



Chapter 9

Emergency and Disaster Policies

EMERGENCY/DISASTER PLAN

PURPOSE: In the event of emergencies or disasters such as fires, tornadoes, earthquakes, or bomb threats, it is important that all staff remain calm and ensure the safety of all patients that might be in the building as well as themselves and other employees.

POLICY: The following emergency/disaster procedures will be followed by all staff:

DOMESTIC DISPUTE

POLICY: The clinic has established this plan so that it may be implemented by an employee or for an employee in a situation to prevent the event from becoming violent, or where a violent outcome is felt to be likely.

PURPOSE: For use as a guideline to ensure a timely intervention to keep a situation from becoming violent and for the safety of our employees.

PROCEDURE: If a situation arises where an employee feels that a patient, visitor, or another employee is about to become or is violent or abusive the employee should:

1. Contact the Office Manager or Provider
2. Call the local police department immediately for assistance.
3. Tell the police there is a violent situation and give them the exact location of the incident so police know where to respond to.

OTHER EMPLOYEES: Any other employees who have received training/education in management of violent situations may also respond. Anyone not trained should stay away from the area. Traffic near the area should be discouraged until the situation is under control.



RESPONDERS: Approach with caution. Survey the scene for possible signs of danger, a hostage situation, or of weapons in use. Make all effort to maintain personal safety, staff safety and patient/visitor safety.

The first trained responder on the scene, in most cases, should be the one to take charge and communicate with the person(s) involved in the situation.

REPORTING: Anytime such a situation is presented an incident report needs to be filled out regarding the incident. There is a specific incident report that should be completed following any violent incident, report all incidents to Clinton Regional Hospital Quality Nurse. At minimum, one (1) person should complete the form, but anyone who responds to the event is encouraged to complete the form.



CARDIAC ARREST (CODE BLUE)

In the event of a medical emergency or Code Blue within the clinic, activate the emergency response procedure as follows:

- 1) Send extra staff to call 911 and to gather emergency response supplies: ambu-bag, emergency response kit and emergency oxygen tank. Staff will alert provider immediately. The provider will take charge of the situation and assign duties as needed.
- 2) If CPR is appropriate, CPR certified staff will begin CPR as soon as possible.
- 3) If the person is a patient of the clinic, staff will print out medication list and medication allergy list to send with patient when paramedics arrive.
- 4) First responding staff will debrief to paramedics.
- 5) Contact Clinic Coordinator and Clinic Manager to inform of the incident.
- 6) Enter incident report into the Event Reporting System within 24 hours of the incident.
- 7) Clean all bodily fluids off of surfaces and dispose of properly.

NON-EMERGENT MEDICAL RESPONSE In the event of a non-emergent medical problem, staff will respond as follows:

- 1) Nursing staff and/or provider will assess the situation and respond accordingly.
- 2) Contact Clinic Coordinator and Clinic Manager to inform of the incident.
- 3) Enter incident report into the Event Reporting System within 24 hours of the incident.
- 4) Clean all bodily fluids off of surface and dispose of properly.

FIRE PLAN (CODE RED)

If a fire is discovered or even suspected, regardless of size:

1. Begin immediate evacuation of the clinic.
2. Call 911.

In the event of a fire, all employees are to evacuate the building by the nearest exit after determining all patients are out of the building. It is the shared responsibility of the Clinic



Coordinators, Mid-level Providers, and Providers to confirm the building is empty. Fire officials shall be notified as soon as safely possible. Evacuation of the building shall occur prior to notifying the fire officials.

In assuring that all persons are evacuated from the building, the Clinic Coordinators, Mid-level Providers, and Providers will double-check the following areas: break room, employee and patient restrooms, and examining rooms, assuring that all persons are evacuated via the nearest exit.

The Clinic Coordinator is responsible for seeing that all patients are evacuated from the waiting area through the front door, unless blocked by flame or smoke.

In the event of a fire evacuation, stairs should be used, not the elevator.

Following evacuation, all patients and staff shall assemble in the main parking lot of the clinic to assure everyone has been evacuated safely.

Fire extinguishers shall be located at those points in the clinic as required by the local and state fire code. These items shall be inspected with the inspection documented on the card attached to each extinguisher on a monthly basis and annually by a state certified inspector.

MASS CAUSALTY (CODE YELLOW)

Available staff to report to Emergency Department at the hospital. Leadership assessment of event will determine Emergency Operation Plan/Incident Coordination Staff.

