CMC-NorthEast Module for Temporary Staff, Students, and Volunteers

Corporate Safety

This self-directed learning module contains information you are expected to know to protect yourself, our patients, and our guests.

Target Audience: **Temporary Staff, Students, & Volunteers**

Contents

Module for Temporary Staff, Students, and Volunteers

Instructions:

This module is an introduction to important information and procedures for your safety and security at work. After completing this module, contact your supervisor if you have any questions about the material or to obtain additional information specific to the department where you will be working.

- Read the module.
- Complete the posttest at the end of the module and give it or a copy of your online transcript to your supervisor.

Learning Objectives:

When you finish this module, you will be able to:

- Describe ways to protect yourself from exposure to *bloodborne pathogens.*

- Describe the steps to follow in an *emergency* (i.e., internal disaster)*.*

- Describe the steps to follow in the event of a *fire.*

- Describe ways to help reduce the risk of accidents and injuries at CHS (i.e., *general safety).*

- Define the Right-to-Know/*Hazard Communication* standard.

- Identify ways to prevent *infant abduction*.

- Describe ways to prevent the spread of *infection.*

- Describe your role in the *Medical Equipment Management* Program.

- Describe the *utility* systems within CHS and steps to take if these systems fail.

- List three situations when *Security* must be contacted.

- Describe ways to arrange the work environment to reduce stress (i.e., *ergonomics).*

- Identify the CHS mission and *Performance Improvement* model.

Remember:

--YOU play the biggest part in the Carolinas HealthCare System (CHS) & CMC-NE safety program by following current policies and procedures.

➤ Bloodborne Pathogens

Bloodborne Pathogens are disease-producing organisms in the blood and other body fluids causing illness and sometimes death. CHS has an **Exposure Control Plan** that follows regulations (29 CFR 1910.10300 set up by the federal Occupational Safety and Health Administration (OSHA) that explains how to work safely and how to protect yourself and others from bloodborne pathogens. It also tells you what to do if you are exposed to bloodborne pathogens or **O**ther **P**otentially **I**nfectious **M**aterials **(OPIM)** and to reduce your risk from these exposures.

The Exposure Control Plan is available on the Intranet in the Infection Control Manual. The plan must be accessible to employees (Infection Control Manual) and describes how CMC-NorthEast will use engineering and work practice controls, ensure use of personal protective equipment, provide training, provide medical surveillance, provide Hepatitis B vaccinations, and use hazard signs and labels. A copy of the regulatory text of the OSHA Bloodborne Pathogen Standard (29 CFR 1910.1030) will also be attached to the plan. You may obtain a copy from your supervisor.

Common Bloodborne Diseases

Approximately 5.6 million workers in health care and other facilities are at risk of exposure to bloodborne pathogens such as:
- Human immunodeficiency virus (HIV-the virus that causes AIDS)
- The Hepatitis B virus (HBV)
- The Hepatitis C virus (HCV)

Symptoms of HIV
- Flu-like symptoms
- Fever
- Headache
- Weakness
- Sore throat
- Diarrhea

The majority of people infected with HIV do not show symptoms for many years. Later, the victim may develop types of cancer or infections, including pneumonia that the body can no longer fight off.

Symptoms of Hepatitis B & C
- Mild flu-like symptoms
- Fatigue
- Nausea
- Loss of appetite
- Stomach pain
- Jaundice (yellowing of the skin and eyes)
- Darkening of the urine

Hepatitis B & C infects the liver and can develop serious or fatal problems such as cirrhosis, liver cancer, or chronic liver disease.

Transmission of Bloodborne Pathogens

OPIM are body fluids which may transmit bloodborne pathogens. Common examples of OPIM are:

- Blood
- Semen
- Vaginal secretions
- Amniotic fluid
- Cerebrospinal fluid
- Any body fluid visibly contaminated with blood.

EXPOSURE

You may be exposed to bloodborne pathogens in a healthcare setting through:

- Needle-sticks during a procedure or clean up.
- Cuts from other contaminated object(s) that may penetrate the skin (scalpels, broken glass, etc.).
- Splashes to your eyes, nose, or mouth.
- Dry, cracked, or broken skin that comes in contact with contaminated blood and other potentially infectious materials.

You may also be exposed to bloodborne pathogens away from work if you have direct contact with blood or body fluids, or have unprotected sex.

Hepatitis B Vaccine

The Hepatitis B vaccine is available through Employee Health to employees who are at risk of exposure to blood or OPIM. It is offered free of charge and is a safe, three-dose series vaccine given via injection that is 80-95% effective in preventing Hepatitis B. After completion of the Hepatitis B series Employee Health will draw a titer (6-8 weeks after series completion to test for antibody to Hepatitis B). Employees who decline the Hepatitis B vaccine and/or the Hepatitis B titer testing must sign a declination statement.

Personal Protective Equipment (PPE) is equipment or specialized clothing that protects you from contact with blood or OPIM. Wearing appropriate personal protective equipment is not only your best option – it's your only option. WEAR IT!

Use PPE appropriate for the situation. Some PPE includes:

- Gloves
- Masks
- Gowns
- Headcovers
- Eye wear (goggles)
- Face shields
- Shoe covers
- Disposable mouth pieces and resuscitation devices

If you do not use your PPE correctly, then it will not protect you like it should.

- Use appropriate PPE each time you perform a task, where it is reasonable to anticipate exposure to blood or OPIM (e.g. contact with contaminated laundry).

- Be trained to use the equipment properly and do not wear anything that is damaged (e.g. gloves torn or punctured)
- Gloves and other PPE must fit properly.
- Do not use petroleum or mineral oil-based skin care products, such as Vaseline when wearing latex gloves. These products can cause gloves to break or lose their protective barrier and may allow germs to get on your skin.
- Remember to cover eyes, nose, and mouth when a splash to the face may occur.
- Make sure the eye protection used has side panels and that masks are secured on the nose and tight against the side of the face. Gaps between the face and the mask mean that germs may pass unfiltered through the open spaces.
- If, when wearing equipment, it is penetrated by blood or other potentially infectious materials, remove it as soon as possible.
- Before leaving the work area, remove all protective equipment and place it in the designated area or container for washing, decontamination, or disposal.

Standard Precautions

Many people carry bloodborne infections without even knowing it, so it is difficult to identify patients who may transmit infection.

Standard Precautions requires you to treat **all** human blood and body fluids as if they were infected with a bloodborne pathogen.

***Use Standard Precautions to Protect Yourself from Exposure
to Blood and Body Fluids.***

Adopt these practices to protect yourself from exposure to potentially harmful blood or body fluids:

1. **Take care of yourself with good personal hygiene at work.**
   - Check your hands for any cuts, scrapes, or broken skin and cover, if possible.
   - DO NOT store food, eat, drink, apply cosmetics or lip balm, or handle your contact lenses in work areas where you could be exposed to blood or body fluids.
   - DO NOT store your food or drinks in refrigerators or freezers used for blood or body fluids.
   - DO NOT touch your nose, eyes, or mouth when you are in a contaminated work area.
   - Use tongs, forceps, broom, and dust pan to clean up broken glass. NEVER use your hands.
   - Remove all PPE as soon as the procedure is completed.
   - Always perform hand hygiene after you remove PPE.
   - Always minimize splashing, spraying, spattering, and generation of droplets.

2. **Clean blood or body fluid spills correctly.**
   - Wear gloves and/or other personal protective equipment.
   - Remove the visible material and then clean the surface with a 1:10 solution of household bleach and water (one part bleach to nine parts water) or an EPA/hospital approved disinfectant.
   - Large blood spills must be dry wiped first to remove major spillage before cleaning with disinfectant.
   - Notify Environmental Services for the cleaning of large blood spills or cleaning of blood spill from carpet or upholstery.

3. **Dispose of Regulated Medical Waste (Biohazard Waste) items correctly.**
   - Place contaminated items in red trash containers or the small cans labeled "biohazard." Contaminated items refers to having the presence of liquid, semi-liquid, or caked/dried blood or OPIM on an item or surface. Refer to **CHS Waste Disposal Guide**, available on Synapse, for appropriate disposal instructions for various medical waste items.

4. **Use and dispose of needles and sharps correctly.**
   - Do not bend, recap, or remove contaminated needles.
   - **NOTE:** exceptions **only** apply to circumstances were the action is required for a specific medical procedure. These specific actions require written justification and recapping must be accomplished through a recapping device or a one-handed technique (hand-to-hand recapping is prohibited).
   - Place sharps and needles in appropriate sharps containers or needleboxes as soon as possible after use.
   - Discard glass vials, medicine containers, and blood tubes in sharps container. **NOTE:** Do not dispose of broken mercury thermometers in the sharps container. Follow your facility's mercury spill clean-up procedure.
   - Do not overfill needle boxes. When the box is two-thirds full, use a new box.
   - Do not pass individual instruments by hand. Instead pass trays of surgical instruments implementing a hands-free zone or a neutral zone.

5. **Safety Devices <u>MUST</u> be used**
   Based on the OSHA Bloodborne Pathogens standard and the CHS Exposure Control Plan, the use and activation of engineering controls is **MANDATORY** when it will reduce the employee exposure either by removing, eliminating, or isolating the hazard. Engineering controls used within CHS include, but are not limited to the following;
   - Shielded needle devices
   - Retractable IV start needles
   - Self-sheathing syringes
   - Blunt suture needles
   - Blood Tubes
   - Safety scalpels
   - A needleless IV System
   - Sharps disposal containers
   - And other **S**harps with **E**ngineered **S**harps **I**njury **P**rotections **(SESIP)** or non-needle sharps specific to a department – "Non-needle sharp or a needle with a built-in safety feature or mechanism effectively reducing the risk of an exposure incident".

