Elliot Health System

Education Module Part 2

Environment of Care (EOC)

- There are many hazards in healthcare facilities that result in injury, illness & property loss
- You can help prevent or reduce hazards
  - Follow policies & procedures
  - Review the EHS EOC Resource Binder in your department
  - Read EOC Committee minutes posted in IKE
  - Report issues/hazards so that they may be promptly addressed

Environment of Care (EOC) Resource Binder

- It's in your department – do you know where it is?
- It has BLUE tabs for quick reference information
- It has WHITE tabs with more detailed policies and procedures

- *It has all the information that you need to stay safe in your work area*

BLUE Tabs

- One tab for each EOC “Functional Area”
- Critical information to read BEFORE you begin work
- 20 minutes to read
- Areas covered include:
  - Safe work practices
  - Hazardous materials
  - ESCAPE/Evacuation routes
  - Security

WHITE Tabs

- Same information as BLUE tabs, but more detailed
- Still Department-specific
- All policies (system–wide) are on IKE

- ***ANY*** questions, ask your Department Safety Trainer or call the Safety Department

EMERGENCY MANAGEMENT

Emergencies happen almost every day.
All emergencies need an effective response.

Some emergencies are small. Others are large.

- Emergency: Occurrence that stresses the resources of an emergency system.
- Disaster: Occurrence that *exceeds* the resources of an emergency system thus requiring outside resources to cope.

Elliot staff (at any/all locations) may need to take on unfamiliar tasks to support an effective response.

Incident Command Team: Collaborative group responsible for managing and coordinating an emergency response. Comprised of personnel from: Administration, Emergency Medicine, Nursing, Security, Communications
Hospital Command Center (HCC): Elliot Board Room: where the Incident Command Team operates.

- National Incident Management System (NIMS):
  - U.S. government plan for assuring emergency responders are prepared to work together.
  - Hospital Incident Command System (HICS)
    - Our Hospital Command Center (HCC)
  - NIMS Components
    - Preparedness
    - Resource Management
    - Communications & Information Management
    - Supporting Technologies

For more information about NIMS/HICS and Elliot's EOP:

- IKE:
  - Emergency Management page
  - EOC Manual: Emergency Management Plan EM-0001
- EOC Binder:
  - Refer to the Emergency Management tab in your departments EOC Reference binder

Remember to develop your own personal preparedness plan!

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Types of Disasters

Healthcare organizations must be ready to respond to disasters and threats.

These disasters and threats include:

- Natural disasters: floods, tornadoes, wildfires, earthquakes.
- Technological disasters: communication failures.
- Major transportation accidents: bus, train, plane crashes.
- Terrorism: infrastructure destruction.
- Biological and chemical events: Anthrax, smallpox, nerve agents.

LARGE SCALE EMERGENCY

- In a large scale emergency, the Hospital Incident Command Systems (HICS) will be activated.
- The Command Center is the Board Room on the second floor
- Once the Command Center is established, information should be communicated to the Command Center ext. 3333.
- The Emergency /Disaster information # is 663-8888.
- Information about the HICS (Operations Plan) is on the Emergency Management website on IKE.

HICS Activations for Codes

- The Health System Command Center (HCC) may be activated to appropriately respond to a situation that would require a coordinated response by the Elliot Health System at the discretion of the Administrator.
- This may be a non-emergency, emergency, or disaster situation either internal or external.

- A “Code “means your response to a given emergency situation
  - Not just for the hospital, though offsite response procedures may vary
  - Common terminology
    - Across EHS
    - Same code standardized for all NH Hospitals
  - 2111 vs. 911
- Refer to badge tag/department binder/policies

What to do when a Code White is called:

- The *charge nurse* gets the department's Disaster Manual and completes the following:
  - Department-specific Incident Command Activation/Response Checklist
  - On/Off-duty Staff Assessment sheets found in your department specific Manual under blue tabs.
  - Using the department census, assesses any possible discharges to free up room for an influx of admissions

HAZARDOUS MATERIALS

Hazardous Materials

Chemicals

Many chemicals have specific safety measures. You can find these safety measures:

- On the chemical's MSDS
- In Dept or facility protocols.

Certain safety measures are used for all hazardous chemicals. These include:

- Wear proper Personal Protective Equipment to prevent contact with the chemical (exam gloves do not provide chemical protection).
- Goggles are used for risk of splash to the eye
- Wash your skin immediately if contact occurs
- Make sure new items are included in your Dept Chemical inventory

Disposal of Hazmat Chemicals

- Federal/State and local regulations restrict HazMat items from the regular "trash."
- Substances that are:
  - Toxic
  - Corrosive
  - Flammable/ignitable
  - Reactive

Refer to "Hazmat Matrix" in your EOC binder for disposal information or contact Safety Department for guidance.

