Mad River Community Hospital
Annual Safety Fair

2016
Topics Presented in this Presentation:

- Standards of Excellence
- Quality Care/ HFAP
- HIPPA
- Patient’s Rights
- Patient Satisfaction Surveys
- Managing Aggression/Violence
- Cultural Awareness
- Age-Specific Competency
- Abuse Reporting
- Organ Donation Policy
- Employee Safety

- Ergonomics
- Employee Injury
- Occurrence Reports
- Security
- Infection control
- Waste management
- Utilities/Equipment management
- Radiation and Fire Safety
- Hospital Safety/Emergency Codes
- Emergency Preparedness
Look for these Question Icons Throughout This Presentation:

- These will give you the corresponding question number in your Safety Fair test packet that can be answered by the information shown.

- The test questions follow the order of this PowerPoint.

Ready? Here we go!
The booklet, “Standards of Excellence, is your guide for standards adopted by MRCH.

According to the MRCH Mission and Vision Statement, the patient is the hospital’s main concern.

All team members are expected to help fulfill our mission.

These standards establish specific behaviors that support a caring workplace.

We can best achieve our patient satisfaction goals by following the Standards of Excellence.
Standards of Excellence
Topics Include:

 Appearance

► Wear identification badge on upper chest, so it can easily be read by others.
► Dress professionally, and according to policies.
► Wear proper department defined uniforms, appropriate clothes and jewelry.
Standards of Excellence
Topics Include:

Attitude/ Communication with Customers:

- Greet every customer with a friendly smile and introduce yourself.
- Be observant of patients and visitors in hospital, and offer to help anyone who appears to need directions.
- Maintain patient confidentiality by following HIPAA regulations (more to follow on HIPAA).
Standards of Excellence
Topics Include:

Attitude/ Communication Fellow Employees:

- Treat all co-workers professionally. Set aside differences when working together.
- Do not chastise or embarrass fellow employees, especially in the presence of others.
- Be courteous and respectful. Rudeness is never appropriate.
- Address problems appropriately, by going to a supervisor or manager.
Standards of Excellence

Topics Include:

Privacy Patient/ Confidentiality:

- Do not discuss patients, their care or business in public areas.

- Interview customers in private, closing doors and curtains when appropriate. Keep a distance between patients when interviewing if feasible.

- Keep patient’s records secure and confidential!
Standards of Excellence
Topics Include:

Privacy/ Modesty:

► Always knock before entering and introduce yourself.

► Provide a robe or second gown when a patient is ambulating or in a wheel chair; provide blankets or sheets when a patient is being transported.

► Close curtains/ doors during examinations or procedures.
Standards of Excellence
Topics Include:

Safety Awareness:
(More to follow on Safety)

- Report all accidents/ incidents promptly and completely
- Be mindful of correct body mechanics for lifting, pushing, or carrying
- Be aware of potential chemical hazards, and respect all machines.
Standards of Excellence
Topics Include:

Sense of Ownership:

- Take pride in this organization as if you owned it.

- Adhere to all policies, regarding absenteeism, tardiness, breaks and time clocks.

- Help create a culture that taps the full potential of MRCH, and creates an environment that allows people to feel appreciated, included and valued.
Tips for working with surveyors…

- RELAX
  - The survey is not designed to try to trick you or to be hostile. The surveyors simply want to know that you understand policies, processes and the impact you have on patient care and service.
  - Be friendly, helpful and honest.
  - Ask for the question to be re-stated or said differently if you don't understand it.
It is MRCH policy to protect the privacy of individual patient protected health information (PHI). Because of this, the amount of information accessible to employees is limited to the minimum amount needed to perform a specific type of work or to complete a function (only what they have a NEED TO KNOW).
Never look up information on yourself, family member or friend---even with their permission.

Contact Health Information Management to request records or results.

**Authorization for Release of Medical Information**
Form must be filled out by the patient before their medical records can be released.
Protected Health Information

- Do not have discussions regarding patients in hallways, elevators, cafeteria, or outside the organization while off duty.
- Always log off before leaving a workstation unattended---do not share your passwords with anyone!
- Never take information outside the organization, including photocopies, printed pages, or faxed pages.
- Computer user names or passwords should never be shared, written or stored in plain sight.
- Dispose of unneeded records only in a locked shredding bin.
Patient rights incorporate AOA, Medicare, and CA Code Title 22 requirements.

“MRCH supports and protects the basic human, civil, constitutional, and statutory rights of each patient.”
Patient Rights & Responsibilities: Areas of rights that all patients are entitled to……..

1. Considerate and respectful care. (Like being called by name...)
2. Have a family member (or other person of your choosing) notified promptly of your admission.
3. Know the name of your primary physician, and others working with you.
4. Receive information about your health, diagnosis, prognosis, treatment plan, etc.
5. Patients have the right to effective communication, and to participate in their care plan.
6. Make decisions regarding medical care, and receive adequate info regarding treatments and procedures.
7. Request or refuse treatment to the extent that is legal. Patients do not have the right to request inappropriate or unnecessary treatment. They do have the right to leave the hospital, even against medical advice.

