

Procedure No. 5-8-3
Replaces Procedure No. 5-8-3

Revised: 04-16-18
Issued: 08-10-96

SUBJECT: Monitoring Health and Safety of Individualized Supported Living Units

PURPOSE: To carry out the mandate of Health and Safety Policy Number 5.

In order to insure the homes are maintained in a safe and healthy manner, a system has been devised by the Health and Safety Committee to identify and correct any problems in a timely manner.

The Home Coordinator will be responsible to conduct monthly inspection/checklists which include the following:

- Monthly Fire Drill
- Monthly Tornado Drill (during tornado season March thru October)

And Quarterly checklists which include the following:

- Quarterly Cleanliness, Maintenance, Repair Checklist
- Quarterly Earthquake Drill
- Quarterly Flood Drill
- Quarterly Bomb Threat Drill
- Quarterly Power Outage Drill
- Quarterly Staff Review of Basic First Aid
- Quarterly Medical Emergency Drill
- Quarterly Safety during violent or threatening situation Drill
- Quarterly Ice Storm Drill

The Home Coordinator shall turn the drills and checklist in to the Program Manager and it is copied to a designated member of the Health and Safety Committee by the tenth of the month. These are reviewed by the Program Manager and any area needing attention is turned over to the proper staff member or department for correction. These forms are kept on file for one year. Inspections need to be turned in January, April, July and October by the 10th of each month. The Home Coordinator is responsible for completing quarterly home inspections.

If a maintenance repair is needed, the Program Manager refers it to Woodhaven's COO. The COO makes a decision if Woodhaven, the landlord or property owner is responsible for the repair. They then notify the responsible party (if not Woodhaven) of the needed repairs.

If a specific area requires the attention of the Committee before they meet, the Committee's Chairperson will contact the Program Manager to discuss the issue.

Approved by: _____
Chief Executive Officer

Date: _____

- Attachments:
- Monthly Fire Drill
 - Monthly Tornado Drill
 - Quarterly Cleanliness, Maintenance, Repair Checklist
 - Quarterly Flood Drill
 - Quarterly Bomb Threat Drill
 - Quarterly Power Outage Drill
 - Quarterly Staff Review of Basic First Aid
 - Quarterly Ice Storm Drill

**QUARTERLY SELF-INSPECTION
HOME CHECKLIST**

HOME: _____

QUARTER : _____ Revised: 04-02-07

This checklist is to be completed by the 10th of the first month of each new quarter and routed first to the Program Manager and then to the designated member of the Health and Safety Committee for review.

KITCHEN	CLEAN Yes/No	WORKING Yes/No	PROBLEM	CORRECTED	
				WHEN	BY WHOM
Refrigerator					
Oven					
Stove Top					
Exhaust Fan					
Stove Light					
Microwave					
Dishwasher					
Garbage Disposal					
Sink					
Lights					
Floor					
Walls					
Counter Tops					
Table					
Cabinets					
Windows					
Air Vents					
Trash Cans					
Under Sink					
Small Appliances					
Curtains/Blinds					
BATHROOM #1					
Floor					
Tub					
Toilet					
Sink					
Fan					
Lights					
Towel Rack					
Windows					
Toilet Paper Holder					
Shower Curtain					
Rugs					
Medicine Cabinet					
Mirror					
Vents					
Towels					
Supply Area					
Walls					

BATHROOM #2	CLEAN Yes/No	WORKING Yes/No	PROBLEM	CORRECTED	
				WHEN	BY WHOM
Floor					
Tub					
Toilet					
Sink					
Fans					
Lights					
Towel Rack					
Window					
Toilet Paper Holder					
Shower Curtain					
Rugs					
Medicine Cabinet					
Mirror					
Vents					
Towels					
Supply Area					
Walls					
BEDROOM (Name) _____					
Dust					
Clean Sheets					
Closets Straight					
Air Vents					
Walls					
Windows/Screens					
Lights					
Fans (ceiling)					
Alarm Devices for Hearing Impaired					
Curtains/Blinds					
BEDROOM (Name) _____					
Dust					
Clean Sheets					
Closets Straight					
Air Vents					
Windows/Screens					
Lights					
Fans (Ceiling)					
Alarm Devices for Hearing Impaired					
Curtains/Blinds					
BEDROOM Name: _____					
Dust					
Clean Sheets					
Closets Straight					
Air Vents					
Walls					
Windows/Screens					
Lights					
Fans (Ceiling)					
Alarm Devices for Hearing Impaired					
Curtains/Blinds					