Active Shooter (CODE SILVER)

POLICY

It is the policy of Clinton Regional Hospital to provide an emergency response plan to an Active Shooter situation in a manner designed to protect the health and safety of patients, staff, and visitors.

DEFINITION

An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined or populated area. In most cases, active shooters use firearms and there is no pattern or method to their selection of victims.



AUTHORITY FOR THE PLAN

The Administrative Person-On-Call (or designee) has the overall authority for Clinton Regional Hospital during an active shooter situation. The ranking administrative person on site will act as the designee in their absence, which may be the house supervisor. Upon their arrival, Law Enforcement will take command of the situation until its resolution.

PROCEDURE

Quickly determine the most reasonable way to protect your own life and those of our patients and visitors.

- RUN - If there is an accessible escape path, attempt to evacuate the premises.
- HIDE - if evacuation is not possible, find a place to hide where the active shooter is less likely to find you.
- FIGHT -As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter.

1. The first employee to identify an active shooter situation:

- a) Leave the area if possible. Seek shelter regardless of whether others agree to leave.
- b) Call the operator and report a "Code Silver". Relay the location and as much information as possible so that they can communicate to 911, i.e., number of shooters, number of victims and exact location of the shooter. If unable to reach the operator, call '911T with same information as above. Assist patients, visitors, and staff to evacuate if safe to do so.

2. The PBX operator upon notification will:

- a) Overhead page "Code Silver and the location" three times.
- b) Mass notifies the employees via _____ (if the facility has a text alert or similar system, otherwise deleted).
- c) Notify the ranking administrator on the premises, or in their absence the House Supervisor, giving them, all known information. Also notify security if present in the facility. _____ and _____ has overhead page capability and can also announce "Code Silver" in the event the operator is unable to do so. (It would be wise to have others who can



overhead page appointed in this event and the operator should be housed behind a closed/locked door at all times to safeguard the communication system to the facility). Another person should be simultaneously calling 911.

3. Security should verify the location of the shooter via camera surveillance and communicate details to law enforcement if they can do so from a remote location.

Hospital-Wide Response

4. If the shooter is not in your area, you are not giving patient care, and you determine you can safely evacuate the area you should:

- a) Silence your cell phones.
- b) Have an escape route and plan in mind. The fire escape plan may be a source of determining this route.
- c) Evacuate regardless of whether others agree to follow
- d) Leave your belongings behind
- e) Help others escape if possible
- f) Prevent individuals from entering an area where the shooter may be
- g) Do not attempt to move wounded persons

5. If an Active Shooter comes into the area where you are and enters your unit, office, or meeting room, you should:

- a) Silence your cell phone. If you have not already done so.
- b) If possible, close and blockade doors to occupy patient rooms doors and advise all families to stay with the patient until the unit is safe to leave.
- c) All visitors in the building should be moved to a safe area if able
- d) Seek shelter regardless of whether others agree to follow.
- e) Secure / Blockade the entry with any available means.
- f) Have an escape route and plan in mind.



g) Do not attempt to move wounded people.

h) If there is no possibility of escaping or hiding, only as a last resort when your life is in imminent danger should you make a personal choice to attempt to negotiate with or overpower the shooter. Once decided, commit to your actions. This may be in the form of an attempt to disrupt and /or incapacitate the active shooter by:

i) Organizing a plan of defense with whatever you have at your disposal.

ii) Acting as aggressively as possible against him/her.

iii) Throwing items and improvising weapons.

iv) Yelling.

6. If the active shooter(s) leaves the area, barricade the room, or go to a safer location. At a location distant from the active shooter, such as on a different unit or floor; or if you are not able to leave the area safely:

a) Remain calm.

b) Warn other staff, visitors, and patients to take immediate shelter.

c) Go to a room that can be locked or barricaded.

d) Lock and barricade doors or windows.

e) Turn off lights.

f) Close blinds.

g) Block windows.

h) Turn off radios or other devices that emit sound.

i) Keep yourself out of sight and take adequate cover/protection (i.e., concrete walls, thick desks, filing cabinets)

j) Silence cell phones.

k) Plan escape route.