8. Refuse to participate in research/experimental procedures.

9. Reasonable responses to any reasonable request made for service.

10. Appropriate pain assessment and management, information about pain, and pain relief management and its process.

11. Formulate advance directives.
Areas of rights that all patients are entitled to:

12. Have personal privacy respected.
13. Confidential treatment of all communications and records.
15. Be free from restraints and seclusion as a means of discipline or convenience by staff.
16. Reasonable continuity of care and to know appointment time and location in advance, as well as identity of provider of care.
17. Be informed of care requirements and options following discharge. You (and other members by your request) have the right to be involved in planning for this.
Areas of rights that all patients are entitled to……..

18. Know the hospital rules and policies that apply to your conduct while a patient.

19. Designate visitors of your choosing if you have decision-making capacity (exceptions apply).

20. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit.

21. Examine and receive an explanation of the hospital’s bill regardless of the source of payment for care.
22. Exercise these rights without regard to sex, race, color, religion, ancestry, disability, source of payment, and others.

23. File a grievance.

24. File a complaint with the California Department of Public Health (CDPH) regardless of whether you use the hospital’s grievance process.

* Concerns/ grievances/ complaints from a patient or family member can be sent to or called in to the Quality Outcomes Data Administrator/Compliance Line at 707-845 4909
Areas of rights that all patients are entitled to…….

- The Hospital’s Integrity **Compliance Program** has been developed to help reduce the risk and prevent the potential exposure for misconduct.

- It is an aid to the development of effective internal controls that promote adherence to applicable federal and state law, and the program requirements of federal, state and private health plans.

- The adoption and implementation of this Compliance Program significantly advances the prevention of fraud, abuse, and waste in our healthcare efforts while at the same time furthering the fundamental mission of our hospital, which is to provide quality care to patients.

---

**All healthcare team members promote and protect patient rights**

**Compliance Line:**

825-4909
Patient Satisfaction and Feedback

- HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores plus our success at Core Measure compliance will determine **how much we will get paid** for the work we do for patients.

- Nearly $1 billion in payments to hospitals over the next year will be based in part on patient satisfaction, determined by a 27-question government survey administered to patients. Hospitals with high scores will get a bonus payment. **Those with low ones will lose money.**
Press Ganey/HCAHPS survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care.

The public reporting and availability of this information creates incentives for hospitals to improve their quality of care.

The Press Ganey/HCAHPS survey asks discharged patients questions about their recent hospital stay. Many of these questions are targeted toward quality of care.
Press Ganey/HCAHPS results are publicly reported and may be seen at www.hospitalcompare.hhs.gov.

The biggest key to patient satisfaction isn’t a fancy hospital lobby or high-tech equipment; it’s the staff, according to a survey released by J.D. Power and Associates.

"Having an appealing hospital facility matters, but an experienced and socially skilled staff has a greater impact on patient satisfaction."—Rick Millard (JD Power and Associates)

The main area that patients are generally requesting hospitals to focus on currently is including them in decisions regarding their treatments, responding to their concerns, and maintaining a clean, friendly environment.
Patient Satisfaction surveys

The survey questions are all about:

1. – Communication with nurses
2. – Communication with doctors
3. – Responsiveness of hospital staff
4. – Pain management
5. – Communication about medicines
The Press-Ganey survey questions are also about:

6. Discharge information
7. Cleanliness of hospital environment
8. Quietness of hospital environment
9. Safety of the hospital environment
10. Infection Control

What number question on this list (1-10) relates to what you do? Give an example of a patient satisfaction question on your quiz....
Management of Aggressive and Violent Behavior

How do we stop aggressive behavior before it begins?

How do we prevent escalation of early aggression?

What is the best way to deal with an angry person, customer or patient?
Management of Aggressive and Violent Behavior

- Spend your efforts trying to find the problem:
  “If you can tell me what the problem is, I know I can find the right person to assist you in finding a solution and answer your questions.”

- **5 Steps to Setting Effective Limits:**
  1. Explain to the individual exactly which behavior is inappropriate.
  2. Explain why the behavior is inappropriate.
  3. Give reasonable choices with consequences.
  4. Allow time.
  5. Enforce consequences.

- If behavior escalates to the point that you are feeling unsafe, ensure your safety first by keeping a safe position and (next page)....
Management of Aggressive and Violent Behavior

Ten Tips for Crisis Prevention

1. Be empathetic - Allow that person their feelings.
2. Clarify messages - Listen to the person’s real message.
3. Respect personal space - Stand at least 3 feet from the person.
4. Be aware of your body position - Have an exit close to you. Standing at an angle to the person is less likely to escalate the situation.
5. Ignore challenging questions - Redirect attention to the issue at hand.
6. Permit verbal venting when possible - Remove person from an audience.
7. Set and reinforce reasonable limits - Offer choices and consequences.
8. Keep your nonverbal cues non-threatening - Gestures, facial expression, tone of voice, etc.
9. Avoid overreacting - Remain calm, rational, professional.
10. Use physical techniques only as a last resort - Only MRCH trained RNs may apply restraints when a person is a threat to self or others.
“If you can tell me what the problem is, I know I can find the right person to assist you in finding a solution and answer your questions.”
Call an Appropriate Security Code: “Dr. Strong” versus “Code Grey”

“Dr. Strong”
- In a situation where manpower is needed (say there is a patient being violent in the parking lot), a “Dr. Strong” code will be heard overhead. It is used for a show of force.
- All employees go to the location stated overhead if able to.
- Often the show of mere numbers reduces aggressive actions.

