جامعة الإمام عبد الرحمن بن فيصل
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY

College of Medicine

RISK MANAGEMENT SYSTEM

2023

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Imam Abdurrahman Bin Faisal University Vision, Mission and Value

Vision

A leading university achieving distinction nationally and internationally

Mission

Providing creative knowledge, research, and professional services with effective community partnerships

Values

Loyalty, Excellence, Teamwork, Transparency, Diversity, Creativity and Social Responsibility

College of Medicine (COM) Vision, Mission and Values

Vision

To be a premier college in medical education, healthcare and ethical research

Mission

The College of Medicine is dedicated to graduating physicians who are committed to Islamic and professional ethical practice. This will be achieved through the continuous development of the curriculum. The college is also committed to provide excellent healthcare and promote community health. In addition, the college will encourage the conduction of innovative basic, applied, clinical and community based research.

Values

Excellence, Innovation, Honesty, Transparency, Accountability, Collaboration and Teamwork.

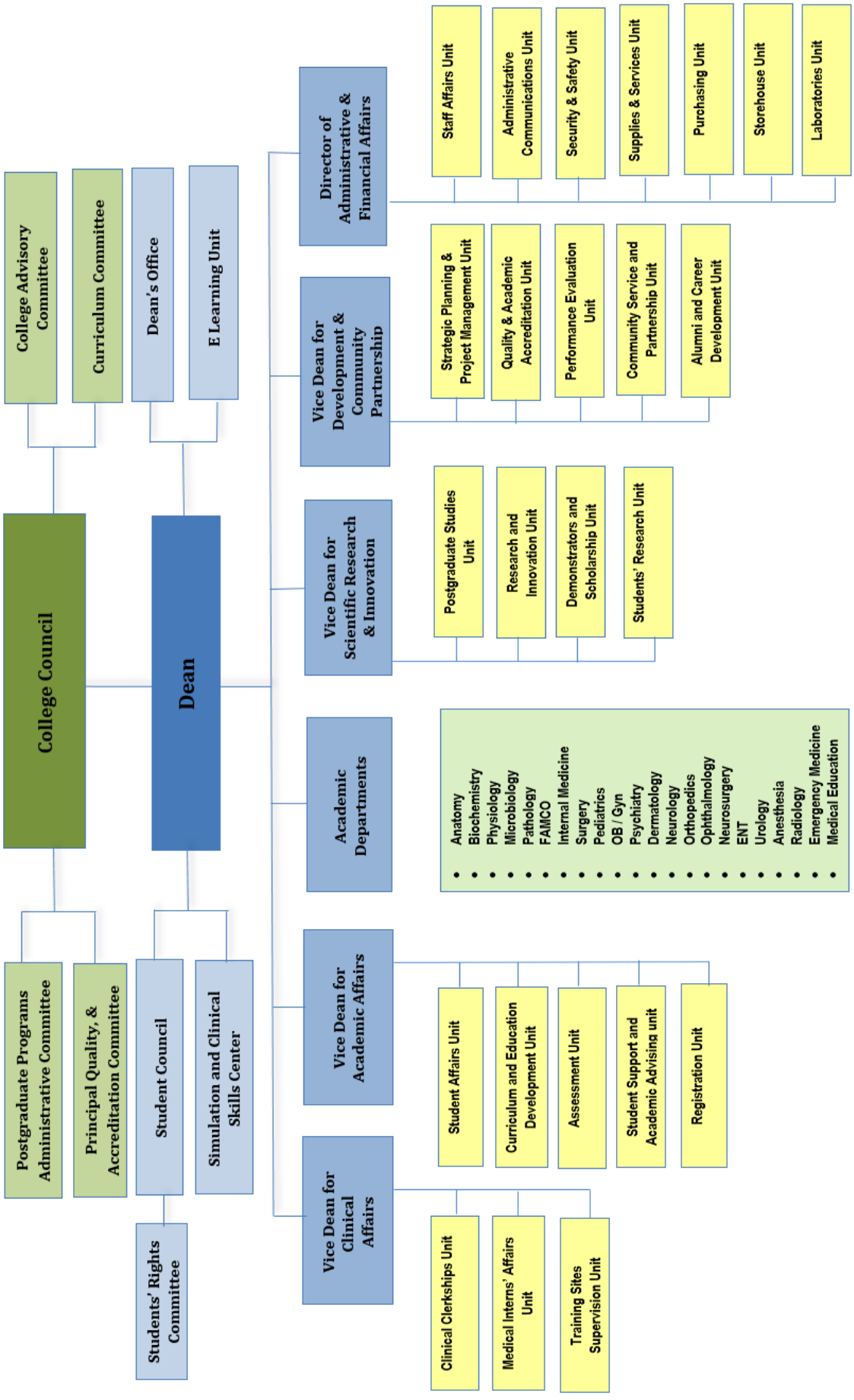
1. INTRODUCTION

The College of Medicine and Medical Sciences, was established by Royal Decree No. H/67 dated 28/7/1375H (1975) in the Dammam campus of the King Faisal University in the Eastern Province of Saudi Arabia. On January 2010, it has become a college of the newly established University of Dammam. It is located on King Faisal road, midway between Al-Khobar and Dammam, approximately 10 km from each. In 2017, the college name changed to its current name to Imam Abdulrahman Bin Faisal University.

The college admitted its first batch of undergraduate medical students in 1395H (1975) and the first batch of Nursing and Medical Laboratory Technology (MLT) students in 1409H (1988). The MLT Department was transferred to the newly established College of Applied Medical Sciences in the 1998 and the nursing department was transferred to the College of Nursing in 2002. In the same year, the name of the college was changed from College of Medicine and Medical Sciences to the present name College of Medicine.

The College of Medicine pioneered postgraduate medical education in the Kingdom. Its postgraduate programs were the first to be recognized by the Arab Board of Medical Specializations and the Royal Colleges of Surgeons in Ireland.

Since its inception the College of Medicine has organized Continuing Professional Development Programs designed for all health professionals in the Eastern Province, and the Kingdom at large. The college participates in health education for the general public through campaign and local and national information media.


College Council
Dean
College Advisory Committee
