

CLINTON REGIONAL HOSPITAL
Monthly Safety/Emergency Management Committee Meeting

Call to order: Date: June 5, 2024

Safety/Emergency Management Meeting Reporting for MAY 2024

Members: Mike Thomas, Life Safety Officer, Brenda Jennings, RNIC/Quality, Janae Chittum, RN CNO, Holly Masquellier, Purchasing Agent, Sarah Keys, EVS, Janice Merrill, Facilities, David Barnett, Radiology, Devina Perez, Adm.

1. Safety Committee Meeting opened at 1:30 Date: June 5, 2024, Motion to open meeting by: Sarah Keys, Second by: Brenda Jennings all in favor. Yea
2. Motion to accept meeting minutes from last meeting conducted May 9, 2024, by: David Barnett and Second by: Sarah Keys, all in favor. Yea
 Two changes were made to Plan of Correction ACHC Survey Item G, H added (G) C. Hickerson and B. Jennings as making motion to approve and second. (H) C. Hickerson and C. Richardson as making motion to approve and second.

Topic	Discussion	Action	Person Responsible
OLD BUSINESS:			
A. Air Born Isolation Monitors	A. Monitors for both Med Surg and ER are being monitored with a Manometer until monitors have been installed	A. Sarah Keys made a motion to accept air born isolation monitoring. Second by Holly Masquellier, all Safety Committee members accepted the reports as presented	A. Janice Merrill
B. Active Shooter Drill	B. An active shooter drill will be conducted when magnetic locks are installed for the Emergency Department and have been completed as of 5/16/24. (completed) The after-action report will be presented at the next meeting.	B. No action needed	B. Janae Chittum, ER Director Janice Merrill, Facilities
D. Access Control System/Magnetic Locks	D. The doors to the ER have been repaired and are working appropriately with the access system. Summit completed the access system on 5/16/24. On the west door roller latches need to be installed.	D. No action needed for acceptance at this time. Report for completion will be brought back in the next meeting.	D. Janice Merrill
New Business			
A. Motor for HVAC equipment	A. Received a quote from Mathery Mechanical for \$6500.00 to replace the motor in the AHU by Pharmacy. The process of looking for a motor that is the most cost effective. Currently the motor functions are winning but has not gotten any worse and is functioning. Suggestion was made to purchase the motor to have on hand. Table	A. No action needed for acceptance at this time. Report for completion will be brought back in the next meeting.	A. Janice Merrill

B. Exhaust Fan 140's hall	B. The exhaust fan for the 140's hall has not been completed. In the process of looking for a motor that is the most cost effective. Suggestion was made to purchase the motor to have on hand. Hinz to submit quote. table	B. No action needed for acceptance at this time. Report for completion will be brought back in the next meeting.	B. Janice Merrill
C. Quarterly Fire Drill Report	C. The 7P quarterly fire drill is due. After action report will be presented next meeting	C. No action needed for acceptance at this time. Report for completion will be brought back in the next meeting.	C. Janice Merrill
D. IT Drill for Security	D. IT team has recommended that CRH Adm/employees to participate in the Security Awareness Training Program. Contact Brenda Jennings for Jerry Hartman on results of the drill. Documentation will be presented at the next meeting. Received info on types of drills that can be performed: 1. Phishing Simulations (done) 2. Tabletop exercises (Trubridge) 3. Vulnerability (3 rd party vendor) Scanning/Penetration Testing 4. Data Backup and Disaster Recovery testing. (cannot due Trubridge holds data) https://www.vc3.com/blog/cyber-security-drills (info on drills) Documentation will be forwarded to the Life Safety Committee upon completion. Table	D. No action needed for acceptance of IT Drill. The IT Drill Report will be brought back at the next meeting.	D. Brenda Jennings and Jerry Hartman
A. 11.07.03 Monitoring Pressurized Rooms	A. Ventilation monitoring for clean rooms on Med Surge floor and other locations. Clean room tested positive with the Van o Merte on Med Surg. Clean and dirty rooms through the facility are to be monitored monthly with the Van O Meter as per the ACHC Plan of Correction. No issues currently in the report	A. Sarah Keys made a motion to accept air flow pressure monitoring for the clean room log. Seconded by David Barnett, all safety committee members in favor of the motion.	A. Janice Merrill
	Plan of Correction ACHC Survey		