WHEN using SESIP remember the acronym **"SAFER"**

S is for **Select** the correct device

A is for **Ask** (if you do not know how to use a device).

F is for **Focus** and think through the procedure before you do it.

E is for **Execute** the procedure; remember to trigger the safety characteristics

R is for **Remove** the device after activating the safety feature

The Sharps Safety Committee, Infection Control Committee, and the Patient Safety Committee ensure that a systematic process, involving both management and front-line, non-managerial employees ("end users") in the identification and selection of appropriate and effective engineering controls. As new engineering control technologies become available, CMC-NE will continue to evaluate and select appropriate engineering controls to further reduce exposure incidents.

1. **Be careful with contaminated linen.**
   - Handle contaminated linen as little as possible.
   - DO NOT rinse soiled linen before bagging.
   - If linen is very soiled and wet, place it in a leak-proof bag and take it to the linen holding area or linen chute immediately.

2. **Watch for bloodborne pathogens warning labels which are orange or orange-red with the biohazard symbol.**
   - Bags or containers labeled with the biohazard warning label contain blood or OPIM.
   - The label may also be on contaminated equipment, or on doors leading to contaminated areas such as a biohazard storage room.
   - Warning labels must be posted on refrigerators and freezers containing blood and OPIM and other containers used to store, transport, or ship blood or OPIM.
   - Remember to wear gloves if you need to open a contaminated container or if you have to handle contaminated equipment.

If you are exposed to blood or body fluids…

- Wash the area with soap and water, immediately.
- If your eyes, nose or mouth have been splashed, flush these areas with water immediately.
- Notify your supervisor **immediately** as well as Employee Health (Mon-Fri, 8am-4:30pm). Page the Administrative Coordinator at any other time to ensure timely and appropriate completion of the exposure protocol.
- Complete a Workman's Compensation claim located on the Intranet under online forms.

REPORT ALL EXPOSURES! THIS IS VERY IMPORTANT FOR YOUR HEALTH!

If you have any questions about Standard Precautions or Bloodborne Pathogens, call the Infection Control office or Employee Health at your facility.

➢ Emergency Management

Introduction

CMC-NorthEast uses a uniform system of "Codes" to alert staff to emergency situations in the facility. This module contains important general information concerning Emergency Codes. These codes allow communication of emergencies via overhead/voice paging systems (where available) without alarming patients and/or visitors, thus making it easier for employees to respond quickly, in a smooth and orderly manner.

Most CMC-NorthEast departments have specific response plans for these events. This module is general in nature and does not contain all facility and departmental procedures. Detailed information may be obtained from department specific policies and procedures.

Disasters

Emergency Management is the ability of an organization to prepare for militate against, respond to and recover from an emergency or disaster outside the facility, in the community, or inside the facility.

The community expects CMC-NorthEast to provide healthcare services to Cabarrus County and the surrounding areas with minimal disruption in the event of a disaster.

All CMC-NorthEast employees must know their assigned roles and perform them efficiently. A carefully planned and flawlessly implemented disaster plan is the key to saving lives.

Emergency Management and Disaster Plans

The CMC-NorthEast Safety Manual is available on the intranet.   The on-line manual contains the CMC-NorthEast system-wide plans. **If department level plans exist, they should be used as the first resource during the response.** Ask your Supervisor which plans you should be using within your specific department.

Hospital Incident Command System (HICS)

Incident Command: An organized process of command and control for managing the hospital and the system during an emergency event. Incident command does not change the policies or procedures we use during an emergency response.

CMC-NorthEast Perspective: CMC-NorthEast uses HICS, the Hospital Incident Command System. This is a standard system used in hospitals nationwide. Incident command will be used to manage every emergency, but in smaller events it may not be visible to most staff members. In larger scale emergencies, Incident Command will be established and managed in the Hospital Command Center (HCC), a large meeting room with appropriate equipment and resources. Designated individuals will be based in the HCC.

CMC-NorthEast has an organizational chart that designates positions to be filled, as necessary, for the management of the particular event. Certain individuals are designated, or may be asked, to fill a role on that chart. These people will be given a "job action sheet," essentially a checklist of responsibilities, to complete. These roles fit into a specific reporting structure on the chart, once assigned they will notify their normal supervisor that their reporting structure has changed. Key individuals will wear a vest identifying their position.

Most hospital staff members will **not** be asked to fill one of these designated roles. They will continue to perform their regular (or alternate) duties as designated by their Supervisor. They may be asked to report to the Personnel Pool for alternate assignment to assist with the emergency.

Events that involve more than one CHS hospital facility will include activation of the corporate Incident Operations Center (IOC) to coordinate the system response with respect to policies & strategies, communications, resource management, and information management. The IOC provides corporate support to all of the HCCs, but does not replace them.

Types of Disasters

Disasters are usually described as either **external or internal.**

External Disasters are events which cause serious injury to multiple persons at one time. Examples include:
- Earthquake
- Flood
- Severe weather or other natural disasters
- Multiple car accident
- Large-scale power outage
- Train collision or derailment
- Off-site hazardous chemical spill results in mass casualties
- Nuclear, biological, or chemical incidents arising as acts of terror
- Flu Pandemic

These events may have devastating effects on the community, as well as on the ability of healthcare facilities responding to them. CMC-NorthEast maintains emergency management and disaster-planning programs to mitigate the consequences of naturally-occurring disasters or other external emergencies which could potentially disrupt the facility's delivery of patient care services.

Internal Disasters
In addition to natural disasters and external emergencies, internal disasters can be very disruptive. Examples include:
- Utility failure (electricity, loss of natural gas, water, etc.)
- Bomb threat
- Facility fire
- Computer, telephone, or wireless paging system, failure

Ambulatory or Business Setting

If you are in an ambulatory or a business setting such as a doctor's clinic/office or business office, in the event of fire or other disaster, staff, patients, and/or visitors must immediately evacuate to a safe area outside the building. **For more information refer to your departmental fire policy and procedures.**

Emergency Codes

CMC-NorthEast has adopted the following codes:

Code Red - Fire, odor of smoke, visible smoke

Code Sierra Alert – Severe weather possible

Code Sierra - Severe weather or natural disaster

Code Pink - Infant abduction

Code Adam (with age) - Child abduction/missing child

Code Gray – Acts of violence

Code Delta – Internal or external Disaster that exceeds the available resources

Code White – Hostile Situation

Overhead Paging

The overhead audible paging system is used only by CMC-NorthEast operators to notify all persons in the contiguous buildings of the medical center regarding the initiation and conclusion of certain emergency conditions. The use of this system is limited to notification regarding fire situations, disasters, severe weather notifications and infant/child abductions. Upon activation of this system, employees follow the appropriate plan to safely and effectively respond to the existing condition.

The operator announces pages on the overhead paging system and repeats once to assure they are heard and understood. The Operator also announces the "All Clear" or "Demobilization" page that should follow once the event ends and repeats once.

Procedures at the CMC-NorthEast address each of the Codes listed on the following pages.

Back Up Communication System

CMC-NORTHEAST will provide for alternate communication methods in the event of a failure.

- Fail safe (red) phones are in place for utilization during a system failure.
- Two-way radio equipment shall be available in the event of an emergency response.
- Runners will also be utilized when necessary to meet the communication needs of the staff and organization.

Code Red – Fire

Code Red and Fire Safety are discussed in more detail in the Mandatory Module – *Fire Safety in a HealthCare Facility.*

The response to a Code Red condition will depend upon the work setting. In hospital and ambulatory surgery settings, upon hearing a Code Red page or fire alarm employees should stay in place until the "all clear" code is paged and follow departmental and facility procedures to safeguard patients and/or visitors.

Code Red Protocol: (There may also be facility and departmental protocols to support code red response.)

- **CMC-NorthEast uses RACE to outline the response to a fire:**
    1. **R**escue patients and personnel from the immediate fire area.
    2. **A**larm: activate the fire alarm and notify others in the affected area to obtain assistance.
    3. **C**ontain the fire and smoke by closing all doors.
    4. **E**xtinguish the fire if it is safe to do so.
        a. Fire extinguishing methods / techniques
           <u>Note</u>: the acronym **PASS**
            - **P**ull the pin;
            - **A**im the extinguisher;
            - **S**queeze the trigger;
            - **S**weep the extinguisher's contents back and forth across the base of the fire.

- **Response to hearing Code Red**
    → In the area specified by the code, employees should follow the departmental specific fire plan.

The fire alarm may continue to sound until it is determined that it is safe to return to **business as usual.** *Note: Some fire alarms will not sound continuously; however, strobe lights will flash until the building is safe, as announced by "Code Red All Clear" on the overhead page. Check your facility's Fire Safety Plan for more details.*

- **All Clear**.

Never enter a building if the fire alarm is sounding or the strobe lights are flashing. It is safe to enter the building ONLY after the termination of all audible and visual alarm signals or notification from a designated hospital representative. The <u>only</u> exception to this rule is staff members performing duties critical to patient care.

Code Sierra Alert/Code Sierra - Severe Weather/Natural Disaster

When the National Weather Service issues severe weather warnings for Cabarrus County a Code Sierra Alert may be initiated. As the weather conditions worsen, if the Medical Center faces an imminent threat a Code Sierra may be declared by the CMC-NorthEast Administrator on Call.