7. If you are in an outside area and encounter an active shooter, you should:



- a) Try to remain calm.
- b) Move away from the active shooter or the sound of gunshot(s) and/or explosions(s).
- c) Look for appropriate locations for cover/protection (i.e., brick walls, retaining walls, parked vehicles, etc.)
- d) Call 911 and provide the information listed above

Arrival of Law enforcement:

8. Law enforcement officers responding to an active shooter are trained to proceed immediately to the area in which shots were last heard in order to stop the shooting as quickly as possible. The first responding officers may be in teams; they may be dressed in normal patrol uniforms, or they may be wearing external ballistic vests and Kevlar helmets or other tactical gear. The officers may be armed with rifles, shotguns, and handguns.

Do exactly as the team of officers instruct. The first responding officers will be focused on stopping the active shooter and creating a safe environment for medical assistance to be brought in to aid the injured.

9. How to react when law enforcement arrives at your location.

- a) Remain calm and follow officers' instructions.
- b) Put down any items in your hands.
- c) Immediately raise hands and spread fingers.
- d) Keep your hands visible at all times.
- e) Avoid making quick movements toward officers such as holding on to them for safety.
- f) Avoid pointing, screaming and/or yelling.
- g) Do not stop asking officers for help or directions when evacuating, just proceed in the direction from which officers are entering the premises.

10. When law enforcement arrives, the following information should be available:

- a) Number of shooters.



- b) Number of individual victims and any hostages.
- c) The type of problem causing the situation.
- d) Type and number of weapons possibly in the possession of the shooter.
- e) All necessary individuals are still in the area.
- f) Identity and description of participants, if possible.
- g) Keys to all involved areas as well as floor plans.
- h) Locations and phone numbers in the affected area.
- i) The command center will be run by Law Enforcement until the Code Silver is cleared.
- j) A list of patients or staff known to be in the area of the incident will be compiled and provided to Law Enforcement.

11. The Security Department will:

- a) Have a Security Officer meet responding to law enforcement and escort them to the incident or areas if requested.
- b) Assign additional staff to control access to the area as directed by the law enforcement.
- c) Identify witnesses, separate them from one another, and escort them to separate rooms to wait for a law enforcement interview.
- d) When Law enforcement arrives, the security officer will follow all reasonable directions by Law Enforcement, even when asked to leave the area.

12. Hospital staff, visitors, and patients will be kept away from the area until the situation is fully resolved.

13. Post Incident Responsibilities of the Incident Command Center as needed:

- a) Communication of the situation with patients and their families.
- b) Take an account of all employees who were at work at the time.
- c) Employees are not to post pictures or any other information on social media sites or talk to any media.



- d) Assign an appropriate staff member to the family of any patient, visitor or employee who is injured or killed during the incident.
- e) When authorized by the local law enforcement and Hospital Administration, the PBX operator will announce "Code Silver All Clear"
- f) Staff, visitors, and patients may not leave until cleared by administration and law enforcement. This is to account for all persons known to have been present when the incident occurred.
- g) Collect all surveillance camera recordings and do not allow them to be destroyed. A copy may be given to law enforcement as long as the facility keeps possession of the master.

BOMB THREAT (CODE BRONZE)

POLICY: In the event of a Bomb Threat at Clinton Regional Hospital, the following procedure will be followed if a threat is received AND/OR an actual device is found:

PROCEDURE: Bomb threats may be received by phone call, written form, or receipt of a package. The Administrator or Director of Nurses will not be notified unless a suspicious package/device is found that may contain an explosive and then the facility must be immediately evacuated.

The following will review how to handle each scenario:

If a Threatening Phone Call is received:

- Staff member should refer to a printed copy of the Bomb Threat checklist below for quick reference/use in case a phone is received. Take the message, use the Bomb Threat Checklist (in this policy):
- n Keep the caller on the line as long as possible. Ask him/her to repeat the message. Try to record every word spoken by the person.



n If the caller does not indicate the location of the bomb or the time of possible detonation you should ask him/her for this information. n Inform the caller that the building is occupied, and the detonation of a bomb could result in death or serious injury to many innocent people.

n Be alert for distinguishing background noises; such as traffic, music, voices, aircraft, church bells, etc. n Note distinguishing voice characteristics (sex, voice quality, impediments).

n Note if caller indicates knowledge of the hospital by his/her description of locations. Keep him/her on the phone as long as possible.

n Urgently attract the attention of a co-worker and pass them a note briefly explaining what is happening and instructing them to notify Police or 911 immediately while you attempt to obtain as much information from the caller as possible.

n As soon as possible after the party hangs up, forward the bomb threat checklist to the Police or first responder on site and notify Administrator/ Director of Nurses. If possible, the person receiving the bomb threat should take the completed form to CEO/Administrator/Director of Nurses personally, to answer questions Law Enforcement.

