

	<h2 style="margin: 0;">Intensive Care Unit</h2>	Effective:	September 19, 2006
		Originator	Dr. Rodolfo Bruhl- Day
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		Updated by:	Dr. Jonathan Naylor

1. Purpose:

- 1.1 This list of Intensive Care Unit (ICU) considerations is intended to present general safety concepts that can be adapted to any ICU unit.

A purpose of this policy is to reduce the risk of exposure to zoonotic agents or hazardous biologics. In addition, there is always some potential for accidents to occur when taking samples for bacterial cultures, fecal material, urine, body fluids or blood from hospitalized patients in the ICU. Injuries from cut glass or needles are also possible. Proper techniques and proper disposal of sharp materials is the best means to curb such problems.

Students have a right to be informed about hazards they may encounter while pursuing their education and what measures to take to protect themselves and patients. Students who must work in areas with hazardous materials (e.g., contaminated/infected tissues) must receive the appropriate instruction.

Refer also to the **Hazardous material information and training policy**.

2. Scope:

- 2.1. These guidelines apply to all technicians, students and faculty working at Ross University-School of Veterinary Medicine in the ICU.

3.1 Access/Exit

- Access to ICU is limited to staff, faculty, and students directly involved with case management of ICU patients.
- Appropriate scrubs and/or lab coat is required when entering the facility. Refer also to **Protective Clothing Policy**.
- The use of gloves is required for some sample collection (e.g. when working with dog and cat feces/body fluids).
- Cleaning after use is mandatory when biologic materials are used or when surfaces become contaminated with biologic materials. Cleaning solutions, disinfectants and paper towels are provided. This includes soap for cleaning hands. All cleaning agents' containers must be properly labeled.
- Glass objects (i.e. ampoules) and needles must be placed in the appropriate sharps containers for later disposal. Refer also to **Procedures for handling syringes, needles and catheters** and **Guidelines for disposal of sharps, biological and medical waste**.

- Spills of biohazardous materials should be reported, cleaned up and the surface disinfected using appropriate procedures.

3.2 Safety Facilities and Protective Equipment

- ICU workers must familiarize themselves with the closest emergency shower and eyewash.
- Refer to “Emergency Eyewash and Shower Testing Policy” for guidelines and testing of eyewashes and showers.

3.3 Drugs Storage and Handling

- Drug storage areas should be neat, orderly, and clearly identified.
- All containers should be labeled with chemical name, type (alcohol, scrub solution, etc.), and hazard warning.
- Drug storage areas should be equipped with doors or shelf restraints to prevent material from falling off shelves. Drugs in glass bottles, controlled drugs, or other hazardous substances must be properly stored.
- A controlled drugs (CD) box is located in the ICU area for appropriate use when needed. Refer to use of CD in the RUCP Manual.

3.4 Electrical

- All electrical systems must be installed according to accepted codes. All work on building electrical systems must be performed by O&M.
- Extension cords should not be used as substitutes for permanent wiring. Power outlet strips are considered extension cords. If extension cords are used in permitted manner (such as for computer equipment or for temporary laboratory set ups that will be used for less than six months), they must be approved and labeled by Underwriters Laboratories (UL) and be three-wire grounded.
- Only qualified departmental technicians specifically authorized by the supervisor should repair and install portable electrical equipment.
- All electrical equipment with exposed metal parts must be grounded.
- Special precautions should be taken around water. Electrical outlets generally do not have ground fault circuit interrupter (GFCI) protection. While working with flammable liquids use extra care to avoid contact with electrical outlets or devices.
- Household-type refrigerators may be used for storing patient’s food, aqueous solutions, pharmaceuticals, and nonflammable or non explosive materials.
- Electrical cords must be three-wire grounded and in good condition. See RUSVM Safety Web “Electrical Safety Guidelines” for more information.

3.5 Fire Extinguishers

- Fire extinguishers are available, and clearly marked, in the hallway near the entrance of ICU. The Ross Safety & Security Department establishes specific requirements for number and type of extinguishers based on hazards.
- Ross Safety & Security Department should check fire extinguishers annually. Each department should inspect them monthly.

- Fire extinguishers should be fully charged. If you discharge an extinguisher, even partially, notify the Ross Safety & Security Department immediately.
- Fire extinguishers must be accessible, visible and clearly identified.

3.6 Training

- All employees must be trained in all safety procedures, including:
 - The building evacuation plan
 - Body fluids spill cleanup
 - Cleaning and disinfection of the ICU.
 - Use of the eyewash and shower
- All safety procedures must be enforced to be effective.
- RUSVM Safety Web outlines requirements and responsibilities for implementation of safety management programs.
See RUSVM Safety Web “Safety Training Tips” for additional information.

3.7 Miscellaneous

- Monitoring devices must be placed in safe places, and examined periodically to assess their good functioning.
- Fluid pumps must be stored in safe locations, and examined periodically to assess their function.
- The unit refrigerator is to be used to store those pharmaceuticals that need to be maintained at a selected low temperature.
- Food and drink are not allowed to be consumed in the ICU.

For additional information, contact the RUSVM Director of Safety & Security at 465-4161 ext, 191 or lnolan@rossvet.edu.kn.