

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued: 7/24

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I. APPLICATION:

- ☐ SCCCMH Board
- ☐ SCCCMH Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☐ Community Agency Contractors
- ☐ Residential Programs
- ☐ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health (SCCCMH) shall ensure that buildings owned or leased by the Board will provide a healthy and safe environment for the individuals we serve, staff and the general public. SCCCMH's physical environment shall evidence ongoing attention of Safety practices, reduction of health safety risks, and an overall concern for health and safety.

III. DEFINITIONS:

- A. External Inspections: Health and safety inspections of direct operated buildings - leased, operated, rented or owned by SCCCMH, carried out by an external authority.
- B. Internal Inspections: Health and safety inspections of direct-operated buildings-leased, operated, rented or owned by SCCCMH, carried out by internal SCCCMH staff or contractual staff.

IV. STANDARDS:

- A. Any external authority used by SCCCMH shall be recognized and credentialed as such (e.g., licensed or registered safety engineer, etc.). External inspections are to be conducted annually.
- B. Internal inspections shall be completed quarterly by an internal inspector (Transportation Technician/Designee or Program Supervisor), who shall have appropriate safety knowledge of items on the Safety/Infection Control Checklist (Exhibit A), Kitchen Safety Inspection Checklist (Exhibit B), and Kitchen Classroom Safety Checklist (Exhibit C) as applicable.
- C. Malicious or intentional destruction of SCCCMH property (e.g. building/dwelling, furniture and/or equipment) by an employee, visitor or an individual served will result in immediate personnel corrective/disciplinary action or law enforcement. The level of disciplinary action imposed is based upon the severity of the destruction.

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- D. Space heaters are prohibited except when Leadership approves an exception. Non-compliance may result in disciplinary action.
- E. Residential extension cords are prohibited. Personal items such as, phones, fans, lamps, etc., must be plugged directly into an electrical outlet or SCCCMH heavy duty surge protector. Note, staff are required to ensure personal items are turned off or unplugged daily. Non-compliance may be viewed as alleged malicious destruction to SCCCMH property and may result in disciplinary action.
- F. Illicit drugs are prohibited on SCCCMH property.
- G. Weapons, except where provided by law, are prohibited on SCCCMH property.
- H. SCCCMH shall maintain and review annually policies and/or procedures for Infection Control.

V. PROCEDURES:

A. General Building Safety

Facilities Supervisor/ Program Supervisor/Transportation Technician/Safety Committee Chairperson

1. Ensures that all building occupants follow SCCCMH policies and administrative procedures that relate to health and safety.
2. Ensures that all applicable buildings and its contents meet the requirements outlined in the applicable Safety Checklist. See Exhibits A-B.
3. Ensures the building(s) maintenance personnel perform their tasks in accordance with their specific Contract and/or “Functional Job Task List.”
4. Alerts Safety Committee Chairperson and/or Facilities Supervisor if tasks are not performed correctly.
5. Submits a “Help Desk Ticket” for the Facilities Department to address all maintenance needs.
6. Ensures good housekeeping practices are utilized for both the inside and the outside of the building.
7. Ensures there are written procedures for building protocol, including security and visitors, during and after business hours.
8. Ensures that all sensitive areas of each building are kept locked and only appropriate staff is allowed access. These areas include any area that may contain confidential data, hazardous materials, and controlled substances.
9. Ensures adequate First Aid equipment and supplies are easily accessible for use.

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10. Ensures staff is adequately trained in all areas of safety, including hazardous materials, as necessary, to reduce potential risks. Trainings include identification of potential risks, ways to prevent risks and emergency procedures.
11. Ensures appropriate safety-related documents/information is up-to-date and available; including SDSs (Safety Data Sheets).
 - a. SCCCMH will rely on SDSs obtained from product suppliers to determine which chemicals are classified as hazardous for employees.
12. Ensures appropriate and adequate communication occurs during the time of an emergency event.
13. Ensures staff is knowledgeable on how to use the InformaCast alerting notification system.
14. Ensures staff is knowledgeable of protocols when calling external emergency services.
15. Ensures processes are in place for bio-hazardous materials. [See Exposure Control Plan.](#)
16. Ensures there are an appropriate number of Fire Extinguishers. Fire Extinguishers are appropriately inspected (with inspector's initials and dated), and staff are knowledgeable of their locations and how to use.
17. Ensures staff knows who to contact, as agency's Safety Committee members.