Curriculum Committee
Dean's Office
E Learning Unit
Postgraduate Programs Administrative Committee
Principal Quality, & Accreditation Committee
Student Council
Simulation and Clinical Skills Center
Students' Rights Committee
Director of Administrative & Financial Affairs
Staff Affairs Unit
Administrative Communications Unit
Security & Safety Unit
Supplies & Services Unit
Purchasing Unit
Storehouse Unit
Laboratories Unit
Vice Dean for Development & Community Partnership
Strategic Planning & Project Management Unit
Quality & Academic Accreditation Unit
Performance Evaluation Unit
Community Service and Partnership Unit
Alumni and Career Development Unit
Vice Dean for Scientific Research & Innovation
Postgraduate Studies Unit
Research and Innovation Unit
Demonstrators and Scholarship Unit
Students' Research Unit
Academic Departments
Anatomy
Biochemistry
Physiology
Microbiology
Pathology
FAMCO
Internal Medicine
Surgery
Pediatrics
OB / Gyn
Psychiatry
Dermatology
Neurology
Orthopedies
Ophthalmology
Neurosurgery
ENT
Urology
Anesthesia
Radiology
Emergency Medicine
Medical Education
Vice Dean for Academic Affairs
Student Affairs Unit
Curriculum and Education Development Unit
Assessment Unit
Student Support and Academic Advising unit
Registration Unit
Vice Dean for Clinical Affairs
Clinical Clerkships Unit
Medical Interns' Affairs Unit
Training Sites Supervision Unit

IMAM ABDURRAHMAN BIN FAISAL UNIVERSITY RISK MANAGEMENT POLICY STATEMENT

Imam Abdurrahman Bin Faisal University will adopt, wherever possible, recommended best practice in the identification, evaluation and cost effective control of risks, to ensure that they are eliminated or reduced to a level that is acceptable to the University

2. PURPOSE

This plan documents the processes, tools and procedures that will be used to manage and control those events that could have a negative impact on COM.

3. OBJECTIVES

Risk Management goals and objectives should be consistent with and supportive to Imam Abdurrahman Bin Faisal University mission and objectives. The College's risk management objectives are to:

1. Identify and manage existing and new risks in a planned and coordinated manner.
2. Identify and minimize the exposure to hazards in the area of fi re and life safety.
3. Develop a risk aware culture that encourages all staff to identify risks and associated opportunities and to respond to them with cost effective actions in a timely manner.
4. Ensure safety of student, faculty, staff and visitors.
5. To administer and coordinate the college chemical and medical wastes disposal program.
6. Conduct training on safety and health relating to driving, ergonomics, chemical use, exposure to blood borne pathogens, and environmental awareness.
7. conduct campus inspections to assess fi re, chemical and other safety hazards, as well as non-compliance issues.
8. Protect and enhance COM academic reputation.