General Guidelines for Code Sierra:

- Close shades and drapes at all windows.
- Lower beds to lowest position or place mattresses on floor. Ensure patients have their nurse call activator.
- Provide all patients with a blanket and/or bedspread that may be used to protect them as necessary.
- Locate equipment that may be required to move patients in the event evacuation is authorized.
- Remove persons from large glassed areas.
- Maintain appropriate space to move among patients.
- Employees shall assist patients as required to lie flat or crouch in a protective position with their heads covered.
- Advise and reassure patients that the above precautions are taken whenever there is a severe weather warning.

Employees are expected to make all reasonable efforts to report to work.

Code Delta - Disaster

Upon notification from CMC-NorthEast Administrator on call of a DISASTER, the operator will announce "ATTENTION, CODE DELTA" and repeat once. The operator will also activate the Code Delta digital paging group.

At the initiation of the Code Delta, department directors report to the Hospital Command Center (HCC) for a briefing of the incident by the Incident Commander.

CMC-NORTHEAST, through the use of the Hospital Incident Command System, will monitor ongoing events throughout the Code Delta event and initiate the planning arm of the system to insure resource, including staff, availability both during the crisis and upon completion. This process will allow a timely re-establishment of day-to-day operations at the conclusion of a Code Delta.

When the Administrator on call advises the operator that the disaster situation has been downgraded, the operator will announce "ATTENTION, CODE DELTA DEMOBILIZATION" and repeat once.

Code Pink - Infant Abduction

Infant Abduction is discussed in more detail in the Code Pink: Infant Abduction module.

It is extremely important for employees to know their specific roles in facility and departmental plans in responding to missing/abducted infants.

All staff must recognize the Mariam Cannon Hayes Family Center is a security-sensitive area and that access to the department is limited to authorized staff and visitors only. When entering and exiting the department, be mindful to prevent anyone "piggybacking" or entering along with the authorized person.

Code Pink Protocol:
- Upon hearing that a **Code Pink** has been called, all healthcare facility personnel are to immediately stop all non-critical work.
- Cover all interior stairwell doors, elevator areas and doors that exit anywhere near their area.
- Staff members who are outside their own department area are to go to the nearest exit way.
- When a second person reaches an exterior door, one of them is to exit the healthcare facility to watch for suspects leaving the facility grounds, or entering a car.
- If possible, close exits to parking lots (i.e., gate arms, doors, etc.) and record the license number of any vehicles leaving the premises.
- Where specific facility and/or departmental plans exist, learn and follow those plans.

Code Adam (with age) – Child abduction / Missing child

In the event a child is suspected to be abducted from the medical center, the employee's first response should be to notify the operator by dialing 3-3333. When calling the operator, the employee will identify self, give description of child, approximate age, location of abduction (if known), and description of abductor (if possible). The operator will in turn alert employees of the situation through the overhead audible paging system immediately (Code Adam –Age) and then page Security and Facilities Management.

- Continue with same protocol for Code Pink

Emergency Conditions

Bomb Threat

Any employee who receives a phone threat should do the following:

- Obtain exact message, do not panic. Remain calm, be courteous, listen and do not interrupt the caller. Do not hang up at end of conversation. Notify a co-worker to dial 3-3333 to contact the medical center operator (in off-site facilities, call 9-911 or 911 and call the medical center operator).

- Be alert for distinguishing background noises, such as music, voices, aircraft, church bells, traffic, etc. Prolong threat conversation as long as possible. Ask questions, for example, "When is the bomb going to explode? Where is it right now? What does it look like?   Write down any answers given by the caller. For additional information please review the Bomb Threat Call Checklist available online. This is found online and should always remain by the main phone within your department.

- Upon determination of a valid bomb threat the internal event procedure is put into effect. The operator will announce "ATTENTION, CODE DELTA" repeat.

Chemical or Hazardous Materials Spills

Any agent with potential for adverse effect on the respiratory system, skin, eyes, or mucous membranes is considered hazardous.

Chemical or hazardous materials spills are cleaned according to the Material Safety Data Sheet (MSDS) and departmental policies and procedures.

For any unknown substance:
Departmental staff should contain the spill prior to contacting Environmental Services to clean. Environmental Services to complete spill report for any spills of hazardous nature or due to defective packaging.

The Spill Policy (26-04-03 Safety Manual) gives the guidelines for reporting spills of hazardous materials and waste. Copies of the spill reports are sent to the Hazardous Waste Subcommittee. Each spill is investigated for opportunities for changes in engineering controls, work practices, or educational offerings.

Rapid Response Teams

Cardiac Arrest Team

Purpose:
Provide ACLS to inpatients in cardiac and/or pulmonary arrest. Average response time is 2 minutes. ACCU staff monitors the patient's cardiac status and defibrillate or pace if necessary. MSICU staff administers medications. PCCU staff documents events. Respiratory Therapists provide oxygenation support and intubate if necessary. The Intensivist/MSICU physician or attending MD/Resident leads the Team.

When to Activate:
Activate the Cardiac Arrest Team whenever the patient experiences a life threatening change in condition—loss of pulse or respirations, lethal heart rhythm.

How to Activate:

Dial 3-3333 and give the following information:
- Cardiac arrest
- Patient name & Room Number
- Location of unit-(i.e. IP-2nd floor Clinical Services Building or 3G)
- Name of attending MD.

Code Care

Purpose:
Respond to Code CARE calls to educate, diffuse, rescue, promote teamwork and save lives. Patients and families have a vehicle to call for help when they feel it is needed.

When to Activate:
Initiated by patient or family regarding a serious change/emergency in the patient's health condition and they feel they need extra care or there is confusion or conflict over what needs to be done for the patient.

How to Activate:

Dial 6-8888 and give the following information:
- "Code Care"
- Patient name & Room number
- Patient location (i.e. PSC2 2nd floor-CSB or CPEU- 2nd floor)
- Reason for the call

Code Gray: Workplace Violence / Security Alert

Code Gray is discussed in more detail in the Security in the HealthCare Setting module.

It is the policy of CMC-NorthEast to insure the safety of its patient, visitors, employees and medical staff at the hospital and hospital-owned facilities and clinics. This includes the promotion of a safe workplace through the prevention of workplace violence as outlined in CMC-NorthEast Policy 26-03-11. Should an act of violence escalate to a dangerous or deadly situation, the hospital will take action to eliminate the situation as quickly as possible.

If the act takes place within the hospital or on the main campus:
- dial 3-3333 and give the nature of the incident and the location

The switchboard will make the following announcements:
- Announce "CODE GRAY" and the location over the overhead audible messaging system, and repeat once.
- Announce "CODE GRAY" via alphanumeric pager, and give the location.

Initial Response to announcement:
- Employees should remain in their departments and lock their doors where possible.
- Security will immediately notify local law enforcement officers.

Code White - AGGRESSIVE BEHAVIOR RESPONSE PLAN

CMC NorthEast provides facilities and services to ensure a safe environment for patients, employees and visitors that become involved in an aggressive behavior situation within campus boundaries. Any situation has the potential to escalate or does escalate to the point that a safe environment can not be maintained or contained through normal safety procedures requires a "CODE WHITE" request for assistance.

At onset of aggressive behavior of patients dial 3-3333 and give the following information:
- "Code White"
- Patient Name & Room Number
- Exact location

S.T.A.T. Team: Stabilization, Transport, Administration, Teaching

When to Activate:
Signs of clinical instability usually precede unexpected cardiac/pulmonary arrests in hospitals. These signs typically begin 6-8 hours prior to an arrest. The STAT Team can be activated to assess the patient and assist the primary nurse and MD in making clinical decisions, provide treatments, and determine if the patient should be moved to a critical care setting. At the same time, critical thinking and assessment skills are developed and promoted for all participating staff.

How to Activate:

Dial 3-3333 and give the following information:
- "STAT Team" needed
- Patient name & Room number
- Exact location

Emergency Response Team

Purpose:
Provide emergency treatment, including ACLS, when necessary, to <u>outpatients and visitors</u> in the main hospital building, parking lots, and Medical Arts Building. Emergency Response team brings emergency equipment and a wheelchair in case transportation to the ECC is needed.

Examples:
A patient faints in the lobby of the Medical Arts Bldg; A visitor falls and may be injured; a pregnant patient is getting ready to deliver in the parking lot.

How to Activate:
Dial 3-3333 and give the following information:
- "Emergency Response"
- Exact location of victim

➤ Fire Safety

Causes of Fires in Healthcare Facilities

According to the National Fire Protection Association (NFPA), fire accounts for deaths and injuries and substantial property damage in U.S. healthcare facilities each year.

The leading causes of these fires are:
1) the use of smoking materials, including matches and lighters, and
2) improper storage of combustible, and suspicious fires.

Together these causes account for more than one of every three healthcare facility fires and two-thirds of fire-related deaths.

The vast majority of fatalities in healthcare fires occur near the point of ignition of the fire. Clothing, mattresses, and bedding materials ignited either accidentally or deliberately by a lighted cigarette, match, or lighter are usually the cause. These materials, when ignited, produce large quantities of smoke and toxins that may quickly make a person unconscious. For this reason, CHS has adopted a strict **Tobacco-Free Workplace Policy**. CHS expects everyone--patients, staff, and visitors--to comply with this policy.

CHS Tobacco-Free Workplace Policy

The purpose of the **Tobacco-Free Workplace Policy** is to establish a tobacco-free environment throughout the CHS.

