General Safety Orientation
General Safety Orientation
Objectives:

- State where the SDS sheets are found.
- List two rules about storage of compressed air
- Define 3 general safety rules
- Name 3 ways to help prevent patient falls
- Describe how to call a Code Blue
- Describe what to look for in a Code Pink
- Explain what RACE stands for
General Safety Rules
General Safety Rules

• No storage is permitted in the exit corridors. Temporary carts (with wheels/castors), are parked only on one side of the corridor

• Smoke and fire doors are not to be blocked or propped open

• Fire hose cabinets, fire extinguishers, or any component of a fire alarm system are not to be blocked

• Only approved ladders are used to work overhead
General Safety Rules

- Storage areas are to be kept free of debris and clutter
- All flammable liquid/materials are to be stored in approved containers and cabinets
- Any spill is to be cleaned up promptly
- Safety Data Sheets (SDS) are available for all hazardous materials in the workplace
General Safety Rules

• An 18 inch clearance between storage and sprinkler heads is to be maintained at all times

• Compressed gas cylinders are to be in approved holders that are chained or safely secured. Gas cylinders must never be left free standing

• Extension cords, provided by Plant Engineering, are to be used only in temporary emergency situations

• Worn, tattered or bubbled carpet is to be repaired or replaced in a timely manner. All staff will report these deficiencies to Plant Engineering
General Safety Rules

• Storage in file cabinets is to be evenly distributed to maintain balance

• Only one drawer of a file cabinet is to be opened at a time. File drawers will not be left open

• The top of file cabinets is not used for storage which may create overturning, but may be used as a work area, if appropriate

• All colleagues have a role in safety/hazard surveillance. Any potential hazard is to be reported to the Safety Officer
General Safety Rules

• When driving vehicles on TMH property, all colleagues will obey Security directives. Patients, visitors and colleagues have the right-of-way as pedestrians.

• All colleagues will yield to patients being transported throughout the facility.

• Patient transport equipment such as wheelchairs and stretchers is to be left in a secure position when not in use.

• All medical equipment is inspected by Clinical Engineering prior to placing the equipment into service. All medical equipment is inspected and dated annually.
General Safety Rules

• Defective equipment is not to be used under any circumstance. Defective equipment will be removed from service and taken to or reported to Clinical Engineering

• When lifting heavy objects, let your legs, not your back, do the lifting

• All corridors intersections are to be approached with caution
Emergency Codes
# Emergency Codes

<table>
<thead>
<tr>
<th>Dial Phone #</th>
<th>Code</th>
<th>Condition</th>
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<tbody>
<tr>
<td>0</td>
<td>Code Red</td>
<td>Fire</td>
</tr>
<tr>
<td>0</td>
<td>Code Black</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>0</td>
<td>Code Pink</td>
<td>Infant/Child Abduction</td>
</tr>
<tr>
<td>88</td>
<td>Code Blue</td>
<td>Cardiac Arrest/Stroke Alert</td>
</tr>
<tr>
<td>0</td>
<td>Code Brown</td>
<td>Severe Weather</td>
</tr>
<tr>
<td>0</td>
<td>Code Grey</td>
<td>Violence/Security Alert</td>
</tr>
<tr>
<td>0</td>
<td>Code White</td>
<td>Hostage Situation</td>
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<tr>
<td>0</td>
<td>Code Orange</td>
<td>Hazardous material spill</td>
</tr>
<tr>
<td>0</td>
<td>Code Yellow</td>
<td>Lockdown</td>
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<tr>
<td>0</td>
<td>Code Green</td>
<td>Disaster Internal/External</td>
</tr>
<tr>
<td>0</td>
<td>Code Silver</td>
<td>Active Shooter</td>
</tr>
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</table>
Fire Procedures – **Code Red**

- Remember **RACE**:
  
  **R** - Rescue the patient  
  **A** - Alarm, pull the alarm & call  
  0: Give location & type of fire  
  **C** - Contain the fire, close all doors  
  **E** - Extinguish the fire
Fire Procedures – **Code Red**

- Use of Fire Extinguisher – Remember **PASS**:
  