			Documentation will be forwarded to the Life Safety Committee				
B.	13.01.04 Power assist doors	B.	Powered assist doors have been repaired and are all on the lock down system controlled by the fire alarm system. ER department doors are being monitored monthly to ensure they are working appropriately. Documentation will be forwarded to the Life Safety Committee.	B.	Sarah Keys made a motion to accept the ER Door Monitoring report. Seconded by Brenda Jennings, all safety committee members in favor of motion.	B.	Janice Merrill
C.	13.01.06 Egress door	C.	The Egress door located on the west side of the building releases with activation of motion sensor and the emergency release button located adjacent to the door. Egress Doors are monitored monthly & documentation will be forwarded to the Life Safety Committee for reporting	C.	Brenda Jennings made a motion to accept egress magnetic door release report. Seconded by Sarah Keys.	C.	Janice Merrill
D.	13.02.01 Annual testing on the dampers.	D.	6/19/24 The dampers are connected, however the device that controls these dampers Zone 17 in the fire alarm panel is not controlling these dampers at the current time.	D.	No action required until quote for damper relay connection to fire alarm system has been completed and number of dampers have been identified. Tabled	D.	Janice Merrill
E.	13.03.09 Fire Extinguisher found on floor.	E.	A fire extinguisher found on the floor in a corner of MRI room during January survey is being monitored to be hung and ready for use. Fire Extinguisher is hung and ready for use. Documentation log will be forwarded to the Life Safety Committee monthly	E.	Devina Perez made a motion to accept the MRI Fire Extinguisher monitoring report. Seconded by Sarah Keys, all safety committee members in favor of the motion.	E.	Janice Merrill
F.	13.05.04 Generator Battery Conductance test	F.	Generator battery conductance testing is monitored and signed and dated for the month of May 2024 Documentation will be forwarded to the Life Safety Committee for acceptance	F.	Sarah Keys made a motion to accept the battery conductance monitoring report for May. Seconded by Holly Masqueller all safety committee members in favor of motion	F.	Janice Merrill

G.	13.05.09 Utility panels are to be locked and lock out tag out should be used on the breakers if not in use.	G.	Electrical utility panels are checked monthly and documented as locked and secure in the kitchen and all areas. Documentation will be forwarded to the Life Safety Committee monthly for acceptance.	G.	Holly Masqueler a made motion to accept the Electrical Panel monitoring report for May. Seconded by Brenda Jennings, all safety committee members are in favor of motion.	G.	Janice Merrill
	Monthly Safety Officer Report		Safety Officer report identified on going monitoring as complying. Life Safety Officer Report will be forwarded to the Life Safety Committee monthly for acceptance.		Sarah Keys made motion to approve safety officer report, second by, David Barnett all safety committee members are in favor of motion.		Janice Merrill
A.	Eye Wash Weekly Run Monthly Report	A.	Supporting documentation is provided to ensure systems are monitored Eye Wash Weekly Run	A.	Documentation is attached	A.	Facilities
B.	Monthly Fire Suppression Gauge reading, Control Valve, and twin Connection Inspection	B.	Supporting documentation is provided to ensure systems monitored for monthly fire suppression, gauge reading, control valve and twin connection	B.	Documentation is attached.	B.	Facilities
C.	Monthly Portable Fire Extinguishers Report	C.	Supporting documentation is provided to ensure systems are monitored when doing the monthly fire extinguishers / checklist.	C.	Documentation is attached	C.	Facilities
D.	Daily Air Flow & Humidity reports for OR 1, OR2 and Procedure Room	D.	Supporting documentation is provided to ensure systems are monitored when doing OR 1, OR2, and procedure room	D.	Documentation is attached	D.	Facilities
E.	Monthly Egress Lights Testing Report	E.	Supporting documentation is provided to ensure systems are monitored when doing the monthly egress lights	E.	Documentation is attached	E.	Facilities
F.	Annual Boiler License Report	F.	Boiler #1 annual inspection was held on 1/30/24.	F.	Nothing to report currently.	F.	Facilities
G.	Monthly Exit Signs	G.	Supporting documentation is provided to ensure systems are monitored when doing the monthly exit lights	G.	Documentation is attached	G.	Facilities
H.	Weekly Emergency Generator Inspection	H.	Supporting documentation is provided to ensure systems are monitored when doing the weekly generator test	H.	Documentation is attached	H.	Facilities
I.	Monthly Generator and Transfer Switch Inspection	I.	Supporting documentation is provided to ensure systems are monitored when	I.	Documentation is attached	I.	Facilities