- Tobacco use is not permitted on any CMC-NE property, or portion thereof, occupied by CMC-NE functions and activities. This ban applies to all employees, visitors, patients, and contractors

- Volunteer and students performing clinical rotation are covered by this ban as well.

- Use of tobacco products is not allowed in Senior Behavioral Medicine

- Use of tobacco products is prohibited during paid breaks.

Four Elements of Fire Safety

- **Prevention**

- **Detection**

- **Containment**

- **Evacuation**

Fire Prevention

The best way to deal with fire is to prevent it. To help prevent fires at CMC-NE:

- Recognize and eliminate potential fire hazards in your area such as improper storage of combustibles.

- Report hazards beyond your immediate control to your supervisor, a safety committee member, or Facilities Management (3-2-FIX / 3-2349).

- Pay particular attention to halls and stairways—keeping them clear ensures a faster evacuation in the event of fire. It is critical that all hallways and stairwells are kept clear for fast, efficient evacuation routes, as well as for fire fighter activities.

- In sprinklered areas, keep stored items at least 18" below sprinkler heads and in unsprinklered areas keep stored items at least 24" below the ceiling at all times.

- Always observe the **Tobacco-Free Workplace Policy**

- Know your department's **Fire Plan**, which should include:

  1. Fire alarm procedures,
  2. Fire escape routes,
  3. Patient/staff evacuation procedures, and
  4. The location of fire extinguishers in your immediate area.

Fire Detection

The smoke or fire detection systems at most CMC-NE sites are smoke detectors and are designed with one goal in mind: *to detect smoke and fires as rapidly as possible.* Because fires spread very quickly and double in size every 30 seconds, knowing this information may make the difference between a close call and a tragedy.

Accomplishing this goal helps ensure the safety of patients, visitors, and staff at CMC-NE by providing fire safety professionals the time they need to put out the fire.

Fire Alarm Signals (where applicable)

- **In the event of a fire the overhead paging system, where provided, will announce "Attention please, Code RED,"** [This will be announced along with the location of the fire. Chimes and strobe lights will also be activated where located.]

- The fire alarm may continue to sound until it is determined that it is safe to return to **business as usual.** *Note: Some fire alarms will not sound continuously; however, strobe lights will flash until the building is safe, as announced by "Code Red All Clear" on the overhead page. Check your location's Fire Safety Plan for more details.*

- All staff within a building "in alarm" must follow their respective departmental Fire Plans.

Module for Temporary Staff, Students, and Volunteers

Never enter a building if the fire alarm is sounding or the strobe lights are flashing. It is safe to enter the building ONLY after the termination of all audible and visual alarm signals or notification from an authorized representative. The <u>only</u> exception to this rule is staff members performing duties critical to patient care.

What to do in Case of FIRE
- Stay calm. **DO NOT** run or shout "fire"
- Keep clear of building entrances and corridors, so the fire department may access the area.
- Finally, commit the following steps to memory: **R-A-C-E**.

R-A-C-E

RESCUE

(Rescue) Remove anyone in immediate danger to the nearest safe location.

ALARM

(Alarm) Pull the closest fire alarm. Then call the appropriate telephone extension to report the fire and its location.

CONTAIN

(Contain the fire) by closing all doors and windows tightly.

EXTINGUISH

(Extinguish) Use the proper fire extinguisher only after the alarm has been sounded, only if you have been trained to use an extinguisher, and only if it is safe to do so. Or **Evacuate** if so instructed by Fire Department or Administration.

Key Points

NEVER attempt to fight a fire, if any one of the following statements is true:

- The fire is spreading beyond the immediate area where it started, or is already a large fire.
- The fire could potentially spread and block your escape.
- You are not trained or feel comfortable operating a fire extinguisher.
- You are in doubt about whether the extinguisher is designed for the type of fire at hand or if it is large enough to fight the fire.

It is reckless and unsafe to fight a fire with an extinguisher if any of the above statements are true for you. Instead, leave immediately, close the doors, activate the pull station, and warn others.

How to Use a Fire Extinguisher

Pull the Pin	This will release the lock latch.
Aim Low	Point the extinguisher nozzle (horn or nozzle) at the base of the fire.
Squeeze the Handle	This action releases the extinguishing agent.
Sweep from Side-to-Side	Keep the extinguisher aimed at the base of the fire until the fire appears to be out. If fire breaks out again, repeat the process.

Types of Fire Extinguishers
Multi-Class/Multi-Purpose Extinguishers

You may use most extinguishers in your building on different types of fires. The most common type of extinguishers will be labeled A-B-C, appropriate for use on most types of fire including at least wood, paper, grease, gasoline, oil, or electrical fires.

Your building may have a limited number of special extinguishers such as clean agent (Halon, C02 or FE-36), or water-based. Do not use a special extinguisher unless you are aware of the special uses of each type.

Fire Containment in Hospitals
Because hospital in-patients may have to be **defended-in-place**, the hospital is designed, constructed, and maintained to limit the rapid spread of fire, smoke, toxic gases, and heat. There are **five** basic features built into CHS's hospital buildings to provide a series of physical barriers between patients and the fire and smoke and to maintain a smoke-free way to escape from the hospital buildings should evacuation become necessary.

The five basic features built into CHS's hospital buildings to provide fire protection and allowing patients to be defended-in-place are:

- rooms
- smoke compartments
- floor assemblies
- buildings, and
- exits.

Rooms
Corridor walls, doors, and windows—the basic components of a room—provide the initial barrier against smoke. Since rapid evacuation is often impossible when a fire breaks out, closing doors and windows helps form a sealed compartment that prevents the spread of smoke and other gases into patient rooms. Be sure to close all

doors when leaving an area. Preventing the spread of fire and smoke beyond the point of origin is the first—and often best—line of defense.

Smoke Compartments

The second level of defense is achieved by smoke compartments. **Smoke compartments** are comprised of barriers called smoke partitions that physically separate each floor of the building into at least two sections.

Floor Assemblies

The third level of defense is **floor assembly**—physical barriers between floors that resist the vertical spread of fire and smoke.

Buildings

The building structure itself is the fourth level of defense. Hospital buildings at CHS are constructed to remain structurally intact during a fire, containing the fire within its boundaries.

Exits

There are at least two approved exits, remote from each other, provided for each floor or fire section of CHS's buildings.

Evacuation

Do not evacuate until the Fire Department or Administrator for you building has authorized evacuation. Know your departmental evacuation plan ahead of time, and know where to find it.

Patient Care Buildings Evacuation Plans
Horizontal Evacuation
1. Remove patients in immediate danger first, including patients who might be separated from safety, if the fire enters the corridors.
   - Ambulatory patients are moved first.
   - Most critical patients are moved next.
2. Check all rooms and close every door securely after checking room.
3. Recheck patients' conditions once they have reached the safe area.
4. Stay alert for any changing conditions that necessitate further movement.

Vertical Evacuation

1. Vertical, or downward, movement to a safe area will be ordered after further horizontal movement is judged by the Fire Department unsafe or not practical.
2. Patients will be moved to a lower floor. Two floors below the fire is recommended for safe refuge.
3. Follow horizontal evacuation steps 1-4.

Primary Care and office buildings (not hospitals) Site Evacuation Plans

1. Evacuate by the nearest EXIT to the outside.
2. Stay clear of the building and await further instructions.
3. Re-enter the building ONLY after the alarm signals have stopped sounding

Staff Member Responsibility

- Review the **Fire Plan for your facility**.

- The hospital incident commander and the highest-ranking nurse staff member in the area(s) at the time of the incident are responsible for the safety of patients, visitors, and staff members.

- The nursing manager, or designee, is responsible for removal of patients' medical records at the time of total evacuation of the facility.

- Each medical center department head, or designee, is responsible for the safety of personnel under his/her care, custody, and control.

It is the responsibility of all CHS employees to know their department's fire evacuation plan. This information may be obtained from your supervisor.

Interim Life Safety Measures for Hospitals and One-Day Surgeries

Interim Life Safety Measures (ILSM) are a series of administrative actions whose purpose is to compensate temporarily for hazards posed by ongoing construction activities or existing *Life Safety Code* deficiencies. These measures apply to all personnel, including construction workers. ILSM must be evaluated during project development, implemented when indicated and continuously enforced through project completion to provide CHS personnel, their patients and visitors, and other workers with a safe environment. Interim Life Safety Measures consist of selection from eleven (11) potential actions to help make the building safer during the temporary hazardous period until the hazard can be corrected. Your safety officer, maintenance staff, and administration are responsible for assuring the evaluation and appropriate measures are implemented.

➢ Ergonomics

Ergonomics is the science of fitting the work environment to the people doing the job, rather than the people to the work environment. **Ergonomics** involves workplace design and arrangement of work activities to help prevent injury.
An ergonomic program hopes to:
- Prevent musculoskeletal disorders (MSDs),
- Increase comfort and safety, and

- Increase productivity and job satisfaction.

Ergonomics interventions allow employees to work safely and reduce the risks of MSDs. Also ergonomics can help reduce the high costs of work-related injuries by improving the work or the job before injuries occur. Ergonomics benefits employees, supervisors, and managers.

What are Musculoskeletal Disorders (MSD)?

Musculoskeletal disorders (MSDs) are injuries that involve the muscles, tendons, or nerves. They occur over time and can take a long time to heal. MSDs most commonly occur in the neck, shoulder, elbow, hand, wrist, or back.