  **P** - *Pull* - safety pin at top of extinguisher
  
  **A** - *Aim* - hose, nozzle, at the base of the flames
  
  **S** - *Squeeze* - or press the handle
  
  **S** - *Sweep* - from side to side at the base of fire until it goes out
Infant/Child Abduction – *Code Pink*

When an infant/child is discovered missing, the staff member will immediately institute the following:

- Immediately notify the operator of a “Code Pink, age, race and sex” of abducted infant/child. Give the location of your unit.
Infant/Child Abduction – Code Pink

• Be on alert for the following:
  o A person physically carrying an infant instead of using the bassinet to transport the child, or leaving the hospital with an infant/child on foot rather than a wheelchair and without a colleague escort.
  o A person carrying a large package (gym bag, duffel bag, back pack), particularly if the person is “cradling” or “talking” to the bag.
  o Be aware that a disturbance may occur in another part of the hospital, thereby creating a diversion that facilitates an infant abduction.
  o Stop anyone with an infant/child until a positive identification is made or until an all clear is called.
Bomb Threat – Code Black

• Remain calm, keep the caller on the line as long as possible and complete the “Bomb Threat Card.”

• Immediately hang up the phone and call Hospital Operator (Dial 0).

• If you find a suspicious package/item:
  o Avoid the item
  o Isolate the area
  o Notify the hospital operator
  o Remove patients and personnel from imminent danger
  o Use telephones only for emergencies
  o Prepare for and evacuate if necessary
Cardiac Arrest – Code Blue

• Dial 88 if your patient is having a cardiac or respiratory emergency

• Tell the operator:
  o CODE BLUE
  o Patient’s Location
  o Name of attending physician

• If the patient is less than 14 years old:
  o Report to the operator “CODE BLUE 13”

• If the emergency is outside of the Main Hospital (ex. Rehab, Urgent Care, Behavioral Health)
  o Dial 911
**Stroke Alert**

**Call MET**
- If you think a patient, visitor, or co-worker is having a stroke
- When you are the clinical area for rotations, identify that department’s MET number (varies depending on department’s location within TMH)
- If the MET nurse believes the patient is having a stroke, he/she will call a “Stroke Alert”

**Two Keys:**
1. Early Identification
2. Early Interventions

**Remember FAST:**
- **F** = Face (crooked smile?)
- **A** = Arm (Can the patient lift both arms and maintain the arm lift with his/her eyes closed?)
- **S** = Speech (Does the person slur or drop words?)
- **T** = Time (Call MET)
Hazardous Material Incident - Code Orange

Chemical Spills – Think **C.L.E.A.N.**

- **C** = Contain the Spill
- **L** = Leave the Area
- **E** = Emergency: eye wash, shower, medical care
- **A** = Access SDS-Safety Data Sheet
- **N** = Notify hospital operator (dial 0) and supervisor
Hazardous Material Incident - Code Orange

Safety Data Sheets (SDS) provide services and information to assist in protecting our colleagues while performing their everyday duties at TMH.

- Online access to search the national SDS database, as well the ability to view and/or print those sheets on demand from the web.
- 24/7 Hotline to speak to a 3E professional and get immediate information regarding any hospital based chemical or product. That number is **800-451-8346**.
- 24/7 access to faxed SDS upon request.
- You may still call ext. 5829 for information or questions regarding your need for a Safety Data Sheet.
Waste Disposal
Types of Medical Waste

- Solid Waste
- Infectious waste
- Chemical Waste
- Chemotherapeutic waste
- Radioactive waste
- Pathological waste
Types of Medical Waste

- **Solid Waste** – “regular trash” for the landfill is disposed of in clear liners.
- **Infectious Waste** – leak resistant red bag or leak/puncture resistant red container with the biohazardous symbol.
- **Chemical Waste** – leak proof containers that are properly labeled.
- **Chemotherapeutic Waste** – leak proof black container; PPE worn to mix/administer in yellow container.
- **Radioactive Waste** – yellow bags or containers that are labeled with a radioactive symbol.
Separation of Biomedical Waste

- Separated at **point of origin** into the proper container
  - “Point of origin” is the where the BMW is generated
  - BMW containers should be available where needed

- **Choices for proper BMW container:**
  - Red biohazard bags
  - Labeled hard-sided box lined with a red biohazard bag
  - Sharps container – puncture resistant container specifically designed for sharps
  - Provided by SteriCycle and EVS
Important

- If biohazardous waste is mixed with regular waste, all of the waste becomes biohazardous!
- Each bag must be hand tied by gathering and twisting the neck of the bag and using a tie or hand knot to secure the bag, and each container must be securely closed.