“Code Grey”
- If “Dr. Strong” is not effective to cause a reduction in violent/aggressive behavior “Code Grey” is called to manage/restraint combative persons.
- The Arcata Police Department is called in concert with “Code Grey”. This code is also called in management of Prison Inmates that take a hostage.
What is Cultural Awareness?

- Considering every patient’s culture when giving care.
- Treating every patient, family member, visitor and co-worker as an individual.
Importance of Cultural Awareness

- Helps patients receive more effective and personal care.
- Enables healthcare workers to provide better, meaningful care.
- Improve your job performance and your job satisfaction.
- Meet expectations of regulatory agencies.
Cultural Awareness

- Preferred language
- Communication style
- Different views of health
- Family and community relationships
- Different practices
  - Religions
  - Holidays
  - Spiritual practices
- Food preferences
3 ways that we can be culturally aware and culturally sensitive:

- Treat each person as an individual no matter what you may think you know about their culture.
- Know Thyself. Know your own culture.
You can’t expect to know everything about all cultures, but if you come from a place of respect you will come to know more than you did.

Don’t be afraid to ask. Your best resource is always the person themselves.
Cultural Awareness

Example questions to ask:
❤️ What do you call this?
❤️ What do you think is wrong?
❤️ What do you think caused this?
❤️ How do you cope with this condition?
❤️ What concerns do you have?
❤️ Do you share this belief?
❤️ Do you practice this culture?
❤️ What concerns you about my instructions?
Age-Specific Competencies

Age-specific competencies are skills you use to ensure patient care that is based on understanding individual needs at different stages of life. Each age group has different communication styles and needs.

- These stages include:
  - Infants & Toddlers (0-3 years)
  - Young Children (4-6 years)
  - Older Children (7-12 years)
  - Adolescents (13-20 years)
  - Young Adults (21-39 years)
  - Middle Aged Adults (40-64 years)
  - Older Adults (65 years and up)
Age-Specific Competencies

- Learn to recognize blocks to communication such as:
  - Physical impairments
  - Emotional stresses
  - Learning abilities
  - Language/ cultural barriers
- Give the patient your full attention, listen and observe.
- Communicate your observations to healthcare team and document as appropriate.
- Every hospital staff member needs to follow age-specific guidelines as outlined in department-specific protocols.
Mandated Reporting: Any medical practitioner or non-medical practitioner, within the scope of his/her employment or professional capacity, who has seen the victim of abuse or neglect shall report the known or suspected instances to law enforcement, local child protection agency, or the Health Department.

It is the responsibility of any employee, volunteer, and/or other staff that observes and/or is notified of suspected or documented abuse to initiate the reporting process.

Contact Social Services for assistance on reporting abuse or neglect.
Infant Surrender: California law requires hospitals to accept physical custody of newborns up to 72 hours old who are voluntarily surrendered by a parent or legal custodian.

The intent of the “Safely Surrendered Baby Law” is to provide a safe alternative for surrender of newborns by ensuring the surrendering individual confidentiality, and freedom from prosecution.

MRCH is a “Safe Surrender Site”. Find the guideline within the policy titled “Infant Surrender”.

©2012 Maria Elkins
In accordance with the Department of Health and Human Services 42 CFR Part 482.45 (a), 482.45 (a) (i) Conditions of Participation for Hospitals, the California Assembly Bill 631, Section 7184, and Public Law 99509, Section 9318; in order to provide organs and tissues for transplantation; to honor the wishes of the deceased; and to cooperate with the wishes of the legal next-of-kin of the deceased, the following procedures will be implemented for anatomical donations. The California Transplant Donor Network and UCSF Tissue Bank protocols are followed for arrangement of all patients wishing to donate organs and tissues.

When organ or tissue donation may be indicated, the referral number for the Transplant Network coordinator is 1 800 55 DONOR.
Organ Donation: What’s the Process?

- CDTN Staff (California Transplant Donor Network representative) will do an on-site evaluation of the potential organ donor to determine medical suitability, when appropriate.

- MRCH Staff will provide emotional support to the family.
The processes and mechanisms by which MRCH strives to provide a physical environment free of hazards in which to provide patient care, and manage staff activity to reduce the risk of injury.
Fitness for Duty: MRCH promotes a drug and alcohol–free work environment. Any employee that appears impaired should be reported to your department manager or designee.

Harassment and Discrimination Prohibition: Mad River Community Hospital is committed to providing a work environment which respects the rights and dignity of every employee and is free from all forms of discrimination and harassment including sexual harassment.

If you feel you are experiencing harassment, you must notify your Department Manager or Human Resources IMMEDIATELY.
Employee Safety

Tobacco Free campus: Tobacco use or smoking of any substance is not allowed within any hospital and clinic buildings, interior patios, near building entrances or windows, sidewalks, grounds or parking lots. This is to protect the health and safety of employees and patients.

- The one exception for tobacco use is the designated smoking area for employees, located in the kiosk at the rear of the Environmental Services hangar.

Injury and Illness Prevention Program: Safety Committee will conduct periodic inspections of work areas to look for hazards to safety or health. MRCH is committed to maintaining a safe and healthful working environment.

MRCH is a drug-free, alcohol-free workplace
Ergonomic: Back Safety

PLANNING AHEAD.....