Facility Supervisor / Safety Committee Chairperson

18. Ensures that annually-required external inspections are conducted of the premises in compliance with the local municipal ordinances and Standard IV.A., as requested by accrediting body.
19. Ensures that all chemical containers entering the workplace from a manufacturer/distributor are properly labeled as required by OSHA labeling of hazardous chemicals (this includes labeling any secondary containers used in the workplace, according to required standards).
20. Maintains a master SDS file, and superseded MSDS (Material Safety Data Sheet)/SDS electronic file, of hazardous chemicals used by the Agency. Additional copies of current SDS may be available for employees in appropriate locations or upon request (e.g. Facilities, Galley, etc.). In the event that a SDS is not received, it will be printed from the Internet or the supplier will be contacted. Expired SDS's are maintained in an electronic file.

Program Supervisor / Designee

21. Implements disciplinary action when malicious or intentional destruction of SCCCMH property has been imposed by a SCCCMH employee in accordance with the [Administrative Procedure #06-001-0055 Personnel: Corrective/Disciplinary Action](#).

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C. Building Inspections

Transportation Technician/Designee

1. Conducts quarterly internal inspections of applicable SCCCMH locations/program using Exhibit A; “Safety/Infection Control Checklist,” for Electric Avenue, Child and Family Services, Marine City and Capac locations, Exhibit B “Galley Kitchen Safety Inspection Checklist” for Galley.
2. Leaves a copy of applicable Inspection Checklist for Program Supervisor.

Program Supervisor

3. Completes the “Feedback on Improvements or Corrective Action Taken” section of the completed “on the Inspection Checklist form if applicable, and signs the form.
4. Forwards signed copy to Transportation Technician.

Transportation Technician

5. Addresses corrective actions and forwards all Inspection Checklists to Safety Committee Chairperson.

Safety Committee Chairperson

6. Reviews Corrective Action Plan and follows-up as necessary.
7. Maintains central file of internal inspections and completed Corrective Action Plans.
8. Reports updates to the Safety Committee on a quarterly basis.

VI. REFERENCES:

- A. CARF – Behavioral Health Standards Manual
- B. [#06-001-0055 Personnel: Corrective/Disciplinary Action.](#)

VII. EXHIBITS:

- A. Safety/Infection Control Checklist
- B. Galley–Kitchen Safety Inspection Checklist

VIII. REVISION HISTORY:

Dates issued 12/95, 08/12, 01/14, 01/15, 1/16, 07/16, 07/17, 07/18, 07/19, 07/20, 05/21, 05/22, 7/23.

BUILDING INSPECTION: SAFETY/INFECTION CONTROL CHECKLIST

Program Inspected: _____

Program Supervisor: _____

Date: _____

	YES	NO	N/A
1. Property and parking area are free of safety hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sidewalks are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Entrances meet fire safety code – means of egress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Handrails are secure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Facility meets barrier free standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Parking lot lights function at night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Window glass is in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. LEP kits are complete and available at Reception Desk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. General housekeeping is good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Floors and carpeting are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Warnings of temporary hazards are used or in place as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Bathrooms are clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Hand washing posters are hung at every sink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Liquid soap is used/available at hand washing locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Paper towels are available at hand washing locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Hot water tap does not exceed 110-120 degrees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kitchen area is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Refrigerator is clean and defrosted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Refrigerator is at appropriate temperature (between 32 and 40 degrees).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Faucets and drains are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Large trash cans have covers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Required Braille signage posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Cleaning and hazardous materials are properly stored and labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Extension cords do not present a safety hazard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Required safety posters are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Tornado posters are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Smoking and non-smoking signs are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Evacuation plans are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Different emergency drills have been conducted on a quarterly basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Exit signs are clearly visible (and lit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Smoke detectors have been inspected on a quarterly basis.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Fire extinguishers have been inspected on a quarterly basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. There are the proper number/placement of fire extinguishers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Fire extinguishers have been tagged and recharged during the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. First aid kit is available, inspected quarterly and is adequately stocked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. The St. Clair County Emergency FM Receiver Radio is present and operating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Emergency telephone numbers have been posted on all telephones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BUILDING INSPECTION:
SAFETY/INFECTION CONTROL CHECKLIST**

