Office Safety
Policy & Procedure Manual

2011

Section B

(Click on the sub-sections to jump to the specific section)

POLICY NUMBER	OS-B100
POLICY TITLE	**Laboratory Services**
INITIAL EFFECTIVE DATE	11/02
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

The site operates in compliance with Clinical Laboratory Improvement Amendment (CLIA) regulations and personnel performing tests are appropriately trained.

Policy

Providers shall maintain their site in compliance with CLIA regulations and insure that the staff is appropriately trained in CLIA procedures.

Procedure

1. CLIA license or waiver is available and current.
2. Laboratory procedures are performed within the limits of the CLIA certificate.
3. Staff are trained in testing procedures and retrained annually.
4. Lab supplies are inaccessible to unauthorized persons.
5. Lab test supplies (e.g. vacutainers, culture swabs, test solutions) are current.
6. Site has a procedure to check expiration dates monthly and a method to dispose of expired lab test supplies.

Responsibility

Physician(s), nursing and office staff at the site.

Department Linkages Quality Assessment Department

POLICY NUMBER	OS-B101
POLICY TITLE	**Medication Safety and Storage**
INITIAL EFFECTIVE DATE	10/98
REVISION EFFECTIVE DATE (S)	09/03
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

To ensure the integrity of drug storage in conformance with federal, state, and local laws.

Policy

It is the policy to practice safe and effective drug storage.

Procedure

1) Storage of drugs

   a) Drug containers that are cracked, soiled or without secure closures will not be used.

   b) All areas where drugs are stored must be kept dry and clean.

   c) Drugs will be stored in an orderly manner in specifically designated locked cupboards, cabinets, closets or drawers.

   d) Refrigerators containing drugs will be maintained between 2 degrees centigrade (36 degrees Fahrenheit) and 8 degrees centigrade (46 degrees Fahrenheit). Room temperature for drug storage will not exceed 30 degrees centigrade (86 degrees Fahrenheit). Refrigerators used for drug storage must not contain food items.

   e) Narcotics will be double locked with a sign-out log and restricted access to keys.

   f) Drugs for external use in liquid, tablet, capsule or powder form will be stored separately from drugs for internal use.

   g) Test reagents, germicides, disinfectants and other household substances will be stored separately from drugs.

   h) Drugs will not be kept in stock after the expiration date on the label. No contaminated or deteriorated drugs will be used.
   I) Drugs will be checked monthly as well as each time a medication is dispensed for outdates.

   j) Multi-dose vials of injectable medications are to be dated and timed when opened. The vials

will be destroyed after being opened one month or when expired (per manufacturer).

k) Single dose vials or vials without preservatives must be discarded at time of use and not reserved for further use.

l) Bottles of Sterile Saline and Sterile Water for irrigation must be discarded 24 hours after being opened. These bottles will also be dated and timed when opened.

2) Emergency Drugs

If the facility has emergency drugs, the supply will be checked and logged monthly to ensure appropriate replenishment of drug supply and to ensure that drugs are not outdated.

3) Emergency Medication

If used or expired, the supplies will be immediately reordered and restocked.

Responsibility/Department Linkages

Physician(s), nursing, and office staff. / Quality Assessment Department

POLICY NUMBER	OS-B102
POLICY TITLE	**Refrigerator Use**
INITIAL EFFECTIVE DATE	10/98
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

To ensure proper storage standards are maintained. A daily temperature reading and log of refrigerated site for storage of medication, specimens and supplies will be kept.

Policy

It is the policy that refrigerated medication will be stored appropriately and documentation of refrigerator temperatures will be maintained.

Procedure

In order to demonstrate proper refrigeration monitoring, the following procedures will be followed:

1) A daily log will be kept of refrigerator and freezer temperatures and documentation will occur at the beginning of each shift.

2) The thermometer in the body of the refrigerator must maintain a temperature reading of 35 - 45 degrees Fahrenheit to ensure the efficacy of medication.

3) The thermometer in the freezer of the refrigerator will be maintained at a temperature between 2-7 degrees Fahrenheit.

4) Immunizations will be kept covered and labeled and stored in a leak-proof container.

5) Culture plates will be stored on the bottom shelf of the refrigerator.

6) Specimens must be stored in a leak-proof container and kept on the bottom self of the body of the refrigerator.

7) Food is not to be kept in the refrigerator.

8) Regular cleaning of the refrigerator and freezer must be accomplished including the defrosting of the freezer.

Responsibility/Department Linkages

Physician(s), nursing and office staff. / Quality Assessment Department

Attachments: Refrigerator and Freezer Log

REFRIGERATOR AND FREEZER LOG

DAY	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV	DEC
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Refrigerator temp: 35-46 degrees F.
Freezer temp: 2 – 8 degrees F.