► Can I do the task by myself in a safe manner?
► If not, determine the number of people it will take.
► What equipment or materials are needed to do the job?

Oh, duh! I shouldda prepared myself for work today by stretching and doing my core exercises.....
Safe Lifting Technique

- Bend the knees, place your feet close to the object and center yourself over the load.
- Get a good hand hold.
- Lift straight up, smoothly and let your legs do the work, not your back.
- Avoid overreaching or stretching to pick up or set down a load.
- Do not twist or turn your body once you have made the lift.
Safe Lifting Technique

- Always push, not pull, the object when possible.
- Support your back while sitting at a desk:
  - Use the backrest of the chair to support lower back.
  - Keep feet flat on the floor or on a foot rest.
  - Change posture frequently.
- Take short breaks to stretch throughout the day.
Safe Lifting Techniques

- Size up the load before you lift. Test by lifting one of the corners or pushing. If it is too heavy or feels too clumsy, get a mechanical aid (e.g. patient lifting device) or help from another worker.

- When in doubt, do not lift alone.
If you are injured while at work, report the injury to your **Department Manager** and **House Supervisor**.

Report to **Occupational Health Services** (during regular business hours) or **Emergency Department** (after hours) for evaluation of injury.

***If it is a sharps injury, Body Substance Exposure, or an Emergency, go to the emergency room.***

Complete the Worker’s Compensation paperwork AND an Occurrence Report.

Forward Occurrence Report to manager.

Leave completed Worker’s Comp packet with the department where you were evaluated (ED or OHS nurse) and call Occupational Health Services at x4907.
Occurrence Reports

- Incidents are reported on an Occurrence Report....

Examples of incident areas on occurrence reports include:
- Harassment/Abuse
- Patient Rights Violation
- Patient Falls
- Medication Errors
- Blood Administration
- Laboratory Event
- Procedure Complication
Occurrence Reports

- All employees should submit a report to the **House Supervisor** or the **Nurse Executive** if they observe a situation containing a safety risk.
- Any abuse, harassment, violation of patient rights, or patient falls should be reported on this form.
- Reports should be filled out completely.
- Reports contain different sections so the person submitting the report can be specific as to the type of incident.
- All Occurrence Reports are tracked and trended in a computer system, and presented to the **Safety Committee for review** and recommendations for corrective action.
Occurrence Reports

- Use for reporting any unanticipated events.
- Occurrence Forms are found on the intranet home page under “Forms”, and they are called “MRCH Occurrence Report”.

If you notice a potential problem:
- Isolate the problem if possible (piece of equipment, etc.).
- Report the problem to your supervisor.
- Fill out an Occurrence Report form.
Maintaining a Secure Environment

- Store stethoscopes in pockets
- Don’t wear dangling earrings
- Keep long hair up or pulled back
- Don’t wear ties or scarves (unless department’s dress code)
- Wear breakaway lanyard, clip-on, or retractable ID Badge
(cont.)

**Prevention Strategies**

- Trust your instincts
- Don’t turn your back on an agitated person
- Maintain a clear exit for yourself
- Mentally rehearse your response beforehand
- Treat people well so you are less likely to become their target
Maintaining a Safe Environment

- What are the four most effective words for the person who looks lost or suspicious?

- “May I help you?”
Maintaining a Safe Environment

What is the easiest method for you to help maintain a secure environment at MRCH?

- WEAR YOUR PICTURE ID AT ALL TIMES WHEN ON DUTY AT THE HOSPITAL
Who is at the center of preventing security breach?
Safety Initiatives and MRCH Accreditation

In 2009, The National Quality Forum (NQF) and Healthcare Facilities Accreditation Program (HFAP) have endorsed a set of 34 SAFE PRACTICES or “Patient Safety Initiatives”

We are HFAP accredited, so these are OUR safety initiatives as well!

These initiative continue in 2015 to assure the path toward hospital wide safety.
Some examples of the 34 Safe Practices are:

- Order Read-Back and Abbreviations
- Catheter Associated Infection Prevention
- Hand Hygiene
- Influenza Prevention
- Wrong Site, Wrong Procedure, Wrong Person Surgery Prevention
- Surgical Site Infection Prevention
- Informed Consent
- Glycemic (Blood Sugar) Control
- Organ Donation
- Fall Prevention

HFAP-guided Safety Practices used at MRCH can directly or indirectly affect each employee regardless of which department you primarily work in.
Using Color-Coded Patient wristbands is a safety initiative here at MRCH.

All MRCH staff may come across a patient, family member or auditor-related situation requiring knowledge of this safety initiative.

Wristbands used here at MRCH:

**Patient Alert Standardization for Safety**

- White: Patient identification band
- Green: Identification band with Infection Control Alert
- Purple: DNR — Do Not Resuscitate
- Red: Allergy
- Yellow: Fall Risk
What is Infection Control?

Infection Control is the practice of preventing infection:

- Take steps to ensure that patients and staff members don’t acquire an infection like the flu or MRSA while they are here in the hospital.

TERM:

- Nosocomial (Hospital-Acquired) Infection
IMPORTANT!