Risk Factors for MSDs

Multiple risk factors increase the risk of developing an MSD. Some common risk factors include:

Force is physical effort needed to perform a task (e.g. moving equipment and supplies, hitting the keys harder than necessary while doing data entry or typing, etc).

Awkward Postures And Positions place increased demands on the body (bending your wrists while typing, sitting or standing with your back rounded or your shoulders slumped forward, making long reaches for material, etc).

Repetition occurs when the same task or series of motions are performed over and over with little variation (e.g. keyboarding and typing, sorting, etc). **NOTE:** repetition itself may not be harmful, but combined with awkward postures and high force increases risk.

Signs and Symptoms of MSDs

- Pain
- Numbness
- Aching or tingling
- Burning
- Cramping

- Stiffness
- Decreased range of motion
- Deformity
- Decreased grip strength
- Loss of muscle function

Preventing MSDs

A basic ergonomic principle uses good body positions that keep you working in neutral. This means keeping your joints in their strongest, most stable and least stressful positions. Some general ways to prevent MSDs using ergonomic principles includes:

- Review work methods and procedures regularly to identify risk factors.

- Look for ways to improve ergonomics and reduce MSDs by changing:
  - work area organization and layout;
  - work environment (i.e. lighting);
  - tools and equipment;
  - reduce or avoid repetitive motions;

    o   reduce the amount of force needed to perform a task;

    o   reduce awkward or difficult movements, reaches, or stretches by reorganizing the work area- move parts closer to the worker, change the work surface height, etc.;

How to Set Up an Ergonomically Correct Workstation

1. Use chair backrest to provide full support to low back. Adjust lumbar support to support curvature of low back (inward curve of spine).

2. Place monitor so top of screen is at, or slightly below eye level. If you wear bifocals, lower monitor to a comfortable reading level. Eyes should look forward most of time.

3. Tilt monitor slightly down to eliminate glare and reflections. Optical glass glare or light filter may be needed.

4. To adjust distance, begin by sitting at arm's length from monitor, then move it forward or backward to obtain clearest image.

5. Rest feet flat on the floor or on a stable footrest.

6. Use an adjustable document holder; preferably in-line with the computer screen. Or if possible, wedge documents between the keyboard and monitor.

7. Keep wrists flat or straight to the forearms when using keyboard or mouse. Do not rest wrist on the rest (if provided) while keystroking or using mouse. Use it between keystrokes or mouse activities.

8. Relax arms and elbows close to body. Relax shoulders. Thighs should be roughly horizontal, with about 90º to 110º between thigh and calf.

9. Place monitor directly in front of keyboard and position yourself so shoulders are square to monitor.

10. If using keyboard tray, set angle so your wrists are straight while keying. This might require tilting front of tray up to create negative tilt; tilting front of tray down is not recommended because it puts wrists in an uncomfortable position. If your keyboard is on the desk, leave it flat, or tilt the front up slightly to keep wrists straight.

11. Make sure the work surface is stable and the keyboard tray if used does not bounce.

12. Take frequent short breaks or mini-breaks to stretch. A rule of thumb is to take a five minute stretch break for every hour of continuous seating. And change posture. Glance away from the screen after every 30 minutes of continuous computer use.
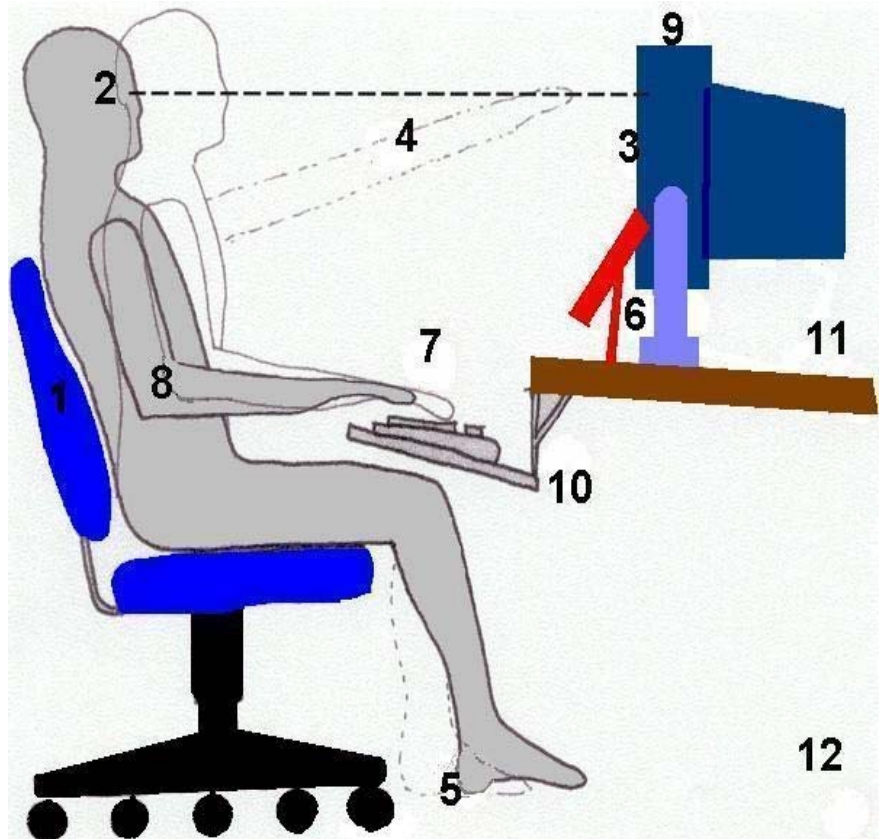
If you experience pain or discomfort after adjusting your workstation as described, you may request an evaluation through Jeanne Goodman in Corporate Risk Services.

Monitor Quick Tips:
- Provide adequate desk space between the user and the monitor (table depth). If there is not enough desk space, consider:
  - ➢ Make more room for back of monitor by pulling desk away from wall or divider; or
  - ➢ Provide a flat-panel display, which requires less desk space , or
  - ➢ Install an adjustable keyboard tray to create a deeper working surface.
- Place monitor perpendicular to window.

Wrist Rest Quick Tips
- Use a wrist rest to maintain straight wrist postures and to minimize contact stress during typing and mousing tasks.
- Your hands should move freely and be elevated above the wrist/palm rest while typing. When resting, the pad should contact the **heel or palm** of your hand, not your **wrist**.

Chairs
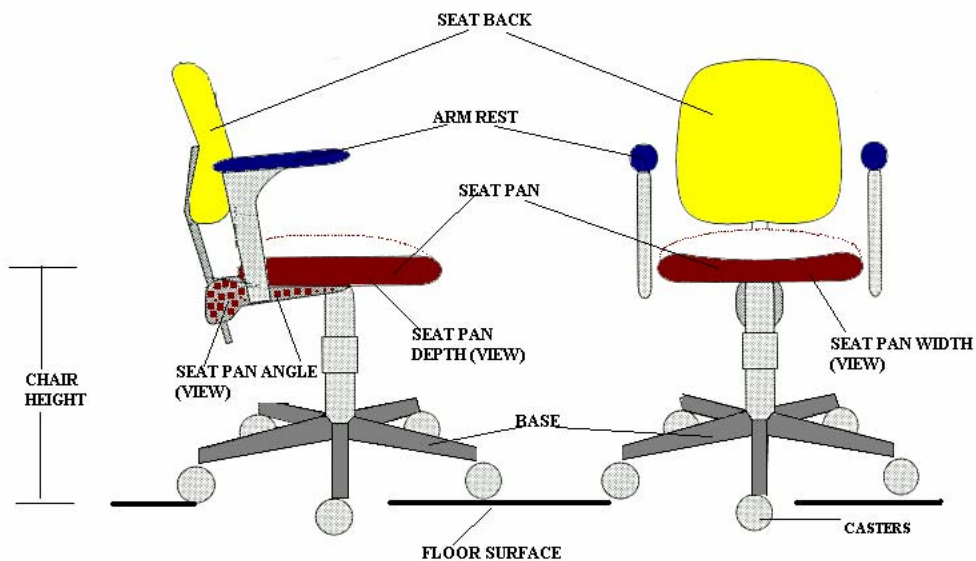
Chair Quick Tips

- Learn how to adjust your chair.
- Backrest should conform to the natural curvature of your spine, and provide adequate lumbar support. If your current chair does not have a lumbar support, use a rolled up towel or a removable back support cushion to temporarily provide support and maintain the natural curve of the spine.

- Seat should be comfortable and allow your feet to rest flat on the floor or footrest. If seat cannot be lowered (for example, it would make keyboard or monitor too high), use a footrest to provide stable support.
- Armrests, if provided, should be soft, allow your shoulders to relax and your elbows to stay close to your body. If your armrests cannot be properly adjusted, or if they interfere with your workstation, remove them, or stop using them.
- Chair should have a five-leg base with casters that allow easy movement.

Telephones
Telephone Quick Tips
- Keep it close enough to avoid repeated reaching.
- Use a "hands-free" head set or speaker phone if you plan to spend a lot of time on the phone.

Basic Rules of Good Body Mechanics
Remember these principles apply at home as well as at work. If you keep these principles in mind, you will not only reduce the risk of injury, your job will be easier and less tiring.

Lifting with Proper Posture
Lifting is strenuous— it requires proper training and technique. By lifting with your large, strong leg muscles instead of the small muscles of the back, you can prevent back injuries and reduce low back pain. There are five steps to follow when lifting an object:

1. **GET CLOSE TO THE LOAD** *Get as close to the load as possible— as if you're hugging the object. Having the object close to your body put less force on your low back.*

2. **MAINTAIN YOUR CURVES.**
   Keep yourself in an upright position while squatting to pick up

3. **TIGHTEN YOUR STOMACH MUSCLES**
   Tightening the stomach helps support the spine. Don't hold your breath while tightening the muscles.