		doing the monthly generator and transfer switch test					
J.	Monthly Battery Backup Lights for OR and Transfer Switch	J.	Supporting documentation is provided to ensure systems are monitored when doing the monthly battery backup lights	J.	Documentation is attached	J.	Facilities
K.	Monthly Medical Gas Inspection	K.	Supporting documentation is provided to ensure systems are monitored when doing the monthly medical gas inspection.	K.	Documentation is attached	K.	Facilities
L.	Monthly Recall for Purchasing Supplies	L.	<ol style="list-style-type: none"> On 5/7, we received a product resolution notification, stating that Quidel Ortho has resolved an issue for samples with highly elevated ALKP concentrations falling to predict accurately and the DP code not posting appropriately. The samples are now predicting accurately, and the DP codes are posting as they should. Arlene was notified of this on 5/8. No further action is required, and there was no response form to complete and return. This is simply to notify customers. On 5/13, we received a medical device correction from Medtronic, regarding their 8780, 8781, and 8784 model intrathecal catheters. The correction involved a design update to the devices, eliminating tissue remaining in the catheter connectors. I confirmed with nursing leadership that our facility does not use these items, therefore there is no further action required on our part. I completed the product response form and submitted it back to the manufacturer via email on 5/21. On 5/21, we received a medical device correction for 	L.	Sarah Keys made a motion to accept recalls for purchasing supplies. Second by Janae Chittum, all Safety Committee members accepted the reports as presented	L.	Facilities/Materials Holly Masquelier

	<p>Stimuplex A needles regarding product label claims. Models 4894251, 4894260, 7894278, and 4894502 are listed as having no DEHP, however it was found that they have trace amounts of the substance from the glue used in bonding the product together. After researching, I found that our facility does not have any of these products. I completed the product response form and emailed it back to the manufacturer on 5/22. There is no further action required at this time.</p> <p>4. On 5/22, we received a product recall notification from McKesson, regarding one lot number of ABG kits (4331283) for model number 4599P-1. Packages with the affected lot number lack the device (called a filter-pro) that allows air to evacuate. After examining our inventory in the warehouse and throughout the facility, I determined we do not have any affected product. I completed the response form on 5/22 and emailed it back to McKesson. No further action is required.</p> <p>Equipment Notifications/Recalls There were no equipment recalls or notifications for the month of May.</p> <p>At the beginning of the month (May 9th), one of the two EKG machines purchased from CME back in October of 2023 ceased functioning properly. Upon further discovery by our Cardiology Director, it was discovered that this model of EKG machine has been discontinued, and parts to repair the unit are no longer available. Stephanie and Holly worked together to obtain quotes for an EKG machine, and upon comparison of all quotes</p>		

			received, it was decided that the best option came from Avante. The quote received included two new, non-refurbished machines, with all accessories and parts required. The decision was made to move forward with this option, and paperwork was signed by administration the week of 5/27 to begin the process of obtaining the two new EKG units.			
M.	Biohazard Manifests Monthly Report	M.	Supporting documentation is provided to ensure system/processes are being monitored. Biohazard pickups are scheduled for every other month. Manifest of destruction has not been received.	M.	Biohazard picked up in May.	M. Facilities/EVS
N.	Bio Medical Monthly Report	N.	Supporting documentation is provided to ensure system/processes are being monitored. Biomed here May 13-15, 2024 35 pieces of equipment inspected throughout the building. Spoke with biomed tech in regards to a wireless alarm for Lab to sound in ER. Has not found a wireless one that will work. Currently the alarm is located at the main nurses station and works appropriately the issues is the desk is not monitored like it has been in the past.	N.	Documentation is attached.	N. Facilities
O.	Seldom Used Fixtures Monthly Report	O.	Supporting documentation is provided to ensure system/processes are being monitored.	O.	Documentation is attached	O. Facilities
P.	Boiler Water Treatment Monthly Report	P.	Supporting documentation is provided to ensure system/processes are being monitored. 5/28/24: Boiler #1: Conductivity and Chemical level within range. Boiler #2: Conductivity and Chemical level within range. Softener working properly at the time of the testing. Cooling Tower: Conductivity and inhibitor level within range.	P.	Documentation is attached.	P. Facilities

			Chill Water Loop – Nitrite level within range. Hot Water Loop: Nitrite level within range. Continue current testing.				
Motion to accept Monthly Consent Reports: Brenda Jennings and 2nd Sarah Keys. All in favor: yea							
Adjourn		Motion to adjourn and to meet on July 17, 2024		Devina Perez made motion to adjourned @ 1335 and 2 nd by Sarah Keys, all in favor. Yea		Life Safety Minutes and Documentation will be forwarded to Medical Staff Committee for review and approval	