Name of Policy:	Safety Training	
Policy Number:	3364-137-SH-01	THE UNIVERSITY OF TOLEDO MEDICAL CENTER
Department:	Rehabilitation Services	
Approving Officer:	Chief Operating Officer - UTMC	
Responsible Agent:	Director, Therapy Services	Effective Date: 12/1/22
Scope:	Rehabilitation Services	Initial Effective Date: 7/1/1990
		nical revision of existing policy on of existing policy

(A) Policy Statement

There will be a safety committee in the Department of Rehabilitation Services. All employees in Rehabilitation Services will participate in safety training on an ongoing basis; this will be the responsibility of the Safety Committee. All training will be documented.

(B) Purpose of Policy

The rehabilitation programs at UTMC will maintain an organized health and safety program as a part of the safety program of UTMC. Though each supervisor is directly responsible for the safety of the persons in his area, the committee will oversee the ongoing monitoring of all safety provisions and provide results to the supervisors. The committee will establish and review safety procedures, and investigate safety issues of individuals or groups of workers. Results of committee action, as required, will be related to the UTMC safety committee through the Rehabilitation representative or Quality reporting process.

To assure that all employees have received the necessary knowledge to perform their job responsibilities in a safe manner, for the protection of the patients and the employees.

(C) Procedure

- 1. Objectives of the Rehabilitation Safety Committee will be:
 - a. To develop safety guidelines for practice in each specific area of Rehabilitation
 - b. To determine responsibilities of each safety committee member for his area
 - c. To provide ongoing safety inspections of each area for safety concerns, at least quarterly, and provide results and follow-up actions to committee and supervisors
 - d. Maintain, revise and review all safety policies of the departments
 - e. Oversee maintenance and training in use of hazardous materials in department/area
 - f. Investigate any patient or employee safety issues brought to committee or representatives and make recommendations on corrective actions to supervisors
 - g. Oversee the process of monitoring availability and use of personal protective equipment by all employees
- 2. All newly-hired employees will participate in new employee orientation and safety training at the earliest scheduled date possible (usually within the first month), or complete the hospital safety test.
- 3. All Rehabilitation Services employees will pass UTMC's annual safety test. Areas tested may include: emergency procedures, fire response training, evacuation procedures, infection control procedures/universal precautions, body mechanics, electrical safety, aseptic technique, CPR (as required by American Heart Association), occurrence reporting, hazardous materials handling, age-specific competency. Safety training inservices will be provided as necessary in the above areas.
- 4. An inservice will be given on all new equipment to all users upon initiation of use. This training will include all safety aspects required.

- 5. Additional training will be scheduled as needed for:
 - a. changes/new departmental safety policies
 - b. patient transfers, lifting techniques
- 6. All safety training records will be kept by the Safety Committee in coordination with the UMC Environmental/Occupational Safety and Health Department.
- 7. Equipment manuals, safety manuals, and S.D.S. information will be available to all persons involved in the use of the equipment or hazardous materials. Members of Rehab Services Safety Committee will be responsible for keeping these current.
- 8. Cimex Lectularius (i.e. Bed Bugs)
 - If a therapist identifies that there is a patient with bed bugs present in the clinic.
 - O At completion of session, yellow cones will be placed in areas where patient was treated to notify staff that no other patient should use this area until cleaned
 - Environmental services will be contacted to come and clean area per hospital policy and infection control recommendations
 - Rehab director will be notified and will contact patient to notify patient they will be put on hold until bed bug situation has been resolved.

Approved by:	Review/Revision Date:		
		7/1991	7/2014
		9/1993	11/1/2016
/s/	12/01/2022	5/1996	12/1/19
Alison Matson PT, DPT, NCS	Date	10/1997	12/2022
Director Therapy Services		2/1998	
17		9/1998	
		7/1999	
/s/	12/01/2022	10/2000	
Christine Stesney-Ridenour, COO	Date	3/2002	
Christine Steshey-Ridehour, COO	Dute	9/2003	
		8/2006	
		1/10/2010	
		Next Revi	ew Date: 12/01/2025
olicies Superseded by This Policy: 23-SH-01		•	