4. SCOPE

COM risk management plan covers all programs provided by the college. It identifies and manages the risks that threaten the ability of COM to meet its objectives. COM will identify, monitor and aim to eliminate the range of threats to its activities, and develop cost effective control measures. These risks may be strategic, operational, compliance or financial.

5. COM APPROACHS TO RISK MANAGEMENT

The following key principles outline the COM approaches to risk management and internal control and aims to:

- Embed risk management throughout all academic programs and professional service areas at all levels.
- Relate all risk to the aims and objectives of the college.
- Devolve responsibility for risk management within the college.
- Use a consistent and transparent approach to risk management.
- Ensure that risks are identified and closely monitored on a regular basis at all levels.

6. LINES OF RESPONSIBILITY

○ COLLEGE STAFF

- Understand their accountability for individual risks
- Understand how they can enable continuous improvement of risk management and risk awareness
- To be familiar with the emergency plan for the workplaces they frequent, the emergency assembly area, and emergency coordinators for their building; and to participate inemergency drills.
- To learn about potential hazards associated with their work and work area; to know where information on these hazards is kept for their review; and to use this information when needed.
- To follow safe operating procedures and guidance applicable to their work, especially when their work involves hazardous materials or processes.
- To use personal protective equipment and engineering controls appropriate to their work.
- Report systematically and promptly to the Risk Management Coordinator or the College Risk Management Team any perceived new risks or failures of existing control measures.

○ RISK MANAGEMENT COORDINATOR

- Receive and organize data from risk identification
- Report and discuss adverse events or trends regarding potential risk management/loss prevention and control issues with the head of risk management unit. Take appropriate action and report results;
- Assist in the facilitation and completion of the investigation of a Sentinel event, ensuring that findings are submitted in a timely manner. Address the root causes of the Sentinel Event, and that an appropriate action is identified and implemented, as directed, by the quality and development officer.
- Organize and submit a quarterly summary Risk Management report to the Program director; Patient safety and Risk Management Committee and the quality officer.

- Organize and present continuous educational reviews the college of Medicine staff and students about the responsibilities related to the Risk Management Program. Address related interim educational needs when identified.
- Inspect work place conditions to make sure they conform to applicable standards to minimize or reducing hazards.
- Make sure employees have and use safe tools and equipment (including appropriate personal protective equipment), and that such equipment is properly maintained.

- **DEPARTMENT HEAD OR SUPERVISOR**
  - Manage and mitigate against those risks under their responsibility.
  - Ensure incidents are reported centrally, conduct an appropriate investigation where appropriate and ensure actions are taken.
  - Establish or update operating procedures and to communicate them to employees so that they can comply with safety and health requirements.

- **VICE-DEANSHIP FOR QUALITY AND DEVELOPMENT**
  - Manage the incidents/events in case of severe risks if not controlled by the department head or supervisor.
  - Review the incident report and action plan.

- **DEAN OF THE COLLEGE**
  - Ensure that risk management is embedded in existing management processes.
  - Approve the recommendations and action plan generated by the RCA Team.

- **FACULTY BOARD MEMBERS**
  - Review risk management report.
  - Review risk management operating procedures, rules and policies.

7. RISK MANAGEMENT SYSTEM

As part of the IAU risk management framework, the COM risk management plan consists of components which are intended to assist the college with getting risk management right. These components are:

- The Risk Management Process.
- Risk register.
- Incident Reporting.
- Risk Awareness.
- Health, Safety and Environment Monitoring.

7.1. THE RISK MANAGEMENT PROCESS

The risk management process is designed to ensure a robust approach to informed decision-making, consistent assessments, and that a common language is used and understood across COM. Consistent with ISO 31000, the risk management process consists of five steps as outlined below.

1. **Establishing the context**
    - Define the scope of processes / objectives i.e. what activity, decision, projects require analysis.
    - Identify relevant stakeholders/ areas involved or impacted.
    - Identify internal and external factors (physical, psychological, emotional, ethical, operational, reputational, financial, information, compliance).
    - Purpose:
        - Understand factors influencing the ability to achieve objectives
        - Define risk criteria to ensure risks are assessed in a consistent manner.

2. **Risk Assessment**

    Risk assessment should be done at regular intervals, at least annually but more frequently if problems are observed. Risk assessment include; risk identification, risk analysis and risk evaluation.

2.1. Risk Identification

- Identifying risks, their sources, causes and potential consequences.
- To generate a comprehensive list of threats and opportunities based on those events that might enhance, prevent, degrade, accelerate or delay the achievement of objectives.