POLICY NUMBER	OS-B103
POLICY TITLE	**Sample Drugs**
INITIAL EFFECTIVE DATE	11/02
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

Samples drugs infant and therapeutic formulas are dispensed according to State and Federal regulations.

Procedure

1. There is a written procedure for checking expiration dates and removing expired materials from the dispensing area on a monthly.

2. All stored and dispensed prescription drugs are appropriately labeled and dated.

3. Only lawfully authorized persons dispense drugs to patients.

Responsibility/Department Linkages

Physician(s), nursing staff. / Quality Assessment Department

POLICY NUMBER	OS-B104
POLICY TITLE	**X-Ray Services**
INITIAL EFFECTIVE DATE	10/98
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose

To ensure that X-ray equipment is appropriately registered and inspected per state law. To ensure that personnel operating X-ray equipment are appropriately licensed.

Policy

It is the policy that providers shall maintain their X-ray equipment in compliance with state law and be appropriately licensed.

Procedure

1) Hospitals, Urgent Care Center, Radiology Centers, Orthopedists, Multi-Physicians Medical Offices:
   X-ray and mammography equipment will be registered upon purchase/installation. Registration number and letter of inspection will be available for review. X-ray equipment will be inspected by the state of California every 3 years. Mammography equipment will be inspected by the state of California every year. Current licenses of operators will be available for review.

2) Single Physician Medical Offices:
   X-ray equipment will be registered upon purchase/installation. Registration number and letter of inspection will be available for review. X-ray equipment will be inspected by the state of California every 4 years. Current licenses of operators will be available for review.

3) Dental Offices:
   Badges are sent by the state of California to providers with X-ray equipment every 5 years. Office radiation levels will be checked with these badges and returned to the state. If radiation levels are unsafe, an on-site state inspection is done. Random inspections by the state are conducted every 10 years. Current licenses of operators will be available for review.

Responsibility/Department Linkages

Physician(s), nursing and office staff. / Quality Assessment Department

POLICY NUMBER	OS-B105
POLICY TITLE	**Myocardial Perfusion Imaging [Office]**
INITIAL EFFECTIVE DATE	08/04
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose
To define safety parameters for Myocardial Perfusion Imaging done in the office setting.

Procedure

1. The performance of this procedure in the office setting is limited to board certified cardiologists and board certified internists who are board eligible in cardiology or have equivalent experience.

2. The office site will have passed an office site inspection to insure that proper safety equipment [i.e., oxygen and emergency medications] is readily available.

3. The physician applies to the Membership Committee to do Myocardial Perfusion Imaging in the office.

4. A company may obtain deemed status by submitting information about the company and policies and procedures used in testing.

5. All testing is done under the direct supervision of the physician.

6. All stress tests must be read by a board certified radiologist or one with equivalent experience.

7. This procedure requires prior authorization in the office setting.

Responsibility/Department Linkages

Quality Assessment /Provider Relations, UM/CM Department

Attachment: Myocardial Perfusion Imaging Studies

Myocardial Perfusion Imaging Studies

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Office Review

Date: _____ Score: _____

Corrective Action Plan: _____

Specialty: _____ BC BE

Sub-Specialty _____ BC BE

Name of Vendor: _____

Documentation Submitted: Yes No Date: _____

I request privileges to perform the Myocardial Perfusion Imaging procedure in my office.

Signature: _____

Date: _____

POLICY NUMBER	OS-B106
POLICY TITLE	**Stress Testing**
INITIAL EFFECTIVE DATE	08/04
REVISION EFFECTIVE DATE (S)	
DEPARTMENT	Quality Assessment
ORGANIZATION (S)	CCHP, CCHCA
LINES OF BUSINESS	

Purpose
To define safety parameters for Stress Tests done in the office setting.

Procedure

1. The performance of this procedure in the office setting is limited to board certified cardiologists and board certified internists who are board eligible in cardiology or have equivalent experience.

2. The office site will have passed an office site inspection to insure that proper safety equipment [i.e., oxygen and emergency medications] is readily available.

3. Stress Testing requires a defibrillator on site. Proof of availability is submitted with the application.

4. The physician applies to the Membership Committee to do stress testing in the office.

5. A company may obtain deemed status by submitting information about the company and policies and procedures used in testing.

6. All testing is done under the direct supervision of the physician.

7. All stress tests must be read by a board certified radiologist or one with equivalent experience.

8. This procedure requires prior authorization in the office setting.

Responsibility/Department Linkages

Quality Assessment /Provider Relations, UM/CM Department