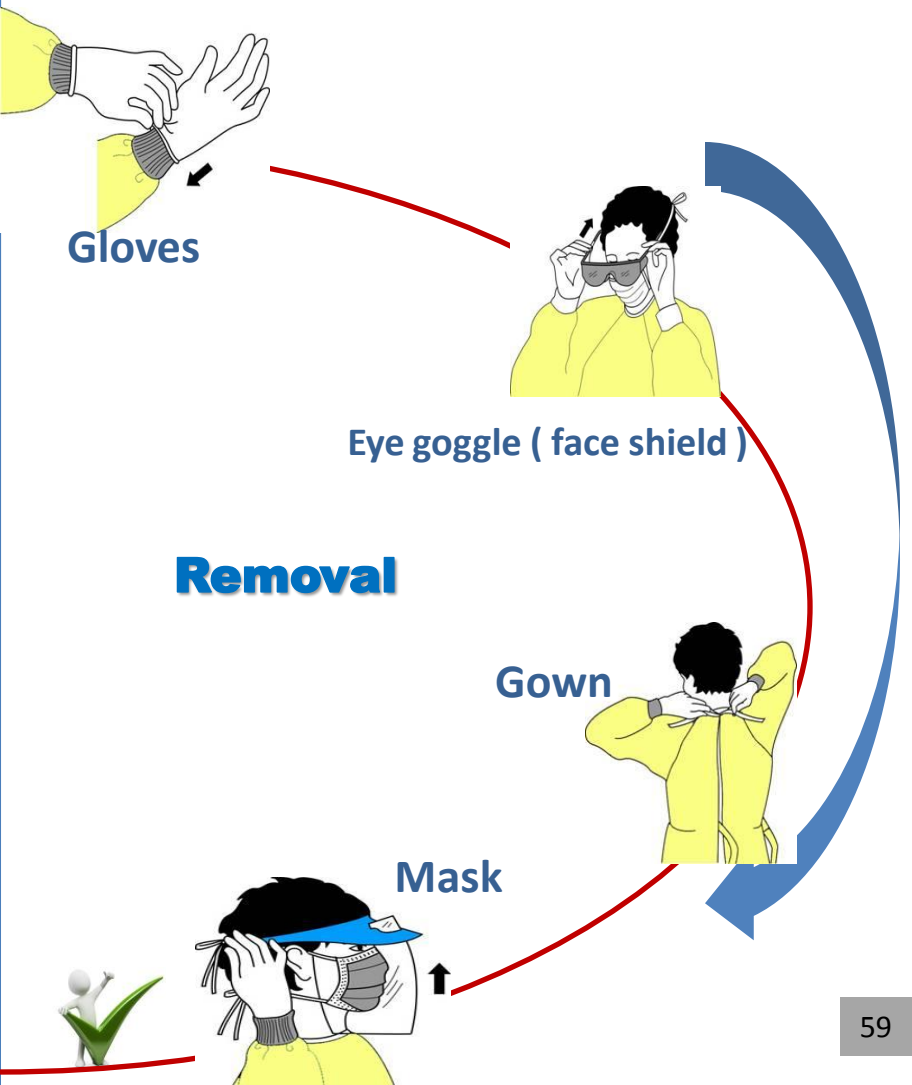
Sharp Containers



## 5. Personal Protective Equipments(PPE)



## 5. Personal Protective Equipments(PPE)





## 6. Biomedical Waste

**Use appropriate color code bags:**

**Yellow bag:** infectious waste ,container with blood ,body fluids that cannot be emptied , all specimens :blood ,body fluids ,Swabs ,ect

**Black bag:** general waste , items not Moderately or grossly soiled in blood / Body fluids

**Red bag:** body parts ,organs , fetuses



## 7. Handling soiled linens

Any linen visibly soiled with blood any body fluid Of a patient is to be treated as soiled. At the laundry ,there is a special procedure for cleaning and disinfecting of soiled & infected linen , before sending it back to the floors.

## 8. Kitchen

Food sanitation and handling

## 9. Mortuary area

## 10 . Engineering Control

Negative pressure system, biological hood in lab etc



## 12. Facility Management and Safety

The management and Safety of the hospital facilities is an important part of quality improvement and patient safety . A safety committee has been constituted to act as an advisory body . The safety committee conducts extensive safety rounds of the facilities and other suggestions for improvement

A safety manual has been compiled by the safety committee ,which gives information on staff response to hazardous situation



Disaster plans have also been formulated and gives information on staff response to various “code” situations , part of which is also included in the safety manual.