2.2. Risk Analysis

- Assess the potential consequences of risk and likelihood of occurrence (Table 1)
- Identify the severity of the risk (likelihood × consequences) based on the Imam Abdurrahman Bin Faisal University risk criteria (Appendix 1)
- Assist with identifying ineffective controls.
- Inform risk evaluation and guide risk treatment.

Table 1. IAU Risk Rating Scale

Likelihood		**consequence (impact)**	
Almost certain	5	Catastrophic (Severe)	5
Likely	4	Major	4
Possible	3	Moderate	3
Unlikely	2	Minor	2
Rare	1	Insignificant	1

2.3. Risk Evaluation

- Determine whether the controlled risk is acceptable using the Risk Assessment Matrix (Table 2).
- Determine if controlled risks need further treatment.
- Identify priority order in which individual risks should be treated.
- Explore possible options for eliminating or minimizing the risk.

Table 2, IAU risk heat map

Risk Assessment Matrix					
Likelihood	**Impact / Consequence**				
	Insignificant	**Minor**	**Moderate**	**Major**	**Severe**
Almost Certain	**Medium**	**Medium**	**High**	**Critical**	**Critical**
Likely	**Low**	**Medium**	**High**	**High**	**Critical**
Possible	**Low**	**Low**	**Medium**	**High**	**High**
Unlikely	**Very Low**	**Low**	**Medium**	**Medium**	**High**
Rare	**Very Low**	**Very Low**	**Low**	**Medium**	**Medium**

3. **Risk Treatment and response**
   Risk response should cover both opportunities and threats. However, in selecting the risk response we should:
   - Select the most feasible and cost-effective options for risk treatment (avoid, mitigate, transfer or accept).
   - Development of strategies for implementation of selected options.
   - Implement risk elimination or minimization strategies.
4. **Monitoring and Review**
   - Review and Revision of Risks and Control Measures.
   - Ensure that controls are effective and efficient in both design and operation.
   - Re-consideration of context and potential risks.
   - Obtain further information to improve risk assessment.
   - Re-analysis of risks and potential control measures.
   - Review of risk treatment strategies.
   - Implementation of results of re-consideration, re-analysis and review.
5. **Communication and Consultation**
   - Building commitment within the Program to the Risk Management Plan.
   - Using the collective wisdom of those associated with the program to identify potential risks and options for elimination or minimization of risks.
   - Ensuring that any incidents are reported, recorded, and analyzed with identified risks addressed.
   - Continuing training and instruction in safe work and operational practices for residents, staff, contractors, voluntary workers and visitors.

7.2. RISK REGISTER

- The risk register enables COM to document, manage, monitor, review and update risk information in alignment with the strategic plan and operational plans. The risk register usually includes:
  - a unique identifier for each risk
  - a description of each risk and how it will affect the project
  - an assessment of the likelihood it will occur and the impact if it does
  - An outline of proposed control actions (preventative and contingency).
  - who is responsible for managing the risk
- The rankings shown on the risk register range from one (1) to five (5) against each criteria of likelihood and impact. The likelihood and impact scoring is multiplied together to provide the Severity score.
- Severe Risks are identified as those risks with a Severity score of 20 or more. Any severe risks and any risk where existing controls are assessed as inadequate should be reported to the Head of Department for reporting to the concerned department.

- The risk register will form part of the planning process for each department within COM.
- The register should be reviewed at least twice a year (including consideration of new risks) by the risk owners.

7.3. INCIDENT REPORTING

- All incidents must be reported. An Incident Report (Appendix 2) must be completed whenever an incident occurs and submitted to the COM risk Management coordinator.
- Corrective and preventive actions should be identified and executed for all severe, high or moderate risks according to the policy and procedure.
- Attachment 2 shows the policy and procedure for incident reporting as required by the DQAA-RMU.

7.4. BUILDING RISK AWARENESS

- COM has to build faculty and employee awareness and develop skills in getting risk management right. This increased awareness and understanding provides departments head, faculty and employee with greater self –confidence and willingness to take responsibility for the management of risk across COM.

- To facilitate this DQAA-RMU is working on developing various training and development tools and products to improve their risk management awareness.

7.5. HEALTH, SAFETY AND ENVIRONMENT MONITORING

- To minimize hazards to students, faculty, staff and visitors, the College of Medicine carried out a systematic and periodic inspection to health, safety and environment. A checklist tool that includes hazard factors in environment, fire safety, first kits for accidents and personal protective equipment (PPE) is prepared for this purpose. (Appendix 3: Health, Safety and Environment Checklist).