SEARCH PROCEDURES - THINGS TO REMEMBER:

- There is no set appearance for a bomb. A bomb does not need to be very large (commercial explosives can be as thin as a sheet of paper or as narrow as electrical wire).
- The area to be searched will be searched, if possible, by the personnel routinely assigned to and familiar with the area. Determine if everything is in its place and nothing has been added, removed or shifted around.
- The area will be divided into sections. Search personnel shall be assigned on a "one-on one" procedure: one person familiar with the area with one security officer, police officer or other person assigned by the Hospital Command Center.
- Searches shall be thorough and quick. Eliminate areas locked and not available to the public. Search adjoining areas such as lobbies, waiting rooms, stairwells and restrooms.



- Do not alert patients and other personnel that you have received a threat until the Incident Commander has determined it is appropriate and specific instructions are issued.

Notification

- Immediately notify Security (Clinton PD) of receipt of threat.
- As soon as possible, the overhead paging system should be used to clearly announce "CODE BRONZE" three (3) times. If the caller indicates a location, the location should follow "CODE BRONZE". As an example, if the Pre and Post Op is specified by the caller, the announcement would be, "CODE BRONZE Pre and Post Op Three times. .

Administrator implement the mass texting / Group Me system to Code Communication group announcing a Code Bronze and location.

- Administrator / Director of Nursing or designee whom will notify the Lawton Police Department (911).
- All employees will immediately begin a thorough search of the facility /area they are assigned to. Employees should not pick up or move material that they are unfamiliar with. A comprehensive search will be completed. Areas to search include:
 - Public Areas: restrooms, waiting rooms, trash containers, storage rooms,
 - Patient Care Areas: patient rooms, closets, staff restroom, trashcans, nurses stations vicinities,
 - When search is completed, the Administrator / Director of Nurses or designee will be notified and will check the area off the Bomb Search Checklist and notify Lawton Police of the findings.
 - If a device is found, there may be a chance that there is a second device located elsewhere, therefore the search should not end until all areas of the facilities are checked off and considered to be clear. ·

Any personnel locating a suspicious object will immediately notify the Administrator / Director of Nurses or Designee. Do not touch the object. Clear the immediate area and evacuate per policy.



If a Suspicious Package is received/found: · If a package is received or found within the hospital that appears suspicious, notify Administration, Security and the Department Director for that unit. Do not handle the package. Clear the immediate area of patients and personnel. *** All non-essential electronic devices should be shut off. ***

- Do not touch or disturb the item regardless of how harmless or innocent it may appear. It may be armed with an anti-disturbance device or time mechanism.

- If package appears suspicious to Administration, he/she will contact the Lincoln Police Department (911).

- Keep area clear until Law Enforcement and/or bomb squad arrives and completes their inspection.

- Remove employees, medical staff, patients and visitors from the involved area after direction from the Incident Commander.

- Isolate the object. The bomb squad will make the decision on how to handle any suspected bomb. (Disarm it at location, move the bomb, detonate at the scene, etc.)

If an Extortion Letter is received:

- If a letter is opened which contains a threat of a bombing or a demand for extortion, follow this procedure:

- Immediately place the page(s) and envelope between pieces of blank paper. Do not handle more than necessary.

- Contact Security whom will notify the President/CEO and/or his/her designee. Relay the contents of the letter to the Executive offices as quickly as possible.

- If an Incident Command Center is established, the extortion letter needs to be transferred to ICC for Administration and local law enforcement review. Limit handling of letter.

EVACUATION:

- Evacuate only upon instruction from Administrator or Director of Nurses in consultation with Law Enforcement and/or Fire Department.

- Follow Emergency Evacuation Plan procedures.



- In most cases it is safer to remain in place rather than evacuate to open exposed areas. Every effort will be made to ensure that patient care is impacted as little as possible. All employees should remain as calm and professional as possible to reassure patients or visitors. Never lie or mislead the public. Refer difficult questions to supervisors or the Incident Command Center (ICC).
- NO STAFF are allowed to speak to the public/press. The recommended statement is "I have no comment at this time. Administrator or Director of Nurses will be providing information." If a time for the bomb to go off is given by the caller, the fire alarm system will be activated immediately prior to that time. (Fire and damage containment in case of actual bomb.)
- Use the closest exit and go to parking lot east of hospital..

RADIATION (CODE ORANGE)

In the event of a radiation emergency, stay in place and wait for instruction from Radiation Security Officer.