[Images showing unacceptable waste disposal and a reminder to not mix biohazardous waste with regular waste.]
Waste Disposal – Sharps Box

- Sharps – objects capable of puncturing, lacerating or otherwise penetrating the skin
- Medical sharps must always go in approved sharps containers
  - Examples: needles, syringe & needle combos, lancets, scalpels, broken glass, trocars, and any other sharp object
- Only sharps are to be placed in containers
- Other trash should go into the proper receptacles
- Never recap needles or scalpels
- Never attempt to re-open a closed sharps container
IV Bags & IV tubing spike

- **IV tubing spike**—is considered a **sharp**. The tubing and IV bag must be disposed in a sharps container.
  - Drain IV fluid from IV bag
  - Place empty IV bag and tubing spike in sharp container in soiled utility room
Disposal of Hazardous Waste

- **Hazardous drugs** are to be disposed of in **BLACK** Universal Pharmaceutical Waste (UPW) bins.
  - Note: Chemotherapy is different from other hazardous, so items used for administration are handled differently

- A syringe used to prepare/give hazardous drug must be disposed of in **BLACK** UPW bins.

- **All other items** that may have come in contact with hazardous medication (IV bags, tubing, minibags, etc.) must also be disposed of in the **regular** waste receptacles.
Bio-hazardous waste will be placed in appropriately labeled red bags at the point of origin. Bag shall not be filled more than 2/3 full.

Step 1

Twist Bio-hazardous waste bag, at the top.

Step 2

Flip down the twisted top of the bag.

Step 3

Use tie-back to securely tie bag. Tie-backs are inside Soiled Utility room cabinets.

Step 4

Bio-hazardous bag is securely closed.

Step 5

Reminder: Always wear gloves when handling Bio-hazardous waste. Never push waste down with your hands or feet. Always carry waste away from your body, and properly separate regular waste from Bio-waste and Chemo waste at the point of origin.
Handling/Containing Biomedical Waste (BMW)

• BMW by definition is “waste that poses a threat of infection to humans”
• Always use universal precautions when handling waste
• Wear appropriate PPE (gloves, gown, safety glasses, mask)
• Perform hand hygiene after removing gloves
Infection Prevention
Basic Information

- Infection Prevention Contact
  - Office: 431-6152
  - After Hours Pager: 489-0990

- Colleague Health
  - Office: 431-6183
  - Go to Emergency Center if injured and clinic closed

Infection Prevention Policies and Procedures may be located on the Intranet Spark
Hand Hygiene

- Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of standard precautions.
Five Moments for Hand Hygiene

1. Before patient contact
2. Before aseptic task
3. After body fluid exposure risk
4. After patient contact
5. After contact with patient surroundings
Hand Hygiene

When do you perform hand hygiene?

- Hand hygiene should be performed **before and after**: patient care, eating, using restroom facilities, glove removal, contact with environmental surfaces in the immediate vicinity of patients, lifting or transporting a patient and whenever hands may become contaminated.
Hand Hygiene

How to Perform Hand Hygiene

• Alcohol-based hand gels are the most efficacious agent for reducing bacteria on the hands. Alcohol based gels are NOT appropriate for use with suspected or confirmed Clostridium Difficile (C. Dif).
  o For patient’s with suspected or confirmed C. Dif, hand-washing is mandatory every time when hand hygiene is warranted

• Patient care colleagues may NOT wear artificial fingernails or extenders and MUST keep natural fingernails ¼ inch or less in length.

• Moisturizing hands helps to maintain skin integrity; only a lotion approved by Infection Control/ Occupational Health should be used.