- Some things that you may not recognize as possibly containing "hazmats" that are regulated for disposal include:
  - Aerosol cans, items "treated" with chemicals (silver, etc.)
  - Articles that "contain" substances (toner cartridges, sterno cans)
  - Medications, unwanted/expired items (samples)
  - Certain batteries (regular-alkaline batteries are ok for trash)

Haz Mat (Radiation Safety)

- Radiation is energy transferred through space
- Areas using radiation are marked with signs & symbols. Enter only if necessary/authorized

Radioactive Packages are Marked

Radioactive Material Sign

Ways to Protect Yourself from Radiation

Time ~ Distance ~ Shielding

- Minimize the amount of *time* exposed to radiation sources
- Maximize the *distance* from radiation sources
- If you need to be near radiation sources, use *shielding*
- Obey all signs and postings – stay out of areas marked with warning signs

Questions About Radiation?

- Contact your supervisor or the Radiation Safety Officer (RSO) with any questions
- If you feel something is unsafe, you are required to notify your supervisor and the RSO
- If you EVER see radioactive packages that are not secured, notify the RSO immediately
- If the RSO is not available, notify Nuclear Medicine or Radiation Oncology

LIFE SAFETY

Fire – CODE RED

In the event of fire/smoke, activate Code Red

RACE Procedure:

- **Rescue** from immediate danger
- **Activate** the nearest fire alarm pull station AND call 2111. Provide the exact location of the fire.
- **Close** all doors and windows (confine).
- **Extinguish** the fire if safe and controllable.

Dial 2111 or 911 – Emergency Number

- **Number needs to be called after activating pull station to give Operator exact location of fire.**

FIRE SAFETY

- All corridors and exits **MUST REMAIN** unobstructed.
- Pull stations are typically located along route of exit near exit doors.
- Pulling a fire alarm pull station will activate the alarm and unlock doors that would otherwise prevent people from exiting secured areas.
- Only Nursing Admin. and the Fire Department can authorize shut-off of oxygen in an emergency.

Fire Safety

Hospitals must:

- Have clearly marked exits and exit paths, including back-up exits
- Keep exit paths clear and well lit
- Use fire-alarm systems
- Use doors and windows that can contain fire
  - Make sure automatic doors are not blocked

YOU must:

Know exit and evacuation routes (refer to your Supervisor and department EOC binder)

Keep exit routes and exits clear

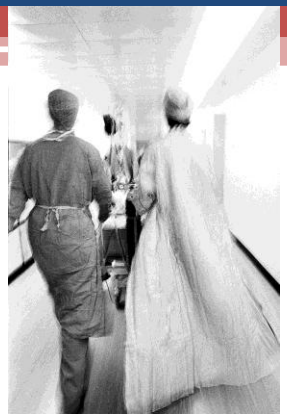
Know where to find equipment for evacuating patients during a fire

Know how to use the equipment applicable to your area

If not sure, ask your supervisor

Evacuations outside of the hospital: know the location of your rally point

Evacuation



- Know the evacuation plan for your department! (This includes off sites)
- Within the Hospital:
  - In a Code Red, patients are evacuated only if smoke or risk of rapid escalation.
  - Facilities/Security will respond to the effected area to help area charge people with determining/executing "Code Green" (Evacuation) if warranted.
  - Otherwise "defend in place" is appropriate in the hospital building with doors/windows closed.

Horizontal Evacuation is the first strategy used to defend-in-place.
Patients are moved down the hall, out of the danger zone, through at least one set of doors marked as "fire" or "smoke" doors.

Vertical Evacuation involves moving patients down the stairs to a lower floor or safe area of the facility. (this may involve use of "evacusleds" or "evacuation stair chairs")

Hospital Evacuation In general, the Fire Department and/or Hospital Command Center orders vertical evacuations.

Fire Extinguishers

- Portable extinguishers are available at ALL EHS locations to facilitate escape and/or extinguish very small/manageable fires if SAFE.
- Do so ONLY AFTER initiating R.A.C.E. (others are alerted, smoke is contained and help is on the way).
- Extinguishers in EHS locations are “Dry Chemical” type appropriate for most fires (Class A, B, C).
- A few exceptions apply where special equipment is warranted – your department EOC binder/supervisor will advise if this applies in your area.

P: Pull the pin
A: Aim the nozzle at the base of the fire. Stand 6-8 feet from fire
S: Squeeze the handle in five-second bursts.
S: Sweep the nozzle from side to side across the base of the fire.

Alcohol-based Hand Rubs

CDC guidelines for hand-washing includes the use of alcohol-based rubs for routine use in the clinical setting to help prevent the spread of infection.