- All employees and supervisors are responsible for recognition of hazards. A written hazard analysis is required for every job category to determine what type of PPE is necessary. If an employee feels that there is an exposure to injury in his/her department that could be reduced or eliminated by the use of PPE, that employee must notify his or her supervisor immediately. An employee should notify his or her supervisor whenever the PPE seems inadequate or is no longer in good condition.

- Risk Management recommends that the first and best protection an employee or supervisor can take before beginning any project or research is paying close attention to the following:
    1. Administrative Controls, which include decisions as to what chemicals will be used to complete a specific project or process.
    2. Work Practices include having a clean and uncluttered workspace, having emergency plans to control or contain an unexpected spill or release, and labeling hazards.
    3. Engineering Controls include mechanical and structural concerns, e.g. fume hoods and ventilation systems.

- Laboratories may contain hazardous microbial agents in addition to hazardous chemicals or radiological material. Biosafety may apply any work involving the following:
    1. Laboratory cultures of infectious organisms or their toxins or proteins (including human and other primate cells and tissues).
    2. Exposure to human blood, blood products or other materials that may be infectious for blood borne pathogens (including human and other primate cells and tissues).

- COM provided the policies and procedures for maintaining the safety in the laboratory (Appendix 4 provides the anatomy lab safety policy), and for handling of infectious materials. Employees should use PPE, e.g. laboratory gloves, long sleeves, eye and face protection, to prevent reaction to any splashes or aerosols of human materials. Supervisors are responsible for specifying engineering controls and work practices to be used to prevent or minimize exposure to blood borne pathogens. Examples of engineering controls in biological practices are as follows:
    1. safer sharps devices
    2. sharps disposal containers
    3. biological safety cabinets
    4. mechanical pipetting devices
    5. secondary leak-proof containers for transport of material in biohazard bags for autoclaving, broken glass containers (cardboard) with leak proof liners
    6. splash shields

- Biowaste is material from procedures involving microbes and tissue culture or samples. Much of this material poses only a slight hazard in itself, yet still is disposed of as biowaste because of the chain of contact with IAU's waste. Those on campus generating such waste must follow certain procedures:

1. Ensure that all biowaste diverts from the regular trash. Put all tissue culture plates, flasks, well trays, blood-soaked and other biohazards materials into clearly marked orange or red bags and containers.
2. Autoclave all biological waste. Indicate this by using special tape or bags that change color when autoclaved. Some biowaste may be sterilized through other chemical disinfectants.

- Fire Protection Systems: Most University buildings are equipped with pull stations, audible/visual building alarm systems and fire extinguisher. The campuses are equipped with smoke detectors as well.

- **EMERGENCY PHONE NUMBERS**
  1. Emergency 997
  2. Fire/Rescue 998

APPENDICES

Appendix 1: Imam Abdurrahman Bin Faisal University Risk Assessment Criteria

Severity / Category	CRITICAL ≥20	HIGH ≥13 to ≤19	MODERATE ≥7 to ≤12	LOW ≥4 to ≤6	VERY LOW ≤3
Financial	Serious one-off cost or loss of income; greater that 10m SAR loss	From 5m to 10 m SAR loss	From 1 m to 5m SAR loss	1 m SAR or more loss	Less than 1 m SAR
Reputation	Serious and sustained negative national media or international coverage	Extended adverse publicity in local press or article in national media	Serious of articles in a local press	Moderate public or local interest	Minor public or local interest
Legal and compliance	Contractual, legislative or regulatory non-compliance with certain litigation, prosecution or penalties	Huge fine and disruption over an extended period	Fine with a little disruption to teaching / daily activities	Fine but no disruption to teaching/ daily activities	Minor breaches by individual
Operational	Undesirable reduction of staff and students in a College, threatening the viability of multiple programmers. Undesired loss of a College	Undesirable reduction of staff and students in a program Undesired loss of an academic program Organizational strategic goals and	Undesirable reduction of staff and students in a course Undesired loss of an academic course Significant impact on organizational	Moderate reduction of students Undesired loss of staff members Moderate impact on organizational strategic goals and	Minor reduction of students Undesired loss of staff member Minor impact on organizational strategic goals and