SEVERE WEATHER (CODE BLACK)

POLICY:

The CODE BLACK policy addresses our Center's response to a severe weather situation. The Center will activate the CODE Black 1, 2, or 3 upon notification of a severe weather warning and/or tornado.

Description of the Threat/Event and Warning Signal. Severe weather includes snow and ice, flooding rains, tornados and hurricanes.

Blizzards, snow and Ice storms will be monitored by the Administrator or designees for potential closure of the Center due to safe traveling conditions for patients and staff.

A tornado is a violently rotating column of air extending from a thunderstorm to the ground. Tornadoes develop from severe thunderstorms in warm, moist, unstable air along and ahead of cold fronts and may be associated with hurricanes.



The emergency code for severe weather is **"CODE Black"**. Code Weather is separated into three (3) phases to distinguish between a "Weather Watch" and a "Weather Warning".

"Code Black Phase 1" – means the Center is under a severe weather watch and preparatory activities should be implemented but at this point there is no need to move patients to a sheltered location.

"Code Black Phase 2" – means the Center is under a severe weather warning and preparatory activities must be completed at this point. **No surgeries will be started until the warning has expired or by direction of the Administrator or designee.**

"Code Black Phase 3" - means a tornado has been spotted on radar or in the area and all patients, visitors, and staff should seek shelter immediately.

Impact on Mission Critical Systems. Atmospheric conditions that may lead to tornados can also produce strong winds, hail, lightning, and severe rain. These conditions can result in problems with electrical systems, broken windows, leaking windows, leaking roofs, and flooding. Damage assessments should be routinely conducted during severe weather.

PROCEDURE

MITIGATION:

1. Specialized Staff Training.
 - a. Staff and patient education should address "watches vs. warnings", and home preparedness considerations.
 - b. Training on patient evacuation and movement procedures.
 - c. Understanding protected locations within Clinton Regional Hospital.



- d. Understanding of precaution measures to be implemented dependent upon the type of severe weather.
2. The Administrative personnel have access to a battery powered weather radio.

PREPAREDNESS:

1. Battery powered radio will in Administration at all times.
2. Supplies indicated by type of storm will be prepared and staff informed of how to access these supplies will be in-serviced prior to the time of year for probable usage.

RESPONSE:

1. When the area is under Severe Weather Watch conditions the Administrator or designee shall make the determination to call a "Code Black Phase 1".
2. Administration or designated personnel will call a code by pressing "PAGE "and announcing a CODE Black Phase I" three times upon notification of a severe weather warning. Preparations for the severe weather should be started in this phase.
3. If the area where the Center is located is determined to be under a severe weather warning the Center will enter the "Code Black Phase II". Preparations for safety must be implemented at this time.



4. If a tornado has been spotted on radar or in the area a "Code Black Phase 3" will be announced and all patients, visitors, and staff should seek shelter immediately.
5. In the event of tornado and hospital personnel need to shelter in place, employees will immediately perform the following tasks:
 - a. Close and lower all the window blinds in CRH.
 - b. Move patients and their visitors to designated safe areas in the department. Emergency Dept, Radiology, Lab, Administration, and Admissions will relocate to the linear accelerator. Med Surg/IMC will relocate to surgery. Staff will help move patients to the appropriate location.
 - c.
 - d. Immediately notify the Administrator or Director of Nurses of any damage resulting from the storm and/or tornado.
6. The Administrative staff will determine if the condition warrants the implementation of an internal or external Evacuation as per Evacuation policy.
7. All staff on duty will remain on duty until the "CODE Black ALL CLEAR" is issued.
8. The Safety Officer and the Administrative staff will perform a Center check to assess damages.

RECOVERY:



1. The EOC Code Critique form will be completed once the situation is resolved.
2. EOC Code Critique forms will be forwarded to the Safety Officer and Administrator within 24 hours.
3. The Safety Officer and Administrator will prepare Center summary report of the code and forward to the Medical Executive Committee.
4. The summary report will identify areas of improvement and action plans.
5. The summary report will be reviewed at the next Governing Board meeting.

INFANT/CHILD ABDUCTION (CODE PINK)

Call (9)911, all available staff monitors all exits. Search all rooms, closets, corridors for missing infant/child. Match all children in clinic to their parents and/or guardian. Report all suspicions immediately. After situation has resolved, record event and notify CRH quality nurse.