Mock drills for external & internal disasters are conducted

A policy for hazardous materials has been formulated ,and must be strictly followed by all staff members.

### 6 Areas of facility and organizational activities are:

1. Safety
2. Security
3. Hazardous material
4. Emergency Management
5. Fire Safety and smoke
6. Medical Equipment
7. Utility System



# Chemical Spillage

## MINOR (< 100 ml)

- Notify others Put spill mark ,don't allow people to move
- Isolate area
- Control spread by tissue paper 5 cm
- Get your Spill Kit
- Wear PPE
- Check MSDS ( Section 6 )
- Act according to MSDS  
(Neutralize by acids, alkali /Absorb with sand )
- Collect (double bag),close label,
- discard
- Clean by housekeeping
- After end of procedure and proper disposal ,fill up OVR form , inform to safety officer within 24 hours



## MAJOR(>100 ml, unknown or with fumes)

- Notify others
- Evacuate area, close doors
- Activate code orange
- Prevent others from entry

### **Material Safety Data Sheet(MSDS)-**

List the nature ,safe use and precautions while handling hazardous materials and it Close to chemical spill kit

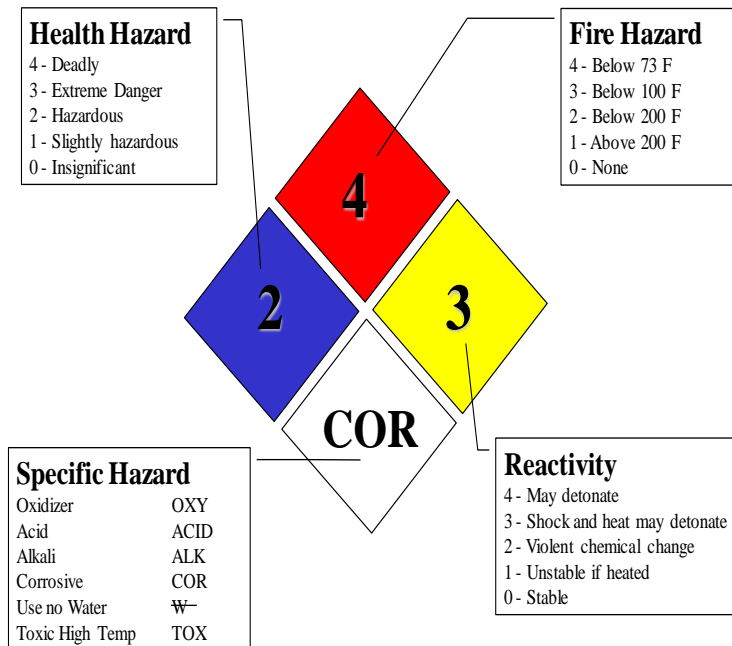
### **Mercury Spillage**

Our hospital is free of mercury



## MSDS label

Don't accept a chemical with out this  
Diamond label ,know your risk ,mitigate it .



## Spilled

To eye ...  
wash with water 15 min



To body ...  
Remove cloth(if possible)  
wash with water 15 min



Then proceed to ER with  
MSDS



## Biomedical equipment stickers

### White sticker :

**PPM** :Periodic Preventive Maintenance  
If expired or lacking ... don't use the machine

### Red Sticker:

Machine out of order

### Yellow Sticker:

Machine for condemnation

### Gray sticker :

Machine under warranty



## Chemical spill kit

Check for full contents weekly and after each use

Full PPE	Plastic band
Sand ( inert material)	black bags
Acid ( citric/boric)	Sticker
Alkali ( sodium bicarbonate)	Thick tissue paper
Brush , scraper	Forceps



## 12. Facility Management & Safety



### Smoking Policy

Hospital is a “NO SMOKING ZONE” but here is specific place to smoke

### Fire Safety

Incase of Fire ,call **699** and remember **RACE**

**R**- rescue or remove patients, visitors from the immediate fire area

**A**- activate the fire alarm

**C**- confine the fire by closing all doors , windows , remove oxygen cylinders

**E**- extinguish the fire if it is safe to do so or evacuate

To use fire extinguisher follow **PASS**

**P**- pull the pin

**A**- aim the nozzle at the base of the fire

**S**- squeeze the handle

**S**- sweep from side to side



## Types of extinguisher in your area



CO<sub>2</sub> --- electrical fire



Powder ---- any type of fire

(where to find? close to exits)