4. **LIFT WITH YOUR LEGS**
   Your legs are the strongest muscles in your body— so use them.

5. **PIVOT DON'T TWIST**
   Turn with your feet, not your back. It isn't built for twisting from side to side.

Neck (cervical curve)

Middle Back (thoracic curve)

Lower back (lumbar curve)

29
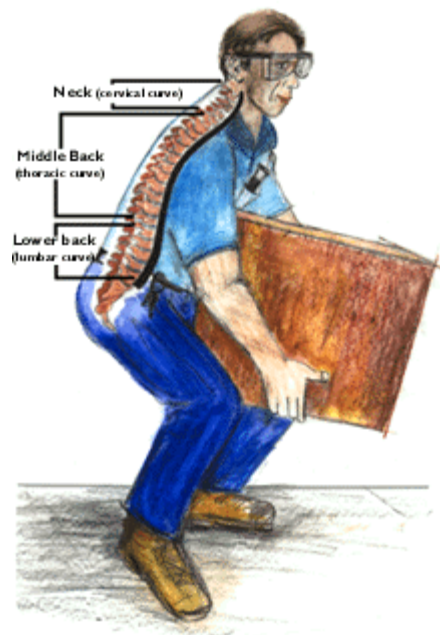
Large or Heavy Loads.

If a load is too heavy to lift alone, ask for help. Pick one person to coach the lift — this way you lift and lower at the same time.

Overhead Loads.
If a load is above your shoulders, use a step stool to elevate yourself until the load is at least chest level— preferably waist height. Pull the object close to your body and then lift. Remember to maintain your curves — use your arms and legs to do the work.

Tips for Keeping Your Back Safe
- Plan the transfer or lift ahead of time.
- Have all the necessary equipment; use mechanical means to assist.
- Place your feet in a position that gives you a wide, solid base of support.
- Keep your head and shoulders upright.
- Use your body weight and momentum to move the object, rather than just using muscle strength.
- Make sure all work heights require the least amount of lifting and do not force bending at the waist.
- Set up your work area to limit reaching.
- Stand with one foot in front of the other and your knees slightly bent, or with one foot on a footrest such as a box, or bottom shelf.
- Exercise for a stronger back, heart, improved strength, fitness, flexibility, stamina, endurance, posture, and to control weight.

Reporting Signs and Symptoms of MSDs
If you suspect you have an ergonomically related injury, you should:
1. Notify your supervisor or manager
2. Complete a **Workers' Compensation Form prior to seeking medical attention for an ergonomic injury.**

Request Ergonomic Services
Before requesting a computer workstation evaluation, please review the diagram and guide on page 27 which offers commonly recommended solutions during an evaluation.

If ergonomic issues are identified related to employee workstations or other work-related activity, please request an ergonomic evaluation from the Corporate Risk Services Department at 704-403-3576.

➢ General Safety

Purpose of the Training Module

The purpose of the annual safety education module is to make CHS employees, students & volunteers aware of the most significant hazards they may encounter in the work environment and provide the information they need to assure their safety. <u>Please remember the material contained in this module is intended only as an introduction. After completing this module, contact your supervisor to obtain additional training specific to the needs of your department.</u>

The Role of Accreditation and Regulatory Agencies

The content of this training module was developed to meet criteria established by the *Joint Commission on Accreditation of Healthcare Organizations*. Founded in 1951, The Joint Commission's primary mission is to standardize practices and ensure a minimum standard for the quality of care for patients in American healthcare facilities. This accreditation process has yielded many helpful suggestions for what should be included in an overall safety program, including enhancing the quality of patient care and increasing employee safety awareness and education. In developing its inspection criteria, The Joint Commission incorporates the regulations and standards of agencies, such as the Environmental Protection Agency (EPA), Occupational Safety and Health Administration (OSHA), and other organizations such as National Fire Protection Association (NFPA). Compliance with these federal laws and standards provides the foundation for Joint Commission accreditation.

The Joint Commission

The process of The Joint Commission accreditation is beneficial to healthcare facilities in numerous ways: healthcare professionals learn important strategies for limiting occupational health & safety risks to themselves and coworkers, financial losses may be greatly reduced, patient care may be improved, and most importantly, our facilities become safer places to work. The Environment of Care standards provide an effective resource for ensuring the safety of our employees, patients, and visitors.

Environment of Care

Seven areas make up the Environment of Care.
- **Safety Management (EC 1.10)**
- **Security Management (EC 2.10)**
- **Hazardous Materials and Waste Management (EC 3.10**
- **Emergency Management (EC 4.10)**
- **Fire Safety (EC 5.10)**
- **Medical Equipment Management (EC 6.10)**
- **Utilities Management (EC 7.10)**

Module for Temporary Staff, Students, and Volunteers

The Joint Commission and OSHA require each employer to establish a safety program. Carolinas HealthCare System's safety program begins with a facility *Environment of Care* safety committee, Safety Management Program Manual, and injury prevention.

Environment of Care (EC) Safety Committee Responsibilities

An EC Safety Committee consists of representatives from administration, clinical services, and support services. The EC Safety Committee roles and responsibilities include but not limited to:

1. Promoting awareness and focusing attention on safety issues;
2. Developing facility-specific policies and procedures;
3. Reviewing reports regarding occupational injury and illness trends;
4. Evaluating the overall effectiveness of the safety program.

Facility Safety Officer (FSO) Responsibilities

The Facility Safety Officer's responsibilities include but not limited to:

1. Overseeing Facility EC Safety Committee and Safety Program implementation and enforcement;
2. Monitoring and evaluating policies and procedures;
3. Evaluating the effectiveness of the safety program;
4. Overseeing the facility Environmental Tour program.

Safety Manual

Sections of the CMC-NorthEast Safety Manual are as follows:

- Safety Management Program
- Safety Management Plan
- Security Management Plan
- Medical Equipment Management Plan
- Hazardous Materials and Waste Management Plan
- Emergency Preparedness Management Plan
- Life Safety Management Plan
- Utility System Management Plan
- Risk Management Plan

Note: This manual must be accessible to employees at all times. The electronic document on the Intranet serves to replace the paper copies of the Safety Manual formerly maintained in all departments. However, your department should keep a copy of departmental plans in the event of a disaster or severe weather.

CHS Policies

The information provided in the Safety Management Program Manual reflects policies and procedures which apply throughout CHS.

Facility-Specific Policies

The CHS Facilities listed, (Carolinas Medical Center, Carolinas Rehabilitation, CMC-University, CMC-Mercy, CMC-Pineville, & CMC-NorthEast) have policies that are included in their facility-specific manual. Some of these policies have been developed from CHS policies and are customized by each facility. Additionally, facilities developed specific policies that directly impact their unique operations. Questions regarding facility-specific policies should be directed to the respective facility's Facility Safety Officer.

The Joint Commission - Environment of Care (EC) Management Plans

EC Management Plans are based on The Joint Commission Environment of Care standards and outline the requirements of the seven EC disciplines. The facility-specific EC Management Plans are reviewed by the Facility Safety Officer and EC Safety Committee annually. Questions regarding facility-specific management plans should be directed to your Facility Safety Officer. Hilda Walker (#3-1765) is the Facility Safety Officer for CMC-NorthEast.

Facility–Specific Emergency Management

The Emergency Management section may include CHS policies, facility-specific policies (Carolinas Medical Center, Carolinas Rehabilitation, CMC-University, CMC-Mercy, CMC-Pineville & CMC-NorthEast), and flow charts regarding internal and external disasters.

An Introduction to Injury Prevention

Knowing the most prevalent types of injuries, their causes, and the locations in which they are most likely to occur may help you avoid being injured on-the-job.

CHS employees, especially:

1. **Nurses,**
2. **Doctors, and**
3. **Care Partners**

Have the highest frequency of on-the-job injuries related to sharps.

Nursing personnel, according to standard clinical practice, are responsible for sealing sharps containers that are 2/3 full and ready to be disposed of, and placing them with the biohazardous waste to be picked up by Environmental Services. Nursing personnel are also responsible for immediately replacing the discarded container with a new one. Proper disposal of sharps helps reduce the number of accidental injuries to patients and CMC-NorthEast employees. If you work in areas where sharps are used, please take the necessary steps to ensure your personal safety and the safety of others.

CHS Risk Profile

The majority of injuries that occur at CMC-NorthEast fall into the following categories:
1. Slips, trips, and falls;
2. Sharps injuries; and
3. Strains.

Slips, Trips, and Falls
Employees frequently suffer injuries when they slip on wet floors or icy surfaces, trip over objects such as electrical cords and hospital carts, or fall because they are carrying heavy or bulky items.

Sharps Injuries
Sharps injuries are punctures or cuts to the skin caused by sharp objects, including needles, syringes (with or without an attached needle), scalpel blades, surgical wire, utility or razor blades, blood tubes, slides and cover slips, glass and rigid plastic pipettes, or broken glass.

NOTE:
- Notify your supervisor **immediately** if you encounter blood or other OPIM contaminated sharp objects which have not been disposed of in designated containers. **Only** employees appropriately trained in Bloodborne Pathogens specified practices and procedures are to dispose of the equipment and/or article.