LAUNDRY AREA	CLEAN Yes/No	WORKING Yes/No	PROBLEM	CORRECTED	
				WHEN	BY WHOM
Washer					
Dryer					
Windows					
Area Clean					
Air Vents					
Floor					
Walls					
Light					
STORAGE AREA					
Clean					
Air Vents					
Floors					
Walls					
Lights					
Windows					
LIVING ROOM					
Furniture					
Lamps					
Carpet					
Dust					
Lights					
Air Vents					
Windows/Screens					
Curtains/Blinds					
GARAGE					
Opener					
Clean					
Trash Container					
VEHICLE					
Inside					
Outside					
Turn Signals					
Tires/Spare					
Tire Tread (penny test)					
Brakes					
Lights					
Wipers					
Flashlights in Vehicle?					
Other					
Mileage					
Make					
Oil Change Needed			Date:		
License Expiration			Date:		
Check Tie Downs & Strap in Handicap Accessible Vans for Wear & Tear					
OUTSIDE OF HOUSE AND YARD					
COMMENTS					

OVERALL	CLEAN Yes/No	WORKING Yes/No	PROBLEM	CORRECTED	
				WHEN	BY WHOM
Floors					
Walls					
Locks					
Door Closures					
Windows/Screens					
Curtains/Blinds					
Air Vents					
Medicine					
Storage of Cleaning Supplies					
Outside/Trash/Cigarettes					
Door Mats					
Flashlights					
Plug-ins					
Light Switches					
Furnace Area					
Inspect Furnace Filter					
Fire Extinguishers	Number:		Full (yes/no):		
Smoke Detectors	Number:		Test (yes/no):		
Fire alarms and extinguishers are easily accessible?					
Hazardous chemicals & flammable material stored in safe and secure place?					
MAINTENANCE ISSUES					
PROBLEM		WHO DID YOU NOTIFY?		WHEN	STATUS

STAFF REFERENCE BOOK CONTAINS	YES/NO
1. Specific Emergency Plans for Area	
2. Copy of Emergency Plan Procedure	
3. Original Emergency Drills	
4. Review for Hazardous Chemical Storage	
5. Data Sheets for Cleaning Supplies	
Can staff state emergency plans?	
Can individuals served state how to evacuate for fire?	

COMMENTS: _____

Inspection conducted by: _____
 Date of Inspection: _____

Home Coordinator Reviewed: _____
 Program Manager Reviewed: _____

WOODHAVEN EMERGENCY DRILL FORM

Revised 04-16-18

Please Check

Applicable Box:	Scheduled	Unscheduled
FIRE DRILL	<input type="checkbox"/>	<input type="checkbox"/>
TORNADO/SEVERE STORM	<input type="checkbox"/>	<input type="checkbox"/>
EARTHQUAKE	<input type="checkbox"/>	<input type="checkbox"/>
POWER OUTAGE	<input type="checkbox"/>	<input type="checkbox"/>
FLOODING	<input type="checkbox"/>	<input type="checkbox"/>
BOMB THREAT	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL EMERGENCY	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY DURING VIOLENT OR THREATENING SITUATION	<input type="checkbox"/>	<input type="checkbox"/>
ICE STORM DRILL	<input type="checkbox"/>	<input type="checkbox"/>

Please complete this form each time an emergency drill is performed. Also, use this form when reporting a fire alarm that sounded. Fire drills need to be completed within one week of a new admission or change of living environment. Retain original in Staff Reference Book and send a copy of the completed form to the Health and Safety Committee Chairperson.

Location of Drill: _____ Date: _____ Time: _____ am/pm

Description of Drill: (i.e. did individuals evacuate or was procedure discussed/reviewed) _____

_____ Total Time for Evacuation: _____

Any Problems Encountered: _____

Any Recommendations for Improvement: _____

Staff Completing Form: _____ Title: _____

HOT WATER	TEMPERATURE	WHERE TAKEN
1 minute		
2 minutes		
3 minutes		
4 minutes		
5 minutes		
What temperature is Hot Water Heater set on?		

Smoke Detectors Working: YES NO

Actions taken to resolve problem, if necessary: _____

Program Manager Signature of Review: _____

Attachment to Procedure No. 5-8-3 and 5-8-10