## You should know

- Where is your fire call point



- Where is your emergency exit
- During construction ,be aware about temporary exits



- Where is your assembly point



## Remember

- Evacuate vertical not horizontal
- Go down not up
- Evacuate patients first
- Start with ambulatory ,then partially then un ambulatory patients
- Patients ..to triage area(helicopter landing area)
- Employee to the assembly point
- Wait there for further instruction



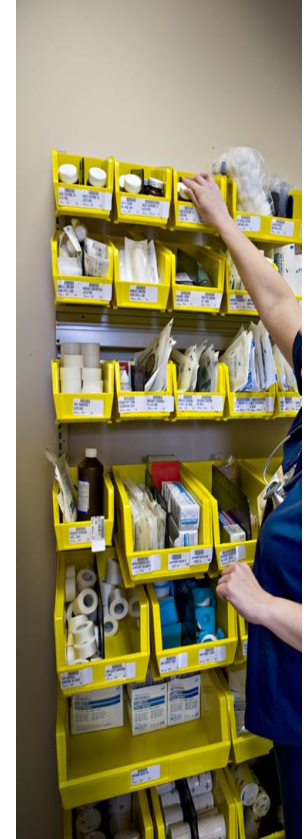


## Emergency Color Codes

<b>KING FAHAD HUFUF HOSPITAL</b> <b>FACILITY MANAGEMENT &amp; SAFETY DEPARTMENT</b> <b>EMERGENCY COLOR CODES</b> <b>EMERGENCY ☎ : 699</b>			
CODE	USED FOR	YOUR ROLE	
 Code Red النداء الأحمر	Fire حريق	RACE –PASS انظر بالخلف	
 Code Yellow النداء الأصفر	External Disaster. كوارثة خارجية	ERG to ER فريق العمل إلى الإسعاف	
 Code Purple النداء الأرجواني	Internal Disaster كوارثة داخلية	Evacuate patients إخلاء الموقع	
 Code Green النداء الأخضر	Clearance إعلان إنتهاء الكارثة	Back to routine عد إلى عملك	
 Code Pink النداء الوردي	Child Abduction. إختطاف طفل	Close doors أغلق المخارج	
 Code Black النداء الأسود	Bomb Threats تهديد قنبلة	Evacuate إخلاء الموقع	
 Code Gray النداء الفضي	Violence Assault عنف	Calm ,keep away إهدأ وأبق بعيدا	
 Code Brown النداء البني	Gas Leakage تسرب غاز	Ventilate, care for fire التهويه واضمن لخطر الحريق	
 Code Orange النداء البرتقالي	Chemical /Radio Spillage إتسكاب كيميائي/إشعاعي	Use spill kit, follow MSDS اتبع نشرة الكيماويات	

## Storage

- ❖ Never on floor
- ❖ Never below sinks
- ❖ Never up to ceil
- ❖ Heavy elements down
- ❖ Don't over shelf
- ❖ Label items
- ❖ keep inventory with expiry dates
- ❖ Put red label for close expiry



## Identify & secure your cylinders



## What are your common safety risks

- Fire ( valid for all sections, departments)
- Gas leakage
- Sharp injury
- Chemical spill
- Radiation spill
- Water leakage , etc



## 14. Management of Information and Communication

### Timelines

Nursing Assessment	: Within 24 hours
Restraint from validity	: Within 24 hours
Restraint Monitoring	: Ever 02 hours
Validity of blood/dialysis	: 30 days
Consent form	
ID TR Rounds	: Within 84 hours
Nutrition Assessment	: Within 24 hours
Physiotherapy Assessment:	Within 24 hours

### Do's

1. Maintaining confidentiality of information Pertaining to a patient. Confidentiality is a patient's right
2. All staff members are required to sign a “confidentiality Agreement” whereby they pledge to abide by the hospital policy on management of information



3. Doctor to Doctor communication : Read back and verify telephone orders and (limited ) verbal orders.

4. Nurses and Doctors to read back and verify critical test result.

5. Take Informed consent

### Don'ts

1. Do not disclose information about the patient to Any one except the patient or a person approved by the patient
2. Do not discuss about patient in the lift .if definable information is being discussed it can be a violation of confidentiality.
3. Nurses shall not take verbal medication orders from doctors except in an emergency.
4. Doctor to doctor verbal order however is allowed , with read back policy