Strains
The term "strain" is typically used to describe overexertion injuries, such as certain types of back injuries, carpal tunnel syndrome, and ankle sprains. Repetitive tasks and improper lifting techniques cause many of these injuries, which may lead to musculoskeletal disorders (MSDs**). MSDs** are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage, blood vessels or spinal disks. MSDs often involve *overuse* of muscles, *repeated* strains of joints, or inflammation of tendons or tendon sheaths. **Cumulative Trauma Disorders (CTD)** are disorders of the musculoskeletal and nervous system due to motion, strong exertion, vibration, and mechanical pressure.

Injury Prevention Tips

To help prevent Slips, Trips, and Falls…
Some of the best ways to prevent slips, trips, and falls may include the following:
- Maintain a clean work area.
- Look before you walk and make sure your pathway is clear of debris.
- Close drawers after every use.
- Avoid bending, twisting, and leaning backwards while seated.
- Secure electrical cords and wires away from walkways.
- Always use an appropriate stepladder for overhead reaching.
- If you see objects on the floor, even a pen or a paper clip, **pick them up!**

- Clean up spills immediately. If the contents of the spill are unknown or hazardous do not attempt to clean the spill yourself. Contain the spill and notify your supervisor immediately.
- Report loose carpeting or damaged flooring to your supervisor.

To help prevent Sharps injuries:

Many sharps injuries may be avoided simply by following proper handling and disposal procedures. Place all sharps in designated containers found within your department. In addition, proper work technique and layout of workstations may reduce the likelihood of cuts and punctures during the handling and disposal of sharp objects.

Never…
- Never throw sharps into the regular trash or recycling containers.
- Never recap needles unless no alternative is feasible or recapping is required by a specific medical procedure. If recapping is necessary, use a recapping or re-sheathing device or a safe one-handed recapping technique, but never direct the needle toward you, the patient, or anyone else.
- Never force objects into a sharps container since doing so may cause a puncture in the wall of the container which increases the risk of injury for everyone. Instead, drop it in!
- Never cut, bend, or break needles.
- Never strike or shake sharps containers.
- Never place needles or other sharps on food trays, in bed linens, or in uniform pockets.
- Never leave sharps unattended, especially in patient care areas.
- Never overfill sharps containers, and keep your fingers out of them. If a sharps container is more than 2/3 full, properly seal the container, place it with other biohazardous waste pending disposal, and replace the container with a new one, according to department and facility policy.

Always…
- Always use the proper size sharps container, matching it to the size of the sharps being disposed.
- Always report all needle sticks and/or other sharp object injuries to your supervisor immediately, whether you think the object is contaminated or not**. If there is a blood or body fluid exposure,** call Infection Control Monday through Friday, 8:00am – 4:00pm. Page the Administrative Coordinator at any other time to assure timely and appropriate completion of the exposure protocol. Your supervisor must complete a Worker's Compensation Claim Form.

Back Strain Injury Prevention Tips

Most back injuries may be prevented by utilizing the proper lifting techniques and the appropriate equipment suitable for the task. Proper use of these techniques may reduce or possibly eliminate back strain. Lower back strain and injury are typically the result of one or more of the following factors:

- Improper lifting techniques
- Excessive bending
- Excessive twisting
- Improper posture

- Failing to get help
- Failing to use lifting aids
- Rushing or being in a hurry

While the first factors may seem obvious, the final factor, rushing or being in a hurry, may not. Employees involved in direct patient care frequently find themselves in situations in which patients need immediate assistance. You **should** *not* allow rushing or being in a hurry to compromise your personal safety or the safety of your coworkers. Follow proper procedures when lifting patients or heavy objects.

The Safe Way to Lift
Always Remember:
- **If the load *is not* manageable, get help.**

- **Never lift a load that you cannot see over.**

If the load *is* manageable, follow these tips for safe lifting:
1. Brace the Lower Back
By tightening your stomach muscles, you can brace your pelvis. This will help your back remain stable while you lift.

2. Bend the Knees
Bend at your knees, instead of at your waist. This helps you keep your balance and lets the strong muscles in your legs do the lifting.

3. "Hug" the Load
As you gradually straighten your legs to a standing position, try to hold the object you are lifting as close to your body as possible.

4. Avoid Twisting
Twisting can overload your spine and lead to serious injury. Make sure your feet, knees, and torso are pointed in the same direction when lifting.

In addition to these techniques, make sure your footing is firm when lifting, and your path is clear. Use the same safe techniques when you set your load down. It takes no more time to perform a safe lift than it does to lift incorrectly.

Finally, research shows healthy people are less likely to suffer back pain from an on-the-job injury. So, eat well, exercise regularly, get adequate rest, limit caffeine intake, and avoid smoking. Staying physically fit will give you the strength and flexibility you need to perform your job safely.

Lifting Overhead Lifts
Overhead loads may be particularly dangerous to lift. If you have to lift an object that is above shoulder-level, use a stepstool or ladder to avoid over-reaching. Test the weight of the load before removing it from its shelf. If the load is less than 25 pounds or so, slide it toward you, and hug it close to your body as you descend. If possible, hand it down to a waiting coworker.

INJURY AND UNSAFE CONDITION REPORTING

Steps to follow if you are injured while working (other than by needlestick):
- Notify your supervisor.
- Your Supervisor will complete a ***Worker's Compensation Claim Form,*** online according to the instructions.
- If you are in need of immediate medical attention as a result of the occurrence, go to Occupational Health (M-F, 8am- 4:30pm) or the Emergency Care Center (M-F, 4:30pm-8am and weekends). If you become ill at work, you may choose to seek care from the health professional of your choice.
- If the injury occurred because of a broken piece of equipment or a hazard in the workplace, take the hazard/equipment out of service, label it "**DO NOT USE**", and remove from the work area. Do not manipulate any part of the equipment / product. Do not attempt to troubleshoot the equipment. Do not throw any of the pieces away. Save all the parts and retain them for Risk Management or Clinical Equipment to pick up.

Steps to follow if a patient, visitor, student or volunteer is injured:
- If a patient, visitor, student or volunteer is injured, notify a supervisor and complete a **Quality Management Report**, available online, according to the instructions.
- Offer medical evaluation, if indicated.
- If a patient/visitor/student/volunteer suffers an injury, report this to the supervisor on duty, notify Corporate Risk Services, and fill out a Quality Management Report (QMR).
- If the injury is caused by medical equipment or medical products (i.e., catheters/tubing, sharps, retained foreign objects, sponges, etc.), sequester the items (including disposable parts) and call Corporate Risk Services (x1765) to arrange pickup. Do not give items to manufacturers sales representatives.

Steps employees may take to reduce the risk of injuries:

- Report unsafe conditions to your manager and/or the appropriate department manager where the condition exists.
- Contact the CMC-NorthEast Safety Officer (in Corporate Risk Services at 3-1765) or Facilities Management (3-2-FIX, 3-2349) to report unsafe conditions.
- Take immediate actions to prevent injury. Examples are removing broken equipment from service and keeping visitors and employees out of unsafe areas (i.e., wet floors).
- Talk about problem situations at department meetings.
- Discuss the situation with your department EOC safety liaison or CMC-NorthEast Safety Officer (3-1765)
- Encourage the Environment of Care Committee to address employee safety concerns
- Follow the appropriate policies and procedures at all times.

➢ Hazard Communication

Hazard Communication Standard

The federal government passed a law to protect people who work with materials that may be unsafe or harmful to their health. This is the **U.S. Department of Labor Occupational Safety & Health Administration's (OSHA)** "**Hazard Communication (HazCom) Standard"** (29 CFR 1910.1200).

HazCom (also known as **Right-to-Know**) is an informational system that alerts employees to the dangers of exposure to chemicals in the workplace.   Your health and safety depend on knowing the correct way to handle, store, and dispose of chemicals. Understanding Right-to-Know information may help prevent injuries, serious illness, even death due to explosions, fire, or overexposure to chemicals.

FACT:

You may think you are not at risk because you work in a healthcare facility, instead of a chemical or manufacturing company. However, CHS currently uses over 10,000 chemical substances, and this number increases annually. Exposure to commonly used chemicals such as cleaning solvents, pesticides, gasoline, and research chemicals can be dangerous if used inappropriately.

Hazard Communication Program

The most important elements of an effective HazCom/Right- to-Know program include:

- initial training for new employees regarding the proper handling, use, storage, transportation, and disposal of chemicals;
- annual refresher training for existing employees;
- training on any new class or type of chemical purchased;
- departmental chemical inventory;
- Material Safety Data Sheets (MSDS) for each hazardous chemical in use in the work area;
- special procedures and supplies required for hazardous chemical emergencies and spill management;
- personal protective equipment (PPE) and safety measures required when using each type of chemical; and
- written HazCom program, addressing specifics for each of the above elements.

> **Refer to the Hazard Communication Program section of the CMC-NorthEast Safety Manual available on the Intranet under Policy Manuals.**

Your Responsibility

Your responsibilities, as an employee, begin with familiarizing yourself with specific chemicals which will be used in your work area. Next, you must carefully read the important information on all chemical labels, MSDS, and training materials provided during new employee orientation, department / job specific training and subsequent annual refresher training sessions, including this module. If you do not understand a feature of CMC-NE's HazCom/Right-To-Know program, ask your supervisor or safety liaison.

Material Safety Data Sheet (MSDS) Information

An MSDS contains detailed written information prepared by the manufacturer, importer, or distributor and is designed to help protect you from overexposure to each chemical used in the workplace.