THE MOST EFFECTIVE INFECTION CONTROL MEASURE TO PREVENT THE TRANSMISSION OF INFECTION IS:

** HAND HYGIENE **

- You can isolate a patient and wear your protective equipment,
- **BUT**......YOU NEED TO CLEAN YOUR HANDS.....no matter where your work
- **OR**...you will carry the infection to all the people you touch.
Infection control: What’s on your hands?

Remember!

- Good hand hygiene prevents the spread of infection
- Good hand hygiene is the most important activity you can do to keep patients, families and fellow employees infection free

Hopefully not that!

Or that!
Hand Hygiene at MRCH

- Hand washing with soap and water:
  - Antimicrobial soap - overused
  - Non antimicrobial soap - soap & water + friction

- Hand hygiene with alcohol gel
  - Exceptions for use:
    - Physical debris on hands
    - Protein matter on hands
    - Spores (clostridium difficile)
Give Healthcare and Fellow Employees a HAND... by washing yours!

- Before you start work
- Before having contact with others
- Before meals
- After using the bathroom
- After you sneeze or cough
- The opportunities are endless!
Prevent the Spread of Infection!

- Use a tissue to cover your coughs and sneezes
- Sneeze or cough into your sleeve if you do not have a tissue
- Clean your hands often
- When needed, wear a mask to protect yourself and others from germs
- Keep your germs at home!
I won’t spread flu to my patients or my family.

Even healthy people can get the flu, and it can be serious.

Everyone 6 months and older should get a flu vaccine. This means you.

This season, protect yourself—and those around you—by getting a flu vaccine.

For more information, visit: http://www.flu.gov
When should Seasonal Flu Vaccination occur?

Doctors and nurses are encouraged to begin vaccinating their patients as soon as flu vaccine is available in their area and continue vaccinating through the remainder of the flu season. While influenza outbreaks can happen as early as October, most of the time influenza activity peaks in January or later.

It is especially important that certain people get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications.
If you are not going to get the flu vaccine, you must sign a declination form.

Declination forms are on the intranet, or you can ask your manager for one.

Monty in Employee Health x3606 can help if you have questions!
Infection Control Champs.....

Clean
Hands Are Making People Safer
STANDARD PRECAUTIONS
Bloodborne Pathogens

- Practiced for **all patients and persons (not just in a nursing situations)**, all the time.

- When you find yourself in a situation that might result in exposure to bodily fluids (like transferring bloody linens or working on plumbing) utilize a barrier like gloves for fluids. If the fluid might splash, consider also using a face shield or goggles.

- When you find yourself in a situation, (like flu season or having a person with a viral infection sign paper work), that might result in exposure to air-borne germs, utilize a barrier like a mask.
What Are Blood Borne Pathogens?

- Blood borne pathogens are germs in the blood that make people sick.
- Often cause no short-term symptoms
- Can be passed on to others
- Can lead to death

<table>
<thead>
<tr>
<th>Blood Borne Pathogens</th>
<th>Additional Symptoms and Long-term Effects</th>
</tr>
</thead>
</table>
| Hepatitis B virus (HBV) and Hepatitis C virus (HCV) | • Yelllowing of the skin or white of eyes  
• Feeling tired  
• Pain in abdomen  
• Nausea, vomiting, diarrhea  
• Loss of appetite  
• Damage to liver |
| HIV                                             | • Extreme unexplained tiredness  
• Poor appetite with rapid weight loss  
• Unexplained fever  
• Swollen glands  
• Increased risk of other diseases  
• Can cause acquired immune deficiency syndrome |
Blood-Borne Pathogens: Blood-Borne Pathogen Exposure

- You can be exposed to blood borne pathogens at work if a contaminated sharp punctures your skin or if blood or other infectious material splashes your broken skin or mucous membranes.

- Nearly 1/3 of sharps injuries happen during the disposal process.

- Most needle stick injuries occur when disposing of needles, giving medications, drawing blood, or handling trash or dirty linens.
Material Safety Data Sheets (MSDS)

- MSDS give detailed information on chemicals and related hazards.
- They also give you specific precautions for protecting yourself.
- Know how to read and interpret this information.

Where can MSDS be found?

They can be found on the hospital intranet home page under.... “LINKS”, “MSDS ONLINE”, and “FORMS”

They also can be found directly on the internet.
Medical Waste
Hazardous Materials Management

Purpose:

- To provide a safe environment for patients, visitors, employees and surrounding community by initiating the practical management of hazardous and potentially hazardous materials, through written policies and procedures regarding their safe handling, storage, use, disposal and related education and training.

You have the right to know about the hazardous materials you work with.
What goes into Biohazard Waste Containers?

The following must be placed in a red bag:

- Blood and blood product bags (transfusion bags, administrator sets, etc.)
- Hemo-vacs (Close caps, DO NOT EMPTY)
- **Items saturated/dripping with blood or body fluid:**
  - Chux
  - Dressings
  - Gowns and gloves
  - Surgical sponges
- IV tubing (bloody)
- Pliable Suction containers (Close caps, DO NOT EMPTY)
- Wound suction units (Close caps, DO NOT EMPTY)
<table>
<thead>
<tr>
<th>FYI: Disposal of Pharmaceutical Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Medications &amp; administration apparatus:</strong> i.e., medicine cups &amp; oral syringes. (Note: clean, empty cups go into regular trash).</td>
</tr>
<tr>
<td><strong>All IV Bags &amp; Tubing</strong> (containing pharmaceuticals): Place into container w/o emptying (prevents sloshing). <em>Controlled substances in bag and tubing</em> must be drained into container beforehand.</td>
</tr>
<tr>
<td>All Opened Pharmaceuticals: Prescription &amp; non-prescription medications. (Note: Unopened drugs are to be returned to pharmacy.)</td>
</tr>
<tr>
<td>Drugs in glass containers/<em>drug vials</em> (containing pharmaceuticals like Procalamine) go in pharmaceutical waste.</td>
</tr>
<tr>
<td>Remember! <em>Only electrolytes, dextrose and TPN</em> (w/o pharmaceutical additives) may be drained into the sink!</td>
</tr>
<tr>
<td>Vacutainer glass bottles: If empty may be thrown in regular trash (observe “medical waste” practice otherwise!)</td>
</tr>
<tr>
<td>All Drug Vials (containing pharmaceuticals) go in pharmaceutical waste: <em>Controlled substances</em> must be emptied /aspirated from vials &amp; squirited into the container beforehand.*</td>
</tr>
</tbody>
</table>

*Please check with the current Infection Control Nurse and Pharmacist for recent changes.*
What goes into Regular Waste Disposal (Trash Cans)?

<table>
<thead>
<tr>
<th>Regular Trash may be white, clear or black bags</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ <strong>Clean trash</strong> – chux, dressings (that are dry).</td>
</tr>
<tr>
<td>➢ <strong>Paper/plastic trash</strong> (black out/ tear off confidential info on labels, or shred confidential papers)</td>
</tr>
<tr>
<td>➢ <strong>Paper Towels</strong></td>
</tr>
<tr>
<td>➢ <strong>Clean Packaging</strong></td>
</tr>
<tr>
<td>➢ <strong>Food</strong> (pour liquids out first)</td>
</tr>
<tr>
<td>➢ <strong>Soiled Diapers, Peripads, Tampons</strong> containing average discharge volumes</td>
</tr>
<tr>
<td>➢ <strong>Gloves</strong> [unless soaked or heavily soiled with blood or Other Potentially Infectious Materials (OPIM), then remove carefully and place in red biohazard bag]</td>
</tr>
</tbody>
</table>

No Pharmaceuticals, Sharps, or Biohazard Waste in ANY regular trash container (When in doubt, see department manager).
Disposal of Waste: Sharps

- Sharps containers are for all things sharp.
- Sharp things include needles, scalpels, lancets, syringes, ampules.
- Sharp things are considered sharp even if the needle has been removed (syringe).
- Broken glass
- Sharp containers are not for tape, cotton balls or random garbage.
**What goes into Sharps Containers?**

- **All Syringes**: Empty contents into pharmaceutical container before depositing into sharps container. Broken, empty pharmaceutical vials ARE disposed of in the sharps containers.

<table>
<thead>
<tr>
<th>Needles</th>
<th>Trocars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scalpels,</td>
<td>Suture sharps</td>
</tr>
<tr>
<td>Scissors</td>
<td>Ampules, broken glass</td>
</tr>
<tr>
<td>Razors, Razor Blades</td>
<td>TLS Drains</td>
</tr>
<tr>
<td>Fetal Scalp Electrodes</td>
<td>Manometers (glass)</td>
</tr>
<tr>
<td>Tru-cuts (liver biopsy needle)</td>
<td>Tweezers</td>
</tr>
</tbody>
</table>

*No Pharmaceuticals in the Sharps Container!*
Battery disposal

- Place **used batteries in black bucket that is yellow stenciled with “Batteries Only”**.
- Do not fill the battery bucket past the yellow stencil.
- Plant Ops will routinely empty battery buckets. If bucket does become full to stenciled line, submit a work order to Plant Ops.
- **Nine-volt batteries must be recapped before placing in the battery bucket.** This can be done with a battery cap or a small piece of tape, just over the ends. DO NOT wrap the battery with tape.
Don’t know what to do with some kind of hazardous waste?

Talk to your department manager.

What do with it...?

Let’s figure it out...?
There are 3 basic methods of protection from radiation exposure:

- **TIME** – All radiation sources self eliminate with time. Only short half-life radioactive isotopes are used in diagnostic medical scanning.

- **DISTANCE** – The further an individual is from a radiation source, the less exposure received.

- **SHIELDING** – Shielding stops radiation waves and particles.
Electrical Safety Hazards

Address one of these hazards in the space provided on your test.
In the event of a
- Power failure
- Gas leak
- Loss of water supply
- Notify Administration and Plant Ops IMMEDIATELY!

O.K, House Supervisor, .....So you’re gonna call the Administration and Plant OPS now?
Equipment Management/ Plant Operations

- Plant Operations department or Biomed department manage equipment in the hospital and on hospital property.
- All equipment with a cord MUST be inspected prior to being used, including personal equipment.
- If a new piece of equipment requires an inspection OR an existing piece of equipment requires a repair, fill out a WORK ORDER.
- Submit the completed form via email, fax, or place completed form in Plant Ops’ mailbox.
Red and White Striped Safety tape means.....