• (Some lotions/ products may contain petroleum which can cause microscopic deterioration of gloves, reducing the effectiveness.)
Hand Hygiene

Alcohol-based Hand Gel

Procedure:

• Apply an adequate amount of hand gel to allow for adequate coverage of ALL hand surfaces.

• Run all over hand surfaces and allow to dry thoroughly without wiping them with a paper towel.
Hand Hygiene

Hand washing Procedure:

• Turn water on to a warm temperature
• Wet hands and dispense a small amount of soap using friction and keeping hands lower than the elbows work soap into a lather paying special attention to the areas between the fingers and the nail beds.
• **Wash for 15 seconds** or sing two happy birthdays to time this activity
• Rinse hands well
• Using paper towels dry hands
• Use paper towel to turn off faucets.
Types of Isolation

- Standard Precautions
- Contact Isolation
- Airborne Isolation
- Droplet Isolation

- Respiratory Hygiene/Cough Etiquette
- Recognize STAR * as the indicator in PowerChart that a patient is on isolation in census
- Dedicated patient equipment is preferred
  - If non-dedicated equipment to be used, use Hospital Approved Disinfectant between patients

Figure 1. CDC’s complimentary poster on cough etiquette designed for use in health care settings.

Dimensions of Dental Hygiene, June 2011
Standard Precautions

- Use for all aspects of care
- Remember Personal Protective Equipment (PPE) when anticipating splashes or sprays
- PPE includes:
  - Gloves
  - Gowns or Aprons
  - Masks
  - Eye Protection
  - Resuscitation Devices
- Use Hospital Approved Disinfectants (Cavicide and bleach products for C. Diff patients) to clean equipment between patients
Contact Isolation
example: MRSA, VRE

CONTACT ISOLATION

- Hand hygiene before donning gown/gloves and immediately after removing gown/gloves
- Wear gown and gloves to enter room
- When transporting patient, place clean gown and sheet on patient and notify receiving department
- Use dedicated patient care equipment only
- Use Standard Precautions for all other aspects of care
Enteric Contact Isolation
Example: C-diff

ENTERIC CONTACT ISOLATION

- Visitors are restricted. Hand hygiene, gown and gloves to enter.
- Perform routine hand hygiene before donning gown/gloves and with SOAP and WATER immediately after removing gown/gloves
- Wear gown and gloves to enter room
- When transporting patient, place clean gown and sheet on patient and notify receiving department
- Use dedicated patient care equipment only
- Use Standard Precautions for all other aspects of care

12/2017
Enhanced Contact Isolation

Example: CRE, MERS

ENHANCED CONTACT ISOLATION

- Visitors are restricted. Must wear gloves/gown to enter room.
- Hand hygiene before donning gown/gloves and immediately after removing gown/gloves
- Wear gown and gloves to enter room
- When transporting patient, place clean gown and sheet on patient and notify receiving department
- Use dedicated patient care equipment only
- Use Standard Precautions for all other aspects of care

12/2017
Isolation Precautions: AIRBORNE ISOLATION

PURPOSE:

- Utilized to prevent transmission of tuberculosis due to *M. tuberculosis*, *M. bovis* or *M. africanum*, Varicella, Measles, Variola

- **For their safety, students should not be in this room - as they are not fitted with the correct mask to wear!**

(This is the N 95 Mask – and students are not fitted for these – only employees)
Airborne Isolation

Example: TB, Measles, Chickenpox

AIRBORNE ISOLATION

- Visitors are restricted. Must wear a surgical mask to enter the room
- Colleagues wear N95 mask to enter room
- Keep door closed – this is a negative airflow room
- Limit patient transport to essential purposes only. Mask patient with surgical mask for transport and notify receiving department. Do not allow patient to wait in hallway before or after a procedure
- Use Standard Precautions for all other aspects of care
- Continue precautions for 30 minutes after patient has been discharged from a negative pressure room