To use safely, remember:

- Alcohol-based rubs are FLAMMABLE. Vapor can ignite readily and easily.
- Do not dispose of hand gel (or any flammable material) in the trash unless the container is **completely empty.**
- Reference **HAND GEL POLICY** in EOC Manual re: Placement of Alcohol Based Hand Rub Dispensers

SECURITY

- Contact for Assistance

  - Immediate Issue –
    - Unruly patient/visitor
    - Threat
    - Missing Child/Adult
  - Personal/Site Security concerns at this site
  - Alarms, Intrusion Alarms, and Electronic Locks

Violent/Combative Situation - CODE GREY

- Violent/combative situation: a person has become angry, agitated, hostile or uncontrollable within the facility.
- A "**CODE GREY**" is activated when Crisis Prevention Intervention staff is needed to maintain control of an emergency situation where physical restraint may be needed. The decision for calling a code must not be taken lightly, and the code should only be used in the event of an emergency situation.

Workplace Violence

In the healthcare setting, the main reason for violence is stress.

Patients and their family members often experience feelings of emotional overload, vulnerability, fear, powerlessness and helplessness

These feelings can lead to a desire to gain control which may take the form of violence.

Patients are responsible for most of the violence in the healthcare setting.

- healthcare **workers** also may be violent toward one another
- Members of the general **public** can also be violent

Healthcare workers are <u>not</u> the <u>only</u> ones at risk for workplace violence. All staff need to be aware.

Disruptiveness: Response

When responding to disruptive behavior:

- Stay calm to help calm the situation. Think about your choice of words. Certain words and phrases are likely to make the person even more angry.
- These include, *have to*, *can't*, and *it's not our policy*. Instead, use words and phrases such as..*I will*, *will you*, and *would you be willing*.

- Give clear instructions. Set clear limits. Explain that you will not be able to help until the person stops certain behaviors (for example, swearing or making verbal threats). Be polite, but clear and firm. **Continue to show that you want to help**.

After the Event…

Re-Establish Rapport

- After the "event" is over, you need to help provide reassurance to the patient, family and/or visitor. People fear that after "losing control" they will be rejected and treated badly.
- Discuss how future events can be prevented and what might have been done differently

De-Brief Professionals involved

- No one likes conflict, so this shakes people at their core.
- It is very stressful to deal with threatening, volatile or out of control people
- Talking about it with others helps people to calm
- Debrief away (out of earshot)from the person involved

Security Alert – CODE 1

- Any theft or vandalism of hospital property in progress
- Any theft or vandalism of any vehicle in progress
- Any person(s) in the hospital or hospital parking lots, demonstrating suspicious behavior
- Any/all incidents, which occur outside the Facility

Violence: Reporting

Report all violent/threatening behavior right away (notify Supervisor)

- **Code 1 or Code Grey, depending upon what the situation requires**
- A restraint form is required when a patient is placed in restraints.
- Incident Report required when an employee is injured.
- OCCURRENCE REPORT on EZ Track should always be completed – even if there was no injury.

Post-Incident Response

- After a violent incident, employees may feel traumatized.
- EHS offers support, which includes:
  - Medical care/Employee Health
  - Employee Assistance Program (EAP) services (confidential 1-877-259-3785) which may connect you to other services
  - Critical Incident Stress Debriefing

Infant/Child/Adult abduction -

CODE AMBER

- Follow the instructions under the blue tabs in your EOC binder
- Current door assignment list posted on IKE under Security site

Bomb Threat - CODE BLACK

- If you receive a threatening call (bomb threat), try to collect as much information as possible from the caller
- Call 2111, Code Black; off sites call 911
- The switchboard will immediately relay this information to the local Police Department / Fire Department (911), Nursing Coordinator, Director of Security, Facilities Director and the Administrator-On-Call, in order to determine the seriousness of such a call.

Disposal of Hazardous Waste

- If you have a Black container in your department, you generate and dispose hazardous waste. See your Safety Trainer to be sure you have the correct training!
- If anything that should go into the black container is spilled, either before or after it's use, all clean up materials go into the black container.