HAZARDOUS MATERIALS (CODE PURPLE)

Contact Clinic Coordinator and Clinic Manager, evacuate the immediate area, decontamination teams will be contacted as needed by leadership. Do not re-enter the premises until all clear has been given by decontamination team. After situation has been resolved, record event and notify CRH quality nurse.

SECURITY EVENT (CODE WHITE)

Call (9)911 for security assistance. Contain, calm and protect. After situation has defused, record event and notify CRH quality nurse..

LOCK ALL KNOWN EXITS (CODE LAKE)

In case of an event that requires exits to be locked, a code LAKE will be called within the clinic. Clinic personnel will lock all known exits and monitor the exit. Extra staff will contact Practice Administrator and police department if applicable. Code will be determined 'all clear' by Practice Administrator or appointed designee. After situation has resolved, record event and notify CRH quality nurse.

RAPID RESPONSE (CODE RAPID RESPONSE)



Provider will monitor patient and/or person whose health situation is rapidly deteriorating, extra staff will call (9)911 and gather emergency response kit, emergency oxygen and ambu-bag. After situation has resolved, record event and notify CRH quality nurse.

EMERGENCY RESPONSE CODES- CLINIC SPECIFIC

Code BLUE

Extra staff call 911, get ambu bag, emergency oxygen and emergency response kit. Certified Cardiac Arrest personnel begin CPR if appropriate. Provider will delegate duties to staff.

Code RED

Evacuate all individuals from building, meet at designated area. FIRE This clinic meets: at the parking lot across the street at the First Baptist Church

Code YELLOW

Available staff to report to ER. Leadership assessment of event will determine EOP/ICS.

Mass Casualty

Code SILVER

Call (9)911, Seek Cover/protection/evacuation.

Active Shooter This clinic meets:

Code BRONZE

Call (9)911, do not report to suspected area. Search your area for suspicious items. Leave in place

Bomb Threat and evacuate to designated area.

This clinic meets:

Code ORANGE

Stay in your area until instructed. RSO will respond for evaluation.

Radiation



Code Black

Move patients and visitors away from windows and outside walls. Evacuate patients to

Severe weather innermost room and close doors.

This clinic's designated room and/or area is:

Code PINK

Call (9)911, all available staff monitors all exits. Report all suspicions immediately.

Child/Infant Abduction

Code PURPLE

Contact Clinic Coordinator and Practice Administrator, evacuate the immediate area,

Hazardous Materials decontamination teams will be contacted as needed by leadership.

Code WHITE

Call (9)911 for security assistance. Contain, calm and protect

Security

Code LAKE

Maintain security of all outside entrances into the clinic.

Security Lockdown

Code Rapid Response

All available staff report to area of needed Rapid Response, extra staff contact emergency services as needed.



EMERGENCY OPERATIONS PLAN

Refer to Clinton Regional Hospital Emergency Operation Plan located on the shared drive.

SAFETY DATASHEETS

Refer to Hospital procedure to locate. Clinton Emergency Department. Telephone : SDS - 580-547-5128

EYE WASH STATION REGULATIONS

OSHA Regulations for Eye Wash Stations

Eye safety in the work place is very important. There is no way to replace a lost eye and even repairing damage can be impossible depending on the severity of the injury.

OSHA regulation 1910.151 says anywhere the risk of corrosive materials becoming lodge in the eye might exist there must also be an eye wash station. It must be suitable for flushing the eye with water and be in the immediate area. All eye wash stations are to be kept clean and in working condition. They must be free of debris in them as well as on the floor around them so a tripping hazard can be avoided.

For an eye wash station to meet OSHA standards it must meet the following guidelines:

- Must be placed within ten seconds of hazardous area
- Nozzles must have covers to protect them from airborne germs and contamination • Both nozzles must be working in order to flush both eye at the same time. • station must have a stay open valve to allow water flow while holding both eyes open • System must begin flushing process within one second of starting
- Location of Eye Wash Station must be visible with a well-placed sign
- Floor around station must be kept free of clutter and debris
- Equipment must be maintained and working properly at all times
- All employees must know where to locate eye station and how to work it

OSHA's regulations for eye wash stations also includes shower stations. They are mainly used in areas where toxic chemicals may come in contact with skin. If a person spills a



chemical on themselves they are supposed to jump into the shower station and scrub there body as the water pressure helps to remove any chemicals on the skin. The main thing to remember is how important following the safety rules are to your personal health. It is better to take five extra minutes to complete a task than to lose an eye or your life