	YES	NO	N/A
38. HVAC and electrical appear to be in working order with clear access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Battery operated lighting and alarms are adequately charged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. There are "in-house" policies written that address safety/inspection control issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Supervisor and staff understand procedure for reporting employee accidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Supervisor and staff understand the Agency's arrangement with McLaren Industrial Health (IH).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Supervisor and staff understand the Agency's arrangement with the St. Clair County Health Department regarding T.B. testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Furniture or equipment is in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Program practices acceptable MIOSHA Standards regarding bloodborne pathogens (see 45-47 below):			
45. Availability of gloves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Availability of disinfectants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Availability of "Infection Control Kit".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. A copy of this inspection has been given to the supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. First Aid Kits for personal vehicles are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. First Aid Kits are present and adequately stocked in Agency's vehicles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Check flashlights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Check section numbering (reflective window clings and interior signage).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Check safety packets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Annually required external inspections completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Current SDS (Safety Data Sheet), provided by product supplier, readily accessible for all hazardous chemical products at Agency sites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Electric Avenue excluded as electronic smoke detectors are inspected annually by external inspector.

Areas for improvement _____

Date Corrective Action Plan Due: _____

Inspector: _____

Feedback on improvements or corrective action taken: _____

Supervisor: _____ Date: _____

BUILDING INSPECTION: SAFETY/INFECTION CONTROL CHECKLIST

Please send completed form to: St. Clair CMH Safety Committee

Date _____

Restaurant and Food Operations:	Yes	No	Comments:
1) Kitchen waste materials are stored in appropriate containers, in designated areas and removed to dumpster?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Fire extinguisher is present? Fire extinguisher is periodically inspected? Employees are trained?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Stove is in good working condition? Cooking surfaces are even? New coils are replaced as needed?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Floors around sink are mopped dry?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Knives are placed in drawer when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Slicing, Cutting and Chopping Areas</i>	Yes	No	
6) Is the immediate area clear for cutting, slicing or chopping?	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Equipment:			
7) All electrical equipment is properly grounded? Portable electrical equipment and extension cords have a ground prong?	<input type="checkbox"/>	<input type="checkbox"/>	
8) Switches, switch boxes, outlets and wiring inspected periodically and deficiencies corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
Storage Areas:	Yes	No	
9) Stock is properly secured and stacked; stored on racks, shelves or pallets?	<input type="checkbox"/>	<input type="checkbox"/>	
10) Good housekeeping maintained, aisles clear, storage area orderly, floors free of debris and storage has proper clearances from sprinklers?	<input type="checkbox"/>	<input type="checkbox"/>	
11) Shelving and racks in good repair and secured to avoid tipping?	<input type="checkbox"/>	<input type="checkbox"/>	
Cold-storage and Refrigeration Equipment	Yes	No	
12) Refrigerator is in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Floors and Walking Surfaces			
13) Floor is free from spillage, silverware, broken glassware, loose mats, torn carpets or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
14) Portable signs are out to indicate wet-mopped floors or temporary hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
Exits	Yes	No	
15) Exits are properly marked, illuminated and unobstructed; doors kept unlocked during hours of operation?	<input type="checkbox"/>	<input type="checkbox"/>	
16) Non-exit doors (to rest room area, kitchen, closets, etc.) identified properly?	<input type="checkbox"/>	<input type="checkbox"/>	
General Safe Practices			
17) Are the substances used approved for use in food establishments?	<input type="checkbox"/>	<input type="checkbox"/>	
18) Heimlich Maneuver posters are in plain view; employees are trained, where required by law?	<input type="checkbox"/>	<input type="checkbox"/>	

19) Fully equipped first-aid kit available at all times; at least one employee on each shift trained in its use?	<input type="checkbox"/>	<input type="checkbox"/>	
20) Emergency telephone numbers for police and emergency medical services prominently posted?	<input type="checkbox"/>	<input type="checkbox"/>	
21) Dishes and utensils are taken out of service and discarded when chipped, cracked or broken?	<input type="checkbox"/>	<input type="checkbox"/>	
22) Handwashing station is properly marked and handwashing signs are prominently posted?			
Comments:			
Describe specific conditions to be corrected.			

Completed by:

Safety or program designee

Revised 4/25/24