Do not place anything inside or adjacent to the marked area....
Emergency Hospital Codes

- **Code Blue**
- **Code Red**
- **Code Pink**
# MRCH Emergency Codes

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abduction</td>
<td>Pediatric Medical Emergency</td>
<td>Manpower Needed</td>
<td>Combative Person</td>
<td>Person with weapon and/or active shooter</td>
<td>Hazardous Material Release or spill</td>
<td>Infant Abduction</td>
<td>Internal Disaster</td>
<td>External Disaster</td>
<td>Sealing of Building to Outside</td>
<td>A Lock Down</td>
<td>Adverse alteration in a Patient’s condition</td>
<td></td>
</tr>
</tbody>
</table>

- **Code Purple**: Child Abduction
- **Code White**: Pediatric Medical Emergency
- **Dr. Strong**: Manpower Needed
- **Code Gray**: Combative Person
- **Code Silver**: Person with weapon and/or active shooter
- **Code Orange**: Hazardous Material Release or spill
- **Code Pink**: Infant Abduction
- **Code Triage Internal**: Internal Disaster
- **Code Triage External**: External Disaster
- **Shelter-In-Place**: Sealing of Building to Outside
- **Code Security**: A Lock Down
- **Code Rapid Response Team**: Adverse alteration in a Patient’s condition
Code Security, Lock down ends when....

“Code Security, All Clear” is announced on the overhead paging system
To Call Any Code:  
(Emergency Phone System)

- Dial 3911 Between the hours of 0700-2300
  - State the type of code and the location.
  - Repeat.
- Dial 55 Between 2300-0700
  - You will be “live” on the overhead system.
  - Listen for 3 beeps.
  - State type of code and location.
  - Repeat, pause and repeat again.
Hospital Security: “Code Security” and “Dr. Strong”

“Code Security”
- Armed aggressor in the hospital
- All staff and patients are to CLEAR THE HOSPITAL HALLWAYS
- Normal routines may be resumed ONLY when “Code Security All Clear” has been announced

“Dr. Strong”
- In a situation where manpower is needed (say there is a patient being violent in the parking lot), a “Dr. Strong” code will be heard overhead.
- All employees should go to the location stated overhead if able to.

<table>
<thead>
<tr>
<th>R</th>
<th>Remove all persons in danger</th>
</tr>
</thead>
</table>
| A | **Activate Alarm.** Page by calling 3911 (day) or 55 (night)
|   | Pull the fire alarm         |
| C | **Confine** the Fire. Close doors and windows to help keep fire and smoke from spreading |
| E | **Extinguish** the Fire (if manageable)  Attempt to put out only if small.
|   | If not, evacuate the area! |
**Fire Extinguisher Operation**

<table>
<thead>
<tr>
<th>P</th>
<th><strong>Pull</strong> the pin</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td><strong>Aim</strong> at base of fire</td>
</tr>
<tr>
<td>S</td>
<td><strong>Squeeze</strong> the handle</td>
</tr>
<tr>
<td>S</td>
<td><strong>Sweep</strong> from side to side</td>
</tr>
</tbody>
</table>
Fire Safety

- Treat all fire drills as REAL events!
- Know your department’s month to host a fire drill (See Code Red Master Schedule in MRCH policy search engine or ask your department manager.)
- All employees must respond to at least one fire drill per year
Security: “Code Pink” & Medical Emergencies

- Infant abduction

- All personnel move to nearest exit and monitor-
  - Your department may have an assigned location; check with your department manager (see next slide).
  - Do not attempt to restrain someone from leaving the hospital, but you may say “we have a security situation, please remain in the hospital until the ‘all clear’ is called.”
# Code Pink Exit Assignments

<table>
<thead>
<tr>
<th>Possible Exits</th>
<th>Responding Dept.</th>
<th>Night Response (if different)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Front Hospital Entrance</td>
<td>Laboratory</td>
<td></td>
</tr>
<tr>
<td>3. Emergency Department</td>
<td>ER</td>
<td></td>
</tr>
<tr>
<td>4. Hospital Entrance by ER (South)</td>
<td>ER</td>
<td></td>
</tr>
<tr>
<td>5. Hospital Entrance by ER (South)</td>
<td>ER</td>
<td></td>
</tr>
<tr>
<td>6. Short Stay Surgery (South)</td>
<td>SSS</td>
<td>Dept Locked</td>
</tr>
<tr>
<td>7. East Hall (By Pharmacy)</td>
<td>Pharmacy</td>
<td>ICU after 2300</td>
</tr>
<tr>
<td>8. Dietary Department</td>
<td>Dietary</td>
<td>Dept. and Patio locked</td>
</tr>
<tr>
<td>9. Café Court</td>
<td>Dietar</td>
<td></td>
</tr>
<tr>
<td>10. East Hall (By Café Court)</td>
<td>Dietar</td>
<td></td>
</tr>
<tr>
<td>11. East Hospital Entrance</td>
<td>Dietar</td>
<td></td>
</tr>
<tr>
<td>12. Birth Center Entrance (East)</td>
<td>Birth Center</td>
<td></td>
</tr>
<tr>
<td>13. Birth Center Entrance (North)</td>
<td>Birth Center</td>
<td></td>
</tr>
<tr>
<td>16. Both South Doors by ER [also covered by ER]</td>
<td>Radiology</td>
<td></td>
</tr>
</tbody>
</table>

One person from Med/Surg to report to the Birth Center for assignment as needed.
CODE BLUE

OR

CODE WHITE
ACT!!!