Severity / Category	CRITICAL ≥20	HIGH ≥13 to ≤19	MODERATE ≥7 to ≤12	LOW ≥4 to ≤6	VERY LOW ≤3
	Organizational strategic goals and operational activities are impacted such that there is an undesired loss of staff and closure of multiple units	operational activities are impacted such that there is an undesired loss of staff and curtailment of activities	strategic goals and operational activities	operational activities	operational activities
Health and Safety	Extensive injuries or fatalities to students, employees, staff, and families within university campuses.	Severe injuries to students, employees, staff, and families within university campuses.	Incident requiring significant medical attention.	Incident requiring moderate medical attention.	Minor incident, no medical attention required.
Service delivery	Serious disruption with impact on the strategic and operational activities of the university	Major disruption. Significant management action needed to recover	Minor disruption. Reprioritization is needed to ensure continuity of services	Low impact on service delivery – dealt with internally	Very low impact on service delivery

Appendix 2: Incident Report Form

Deanship of Quality & Academic Accreditation
Risk Management Unit

Incident Report

Please fill and return this form within 24 hours of risk

Details of risk incident

Date of occurrence: .../.../2016 Time: ..... Place (building no., room) .....
Is this incident related to safety? Yes□ No □
If the answer is yes, any healthcare needed after the incident? Yes□ No□
What kind of healthcare received? First aid □ clinic/health center □ Hospital □

Incident description (how risk incident happen)

.....
.....
.....
.....
.....

Incident classification (please choose the appropriate classification of the following)

Health risks

□ Human health risk in labs	□Food poisoning	□ Respiratory asphyxia	□ Falling risk
□Public health risks and chronic diseases	□Infections of epidemics and bio-waste and spread	□ Heatstroke	

Medical risks (concerns health colleges, clinics, centers and hospital)

□Treatment complications	□ Nosocomial infections (Hospital acquired disease)	□ Medication errors
□ Patient fall	□Pneumonia associated with artificial respiration device	□Medical errors
□bedsores	□Medical Radiation Risk	□Medical hazardous wastes

Chemical risks

□Spill of chemicals	□ ignition of chemical substance	□Throwing chemical waste in municipal containers
□Leakage/explosion of compressed gas cylinder	□Explosion of chemical material	□ Malfunction of sanitary system

□Mixing of incompatible chemical materials during transportation, handling, storage and scrap

Reputation Risks

Academic reputation risk:

□Low quality of academic programs and the lack of relevance to the requirements of development and the labor market	□Lack of job opportunities for IAU graduates of the compared with local universities	□Failure of some programs to achieve academic accreditation
□Poor quality of student assessment □Fraud phenomenon among some students	□Poor quality of learning resources and technical equipment and labs, leading to delays in the educational trajectory relative to global universities	□Faculty members are not well trained in modern methods of teaching.

□Research reputation risk:

□Lack of financial support for research and graduate students	□Low-quality research which impacts on the reputation of the university to the community and supporters	□Lack of research published in scientific refereed journals

The lack of researches that provide community service.

Media and information reputation:

□No specific mechanism that deal with misleading information or news that may be published about the University	□Damage of university reputation in a way that affects its reputation in society and country decision makers	□Conflict of published information about university, its students and staff

Administrative reputation risk:

□ Delay project completion within the university	□Lack of clarity of the management structure and procedures at the university	□Delay and loss of transactions
□ The existence of internal conflicts between some departments and overlapping powers	□The emergence of indications or marks administrative errors and the lack of transparency and justice.	

Human resources risk

□Job leakage	□Occupation of doctors and faculty members by outside works.
□Hiring faculty and staff without studies	□ improper hiring of recruited staff
□Negligence of a faculty member and the like in their duties	□Refraining from and disrupt of the work and occurrence of violence acts
□Lack of faculty staff and students awareness of their rights and responsibilities	□Lack of clarity human resource policies at the university
□Short of skills and competencies	

Financial risks

□Reduction of government support	□Reduction of university self-financial resources	□Misuse of assets and financial resources
□ Operational and financial risks	□Misuse of financial liquidity in University	□Misuse of assets and financial resources

Installations and facilities risk

□Cracked buildings	□Defect in the connections and electrical wiring	□Elevators malfunction
□ Electric power cut-off	□leak of potable water, sewage and rain	□Defects in air conditioning
□Short \ narrow emergency exits		

Security, safety and occupational health risks:

□A fire resulting from the storage of flammable liquids	□Fire caused by liquid petroleum gas storage
□A fire resulting from the storage of hazardous materials in some laboratories	□Fire caused by landscaping and janitorial services

□Risk resulting from poor precautions of safety conditions in some laboratories

□Lack of clarity of procedures in case of fire

□Fire resulting from misuse arrange and coordination the emergency exits and rooms services

□ □The lack of equipment for fire protection in some buildings and university facilities (fire or alarm systems or both)

Risk of transportation of people and materials

Natural and environmental risks

□Storms and hurricanes □Sand storm and dust □Rains and floods □Rising temperature

□Earthquakes and tsunamis

The risks of information systems and electronic systems

□Hacking □ Computer viruses □Unauthorized Access

□Unauthorized modification of data and information □Misuse □Lack of data and information accuracy and compatibility with each other

□The use of non-original copies of programs □Data loss □Malfunction of computers and software

□Human Errors

Risks related to learning resources

Risk of loss and leakage books and learning resources

Short of trained personnel to assist students in searching for books and references, in the locations they want

Short of financial support to cover the needs of books, magazines, indexing, equipment, services, systems development and other learning sources.