12/2017
Droplet Isolation
Example: Flu, Meningitis

STOP

DROPLET ISOLATION

- Visitors are restricted. Must wear surgical mask and eye shield
- Colleagues must wear surgical mask when entering the room
- Wear eye protection, gown, and gloves if within six (6) feet of the patient
- Limit patient transport to essential purposes only. Mask patient with surgical mask for transport and notify receiving department
- Use Standard Precautions for all other aspects of care
- Do not allow the patient to wait in a hallway before or after a procedure

12/2017
Donning PPE

Type of PPE used will vary based on the level of precautions required, e.g., Standard and Contact, Droplet or Airborne Isolation Precautions

**GOWN**
- Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back
- Fasten in back at neck and waist

**MASK OR RESPIRATOR**
- Secure ties or elastic band at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator
Donning PPE

GLOVES
- Extend to cover wrist of isolation gown

SAFE WORK PRACTICES
- Keep hands away from face
- Limit surfaces touched
- Change PPE torn or heavily contaminated
- Perform hand hygiene
Removing PPE

Remove PPE at doorway before leaving patient room or in anteroom; remove respirator outside of room.

**GLOVES**
- Outside of gloves are contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist

**GOGGLES/FACE SHIELD**
- Outside of goggles or face shield are contaminated!
- To remove, handle by “clean” head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container
Removing PPE

**GOWN**
- Gown front and sleeves are contaminated!
- Unfasten neck, the waist ties
- Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
- Gown will turn inside out
- Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle

**MASK OR RESPIRATOR**
- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp bottom then top ties/elastics and remove
- Discard in waste container

**HAND HYGIENE**
Perform immediately after removing all PPE
Fall Prevention
Fall Prevention for the Adult Patient

Definition:
• A sudden, unintentional descent that results in the patient coming to rest on the floor, on or against some other surface, on another person, or on an object (ex. trash can)

Goals:
• Falls and/or complications related to falls are prevented.
• A safe environment is maintained for the patient.
TMH 3 Step Prevention Program

- Fall Risk Assessment
- Tailored Fall Prevention Care planning
- Consistent Implementation of the Tailored Care Plan
Falls Risk Assessment

• Done on admission and periodically throughout stay (with changes in condition or level of care)

• Morse Score = adults
  – Morse Score 55 or greater is considered a high risk for falls

• Humpty Dumpty = pediatrics

• Risk score not a definitive predicator for fall risk

• Remember risk factors:
  – History of recent falls
  – 2 or more diagnoses
  – Use of walking aid to move
  – IV therapy (attached to equipment)
  – Gait
  – Mental Status
Fall Prevention Patient Engagement Poster

- Filled out with Patient and Family
- Posted in Patient’s Room
- Updated every shift and as needed
Fall Precautions

Universal – for all patients

• Position the call bell and possessions within reach

• Proactive hourly rounds

• Assess ability to ambulate and how much assistance needed

• Place BSC near bed, keep assistive devices nearby

• Non-skid footwear

• Assess medication effects

• Prompt response to call light
Fall Precautions

High Risk

(Morse >55 or Humpty Dumpty >12)

• Signage on door
• Scheduled toileting every 2-3 hours
• Keep bed in lowest position when patient in bed
• Remain within arms length when patient OOB
• BSC to be hidden in bathroom when not in use
• Bed and chair alarms set
• Use “Family Pass” when patient alone
Fall Precautions

High Risk

• (Morse >55 or Humpty Dumpty >12)
  • Program Bed Alarms
    • Zone II for anyone high risk
    • Ibed Awareness
  • Side Rails up x3
  • Bed in Locked Position
  • Patient and Family Education
    • Patient is high risk and specific risk factors
    • Their role in fall prevention
    • Use Teach Back method
Patient Safety: NO PASS ZONE

- N- Never pass by a call Light of alarm
- O- Observe the patient’s privacy
- P- Provide the help they request OR
- A- Assess who can help
- S- Scope of Practice: Safety First
- S- Smile and use AIDET
Customer Service: AIDET

Always practice AIDET with patients, guests, and colleagues

A- Acknowledge
I- Introduce
D- Duration
E- Explain
T- Thank
Conclusion:

We at TMH want our patients, families, colleagues, and other representatives such as faculty and students to be safe at all times.