Hospital Evacuation – CODE GREEN

**Refer to colored "code" sheets –

- Preferred approach – horizontal evacuation evacuate to the designated area on the same floor.
- If warranted – vertical evacuation (floor)
  - Conduct an accurate head count of patients, staff and any other people in the department, plus have a current census list.
  - Down at least one level to floor(s) below. Option of horizontal evacuation may be lost if smoke is allowed to enter adjacent smoke compartment
  - You can find your department specific evacuation route in EOC binder, Life Safety blue tab

- Catastrophic circumstances may warrant a full facility (building) evacuation
- Larger scale evacuations will be facilitated by EHS Command Center * with the assistance and direction of the Fire Department

Hazmat -CODE ORANGE

- Code Orange: Hazmat Release /Spill
- Code Orange EMS- Patient(s) Decon
- Code Orange MSI-Radioactive Hazmat

Hostage/Weapon - CODE SILVER

- If someone enters an EHS facility wielding a weapon of any type and/or exhibits behavior that is threatening to the staff or themselves, immediately notify Communications by dialing 2111 or 911 of outside the hospital and provide the following information:
  - **"DO NOT CALL A Code GREY"**
  - Nature of Incident: (Weapons Alert/Hostage Situation) **Code SILVER**
  - Exact location of incident
  - Description of Individual(s) involved

UTILITIES MANAGEMENT

POWER OUTAGE

- Hospital will go onto generator power, which does not supply all electrical power needed.
  - Use only the red outlets; priority to pumps and beds and refrigerators.
  - Use power failure telephone
  - Use manual call bells and flashlights
  - Emergency lighting will go on in specific areas

PHONE FAILURE

The phone system has both battery back-up & hospital emergency power. If hospital generator fails, the battery back-up will cover for 4 hours.

In the event of a phone failure, emergency phones (marked *Telephone System Failure Phone*) should be used only for urgent communications. If system is overused, lines will ring to wrong extensions.

- **These phone lines convert to direct 7-digit lines so you must dial the 7-digit number even within the hospital (not just the extension numbers).**

MEDICAL EQUIPMENT

Medical Equipment

- Cell phones and 2-way hand held devices
  - Signs in some higher risk areas
  - 10 feet from critical medical equipment
  - Can cause misleading readings from monitoring equipment
- Medical Interventions
- Broken Equipment

Electrical Hazards: Safeguards

Electrical accidents can cause:

- Injury
- Death
- Fire
- A **conductor** is any material that can transmit electricity.

  There are many examples of conductors. The ground, or earth, is a conductor. Metals such as aluminum, silver, gold and iron also make good conductors.

  Other examples of conductors are:
  - **Moist body tissues**
  - **Body fluids**
  - **Water**
- Electric current flows readily through all of these condu

Electrical Safety

- NEVER touch someone experiencing an electric shock!
- You may safely try to stop the source of electricity (turn off circuit breaker, unplug the item, etc.)
- Separate them from the source with the use of a non-conductive item (example: dry wooden items with no metal, etc.)
- Summon medical assistance immediately
- In the event of a **Flood** – do NOT touch/step in water that may be in contact with electrical wires

Electrical Safety

There are many electric devices in the healthcare setting. Examples include:

- Adjustable beds
- Nurse call systems
- Lamps
- Treatment devices

This puts patients at risk of electric shock and injury.

To help protect patients:

- Place electric equipment at a distance from (6 feet) patients, whenever possible. **There are special requirements for treatment areas (3 prong plugs, etc.)** *See EOC policy.*
- Make sure the floors in patient areas stay dry.

*Note: Electricity flows through babies and children **EXTREMELY** easily. Therefore, babies and children are more likely to be injured if they are shocked.*

Electrical Hazards- Safeguards

- Do not try to repair damaged equipment yourself
- Mark it as “Do Not Use” with the Orange Defective Equipment Tag
- Remove it from service
- Turn it in for repair by qualified personnel

To use electric equipment safely:

- Use equipment properly
- Do not use any device until you have been trained to use it
- When using a device, ask for help if you need it

Lockout/Tagout

Lockout/tagout is a procedure established by OSHA to allow the workers servicing equipment to protect themselves.

By putting a lock with a tag on the controls, they prevent someone unknowingly or inadvertently activating a control that would release hazardous energy such as electricity or steam pressure that could hurt or kill the worker.

All staff must recognize the significance of a lockout tag and know not to remove, tamper or bypass the tagged control.

Reportable Medical Device Failures

- Under the Safe Medical Devices Act (SMDA), healthcare providers must report any death, serious injury or illness involving medical equipment.
  - The goal of the Act is to remove unsafe medical devices from use.
- If you think a medical device might have caused a problem, notify your supervisor
- "Device" does **NOT** need to be electrical. And in some cases user errors may also be reportable. (Refer to policy in EOC Manual)

BROKEN EQUIPMENT

If you find broken equipment, place an orange defective tag on the equipment.

Describe the defect on the orange tag.

Report the equipment to the appropriate department for repair.

Medical Equipment Inspection & Testing

All medical equipment must be inspected and tested before use. EHS has schedules and procedures for this. Ask your supervisor about the equipment in your area.

Inspection procedures should include at least the following:

- Check the device's power cord for fraying, splicing, and wear
- Check the device's casing for cracks, holes, and other damage
- Check to make sure all device covers are in place
- Check all circuit interlocks (if applicable)