Risk of not updating policies for the development of the library and other learning up-to-date global sources

Risk of stopped book register, borrow a and recover systems, and inefficient follow-up to return borrowed materials at the ended a period of borrowed.

Legal Risks:

□Raising issues against the university

□Signing contracts and agreements that oblige the university by people who do not authorized.

□Violation of intellectual property rights

□Allow those who wish to contract with the university, to start working directly before signing the contract

□Use the university logo in informal ways

□Non-participation of the legal department in the drafting of resolutions and draft regulations and rules

□Legal risks that affects the educational process

□The difference in quality in the newly built and previously built on construction contracts of the university

□Interference of university administration in the decisions of colleges councils and departments

□Loss of documents (especially the secret ones) for failing to secure the necessary protection to keep them

□The risk of conflicts of interest by people who have relatives in the university

Another risk (please write below)

.....
.....
.....
.....

Cause of risk accident

What is the cause of the incident, according to your point of view? (You can discuss the reasons with your boss and write):

.....
.....
.....
.....
.....
.....

Preventive actions

What actions that should be taken to avoid a repeat of the incident in the future?

.....
.....
.....
.....
.....

Report writer:

Name: ..... Job title □ faculty member and the like □staff

Unit/college/deanship: ..... signature: ..... Date:.....

Risk manager	**Head of the unit (Vice/dean/College/Deanship ….)**
.....	.....
Date: ../../2016	Date: ../../2016

Appendix 3: Health, Safety and Environment Checklist

This checklist is designed to enable inspection and audit of health, safety and environment as part of IAU risk management plan

Items	Please Tick √			Findings and comments
	Yeas	No	N/A	
Health and environment				
Have all hazardous substances and tools been identified and a written assessment carried out (medical, biological, chemical, etc.)				
Are appropriate washing and sanitary facilities provided and work effectively for (Please tick):				
– Students				
– Faculty and staff				
– Clients				
– Disabled persons				
– Subcontractors, visitors, etc.				
Health and safety notices are displayed in place				
Are all areas ventilated sufficiently				
Are all lights sufficient, good and repaired within a reasonable time				
Do you have waste management policy and procedure				
Fire safety				
Fire alarm system is tested and well-functioning				
Is the fire alarm and smoke detection is tested periodically and are the records available				
Fire extinguishers are properly provided/installed				
Fire extinguishers are tagged with current inspection				
Fire extinguishers and fire hoses are unobstructed				
Fire hose reels are tested periodically				
Have all staff received adequate instruction, training and information on using fire extinguishers and first aid kit?				
Has fire evacuation drill been carried out within the last 12 months				

Items	Please Tick √			Findings and comments
	Yeas	No	N/A	
– Has records of all fire drills been kept				
Are stairs and slopes in good condition and have secured hand rails fitted				
Accidents and first aid				
Do you have first aid box that is correctly stocked and readily available				
Are all electrical sockets, switches and wiring in good repair				
Are all corridors and passageways free from obstruction, slips, trips and fall hazards				
Personal Protective Equipment (PPE)				
Do all staff have suitable and sufficient PPE to deal with infectious and hazardous substances				
Are staff and involved students provided with any PPE: if yes please tick				
– Gloves				
– Overall				
– Safety footwear				
– Safety helmets				
– Safety goggles				
– Face/dust masks				
– Respiratory equipment				
– Other (please state)				
Are arrangements for storage, cleaning, or disposal of contaminated PPE adequate				
Are all staff and students involved aware of when and how to use PPE				
Has anyone has been identified to monitor PPE use				
Have all staff and students involved received infection control training				
Continuing medical check-up for the staff and students which involve: - Knowing the risks/ precautions – Needle or fluid exposure – Vaccinations – Comply with international standards				

Appendix 4: Anatomy Lab Safety Policy

Work in anatomy labs, while illuminating and worthwhile, does pose some health and safety risks that need to be considered and addressed. Below is a list of work practices that MUST be followed during all lab sessions and prep work.