YOU ARE AT MRCH AND BUSY AT YOUR WORKSTATION.

A PERSON (COULD BE A COLLEAGUE OR IT COULD BE A CHILD) FALLS TO THE FLOOR.....

WHAT ARE YOUR ACTIONS?

In your mind, imagine your actions now.....Practice them in your mind.....
1. Go to the person and check for responsiveness and breathing.

2. If no response or if there is a medical need, call for help:

Dial 3911 (Days 0700 to 2300)
This rings the red phone at the switchboard operator’s station
Dial 55 (Nights 2301 to 0659)
This will be your voice live throughout the hospital
ACT!!! CLEARLY STATE CODE & LOCATION OF CODE 3 (THREE) TIMES!!
ACT!!!

3. RETURN TO THE PERSON AND, IF INDICATED, START COMPRESSIONS UNTIL ADVANCED LIFE SUPPORT ARRIVES.
CHEST COMPRESSIONS:

Depth - 5cm (50mm)
Rate - 100 per minute
ACT!

- These are the steps of Basic Life Support

- If you are unable to accomplish any of the first 3 steps (above) find someone who can.

- Never leave a downed person alone if at all possible.
ACT!!!

YOUR ACTIONS CAN SAVE A LIFE!
ACT!!!

PUSH HARD ~ PUSH FAST

DEPTH – AT LEAST 2 INCHES

RATE – AT LEAST 100 PER MINUTE
“Code White NRP”

Means a newborn baby needs emergency assistance.

*NRP = Neonatal Resuscitation Protocol*
<table>
<thead>
<tr>
<th>Code Purple</th>
<th>Child Abduction</th>
<th>Code Pink</th>
<th>Infant Abduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code White</td>
<td>Pediatric Medical Emergency</td>
<td>Triage Internal</td>
<td>Internal Disaster</td>
</tr>
<tr>
<td>Dr. Strong</td>
<td>Manpower Needed</td>
<td>Triage External</td>
<td>External Disaster</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Combative Person</td>
<td>Shelter-In-Place</td>
<td>Sealing of Building to Outside</td>
</tr>
<tr>
<td>Code Silver</td>
<td>Person with weapon and/or active shooter</td>
<td>Code Security</td>
<td>A Lock Down</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Hazardous Material Release or spill</td>
<td>Code Rapid Response Team</td>
<td>Adverse alteration in a Patient’s condition</td>
</tr>
</tbody>
</table>
Mad River Community Hospital has Emergency Preparedness Plans for responding to:

- natural disasters,
- multi-casualty occurrences,
- Weapons of Mass Destruction (WMDs),
- and other emergencies.

Information about this policy and other emergency codes and responses can be found in the Environment of Care Manual.
Emergency Preparedness

Respond
Plan
Practice
Prepare
The purpose of this plan is to provide specific procedures that are to be followed in response to a variety of external or internal disasters. These could be in-hospital, or be community-wide. Disaster situations could include:

- Tsunamis
- Nuclear disaster
- Bomb threat
- Riot/ civil disturbance
- Earthquake
Hospital Disaster Preparedness Responsibilities

- Administration initiates the plan, and the switchboard operator begins notifying personnel on the Organizational Chart.
- Individual department managers will notify their staff (including off-duty staff).
- All hospital staff will be expected to report to the hospital for duty asap, after ensuring their own families are safe.
- All personnel are to report to the People Power Pool in the Cafeteria or as designated for assignment, regardless of department.
- All hospital personnel are to wear their MRCH picture ID badge at all times.
- Personnel may be assigned duties different than their regular duties, and the Incident Commander will distribute assignments.
- Administration will coordinate the disaster response.
- If evacuation is necessary, Administration will make this decision.
MRCH Emergency Preparedness Action Plan

- Hospital Incident Command System (HCIS)
- Incident Commander
  - Operations
  - Planning
  - Logistics
  - Finance
Who is the MRCH Incident Commander when a Disaster Occurs?

- The Incident Commander is the first most qualified person on the scene of the incident, until replaced by a person of equal or higher qualifications. Anyone may serve in this capacity, if only temporarily.

- The Chief Operating Officer or Safety Officer (this is currently the same person) may function as the Incident Commander in a disaster situation.
Hospital Disaster Preparedness Responsibilities: What is your responsibility?

Our Duty To Respond:
“Individual directors will notify off-duty personnel from their departments. All hospital personnel, regardless of position, will be expected to report to the hospital for duty as soon as possible, after they have ascertained the safety of their own immediate family. All personnel are to report to the People Power Pool for assignment regardless of their home department.”

(Policy 37 – Emergency Management Plan)

“Each employee has the responsibility of knowing the duties he/she may be called upon to perform during a disaster. All Managers are required to become thoroughly familiar with the contents of the disaster policy. It is the responsibility of the manager to disseminate the information contained in this policy to all employees under their supervision.”

(Policy 39 – External Disaster Plan)
Congratulations!
You have completed the slides for the MRCH 2016 On-line Safety Fair

1. Print off and complete your quiz
2. Print off and complete the Safety Fair evaluation
3. Take or mail these two papers to the Staff Development Officer prior to December 1, 2016 to receive credit for this year’s Safety Fair.
4. Questions? Contact Cheryl Furman at MRCH X 3119.