1) Only two uncovered cadavers may be exposed during any lab session.
2) Check to make sure ventilation hoods are "ON" before starting work. Do NOT unzip or open cadaver or specimen bags for a class if you don't think the hoods are working.
3) Keep cadavers covered in zipped body bags when they are not being studied.
4) Do not eat, drink, apply lip balm, or touch your face while in the Anatomy Lab.
5) Wear examination gloves when handling specimens, cadavers, or waste material.
6) Change gloves when damaged and periodically as needed.
7) Wear eye protection when working with cadavers and preserved specimens.
8) Wear a lab coat or scrubs when doing dissections to protect your clothes. For significant splash hazards, wear an apron over the lab coat.
9) Dispose of all scalpel blades and other sharps in red "SHARPS" containers.
10) Dispose of all scalpel blades and other sharps in red "SHARPS" containers.
11) Wash hands and any exposed skin immediately on contact with embalming fluid and before leaving the dissection area.
12) All waste containers must be kept closed when not actively being filled. Do not overfill.
13) All waste containers must be kept closed when not actively being filled. Do not overfill
14) Report injuries or problems to the laboratory supervisor as soon as possible.

Cadaver Care

All human anatomy students are responsible for the proper care of our human cadavers. When work is not actually being conducted, zip up the body bag to both avoid excessive odors and to prevent the cadaver from drying out.

.

DO NOT…remove the identification tag on the cadaver .

DO NOT… dissect or remove body parts without permission from the instructor.

Keep the body bag closed when cadaver is not being used.

Do not… open more than two cadaver bags at a time.

Laboratory Hygiene Practices

A-Required Personal Protective Equipment (PPE)

Lab Coat

Latex or Nitrile Gloves

Face shield

Safety Glasses

Heavy Rubber Gloves

Rubber/Plastic Apron

B-Care of Personal Protective Equipment (PPE)

Lab Coat

- Wash your lab coat when it gets dirty in a washing machine—not with your regular clothes. Add bleach as an added precaution.
- Lab coat should not be soaked with fluids. If it is, you should toss the coat in with the hazardous lab trash.

- If a significant splash hazard exists for a specific task, wear a rubber or disposable apron over the lab coat.

Gloves

- Remove disposable gloves and discard in lab-waste container. Do not re-use.
- Check gloves before donning to make sure there are no holes or tears.

Eyewear

- Store safety glasses in a bag, box, or container to prevent contamination.
- Store face shield in a clean container/area and decontaminate after each use with a solution of 10% bleach.

C. Additional Recommendations

- Avoid wearing contact lenses when working with cadavers. In all cases, wear eye protection over contact lenses.

- If pregnant, consult with your physician before continuing with the Anatomy Lab

- Close lab doors during class sessions.

Review of Hazards and Established Work Practices

Hazard Type:	**Established Work Practices**
• Established Work Practices. • Chemical Health Hazard. • Headache, nausea. • Potential toxic effects. • Eye and throat irritation.	• Keep specimen and cadaver bags or containers closed when not directly working with them. • Work neatly and clean up spilled embalming fluid promptly. • Dispose of saturated wipes, absorbent pads, and paper towels promptly.

	• Keep chemical and bio hazardous waste containers securely closed when not adding waste. • Close and tie/tape waste bags closed when ¾ full to prevent overfilling and bag breakage. • Do not work with cadavers when the ventilation system is not working or while the ducts are loose.
Biological Health Hazard: • Potential exposure to human pathogens. • Potential exposure to mold, fungi, or bacterial growth. • Nausea.	• Only use cadavers that have been properly embalmed and without known pathogens. • If decomposition is evident, return the cadaver to its body bag and do not use. • Do not remove human or animal parts from the anatomy lab. • Keep biological waste containers closed when not in use.
Sharps: • Cuts and punctures. • Potential injection of chemical or biological fluids into the body.	• Instructor must demonstrate the safe use of scalpels, needles and how to change blades. • Avoid carrying around scalpels with blades or storing in pockets. • Put used blades, knives and syringes in the red “sharps” boxes, not in plastic bags or trash can.

Surgical Saw: • Serious cuts and gashes. • Splashes or squirts of fluids.	• Only the anatomy lab coordinator and staff designated by him/her may use the surgical saw without supervision.. • A student may use the surgical saw only if trained and personally supervised by the lab coordinator or designated lab staff. • A rubber/impervious apron should be worn over the lab coat when cutting open the cadavers. • Use of the surgical saw in this lab poses no threat of flying bits of bone.