An MSDS should accompany all commercially prepared chemicals. In the event that an MSDS does not come with a particular chemical product, you should alert your supervisor. He/She will then contact the manufacturer or distributor to obtain one. An MSDS is good forever, as long as the following conditions exist:

- The chemical name does not change.
- The chemical composition does not change.
- The manufacturer does not change.
- The potential hazards posed by the chemical do not change.
- The MSDS itself remains legible. If faded, torn, or otherwise damaged, a new one must be obtained.

While the formats may vary, the MSDS for each hazardous material should contain details regarding the chemicals:

- product identity
- hazardous ingredients
- physical data
- fire and explosion hazard data
- health hazard data
- reactivity data
- spill or leak procedures
- special protection information (i.e. PPE)
- special precautions

A **chemical inventory**, or list of all hazardous materials in your department, and corresponding copies of MSDS are located in the departmental Material Safety Data Sheet (MSDS) notebook. These notebooks are bright yellow and contain an updated copy of a MSDS sheet for each chemical in the department. Included in the Safety Manual is a section on the proper disposal of materials which are harmful to the environment, people, or property (Waste Management Program).

Chemical Warning Labels
Elements of Chemical Warning Labels
One very important component of most warning labels is a **signal word** indicating how hazardous the chemical is.

- **"DANGER"** means the chemical is very hazardous and that misuse or over exposure could prove deadly.
- "**WARNING"** and **"CAUTION"** statements are used to indicate somewhat less hazards; however, chemicals labeled "CAUTION" may be harmful to your health, if you do not follow proper procedures.

The **National Fire Prevention Association (NFPA) provides a** hazard **and labeling** system that rates chemicals on a scale of 0 (non-hazardous) to 4 (extremely hazardous) in three categories: health, flammability, and reactivity. A fourth category may be required to identify specific, unusual hazardous properties of the material.

NFPA hazard "diamond":

Health
4-Extremely Toxic
3-Toxic or corrosive
2-Moderately Toxic
1-Irritant
0- No Hazard

Flammability
4- Flash point<73°F
3- Flash point <100°F
   Flash point <200°F
   Flash point >200°F
   Will not burn

Specific Hazard
Oxidizer -**OX**
Corrosive-**COR**
Acid- **ACID**
Water Reactive- **W**
Alkali- **ALK**

Reactivity
4- Highly explosive
3- Explosive in water
2-Violent reaction, if mixed
   with water, non-explosive
1-Unstable if heated
0-Non-Reactive
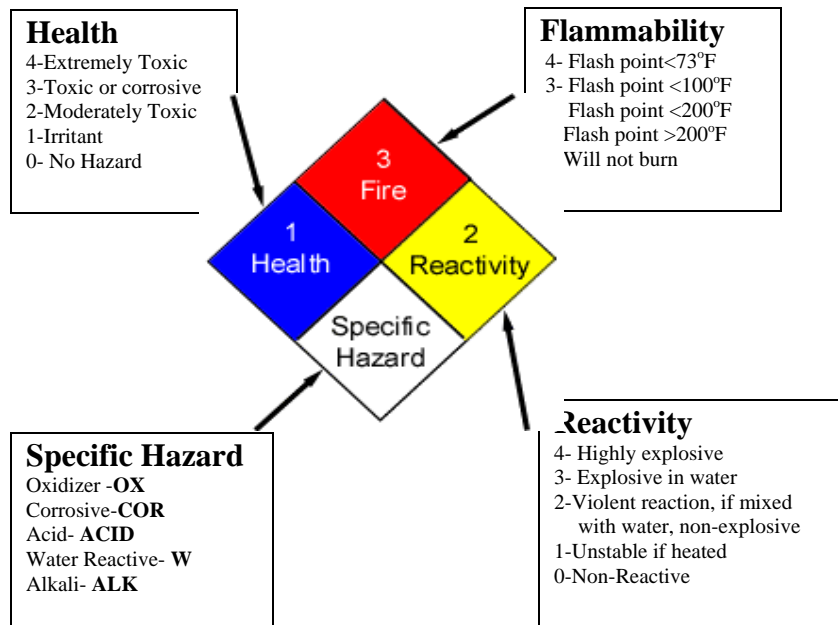
Required Labeling

By law, chemical manufacturers must label all chemical containers leaving their facilities with the following information:

- Identity of the hazardous chemical(s)
- Name and address of the chemical manufacturer, importer, or other responsible party
- Appropriate hazard warnings

If you pour a commercially prepared chemical into another container, called a **"secondary container",** you must label the second container with the following information:

- Identity of the hazardous chemical(s)
- Appropriate hazard warnings*
  (i.e., "flammable", "corrosive", "causes Lung damage")

Torn or Missing Labels

The most dangerous chemical is one without a label.

- Never handle a chemical unless you know what it is.
- If a label is missing, immediately tell your supervisor or their designee. He or she will identify the chemical and label it appropriately, or dispose of it, according to regulations, following analysis to determine general hazard class.

If a label is torn or damaged, it may lead to serious consequences. For example, the critical information you need to protect yourself may be torn off or illegible. Employees should replace the label immediately.

Chemical Storage and Transportation

Proper storage of chemicals is always a major concern. Improperly stored chemicals could react, forming hazardous products. In addition, individuals transporting chemicals must know the precautions to take to avoid or manage spillage of a chemical.

- Chemicals in storage and in use must be regularly monitored for proper labeling and conditions.
- Do not store chemicals that are expired or no longer needed.
- Do not store chemicals above eye level.
- Do not store chemicals on bench tops or under hoods, unless temporarily for working chemicals or solutions.
- Chemical storage areas must be neat, orderly, and clearly identified.
- Use secondary containers, such as plastic bottle carriers, to transport glass containers of chemicals.

- If transporting more than 500cc of a flammable or corrosive liquid, a bottle carrier must be used.
- Never transport incompatible chemicals in the same secondary containment or in any way that might allow the chemicals to combine or react.
- Containers must be properly sealed.
- Appropriate PPE must be worn when handling chemicals.

Mercury

Mercury spills require the use of a mercury spill kit. Here at CMC-NorthEast an Environmental Services Manager or Supervisor will do the actual clean-up or if in the clinics, a designated person will do the actual clean-up according to the prescribed procedure. In the medical center, take the bag of hazardous waste to the Director of Environmental Services for disposal. In the clinics, the designated person contacts AETS for disposal.

Acids and Bases

Spills involving acids and bases require special consideration when cleaning them up. Acids and bases may react violently with water; therefore…

WATER MUST NEVER BE USED TO CLEAN UP AN ACID OR BASE SPILL.

Departments using acids and bases must have neutralizing solutions available in case of spills and staff must be trained, in advance, in their use. The Hazmat Subcommittee may assist with the review of department specific procedures regarding spill management.

Flammable Materials

Flammable materials must be handled carefully when a spill occurs. Ignition sources, such as Bunsen burners, must be extinguished immediately. Flammable liquids give off a vapor that will ignite if they encounter an open flame. Absorb spilled chemical with a material, such as kitty litter or commercial absorbent, to contain the spill. Place the used materials in an appropriate hazardous waste container. Label as "waste" and specify the identity of the contents. Work with your supervisor or Hazardous Materials Coordinator to arrange for proper disposal.

Ethylene Oxide (ETO)

Hazardous materials may also come in the form of a gas. One of the most common gaseous hazardous materials in the healthcare setting is ethylene oxide (ETO). ETO is used to sterilize equipment that cannot be steam sterilized. ETO is colorless and odorless, even at dangerous levels, so it is difficult to know if it has been released. Since it is difficult to determine a release, most facilities have an ETO alarm in areas where it is used. If the alarm goes off, there are emergency procedures in place for employees to follow. These procedures are known as the **ETO Emergency Action Plan**. Employees who work with ETO should review this plan annually and become familiar with its directives.

Responding to a Chemical / Hazardous Material Spill

> **Read and understand your department spill clean up procedures BEFORE an emergency occurs!**

There is always the possibility of accidentally spilling a hazardous material. If a spill occurs, the material must be cleaned up properly to ensure no harm occurs to the environment, humans, or property. A good source of information for spill cleanup procedures is the MSDS. It will also provide telephone numbers to call, if additional assistance is needed. If you work with a chemical, make sure you know where your departmental MSDS are located (bright yellow notebook labeled MSDS notebook).

> **For a chemical spill,**
> **notify your supervisor immediately. Clean up the spill yourself,**
> **only if you have proper training and are wearing the proper PPE.**

Personnel who are working with the hazardous material when a spill occurs are expected to contain and clean up the spill, as long as:
- The identity of the spilled material is known;
- Staff are familiar with the substance;
- The quantity of the spilled material is manageable;
- Staff are familiar with spill management procedures for the material; and
- Appropriate PPE and spill management supplies are available.

If any of the above criteria are not met (i.e. spill is too large to manage safely, spilled material is extremely dangerous, or the identity of the spilled material is unknown), the employee must contact their supervisor or designee **immediately** for extra help**.**

CMC-NorthEast contacts the Concord Fire Department HazWhopper Team to assist in any spills that are too large to manage safely.

Do not contact the Environmental Services Department to perform initial spill cleanup. Instead, Environmental Services should be contacted, once the spill has been cleaned up, and only general housekeeping services are required to return the area to normal, working condition.

CHS facilities produce several types of waste materials ("waste streams"). Examples include**:**

- disposable sharps
- general waste
- infectious waste
- hazardous chemical waste
- chemotherapeutic/cytotoxic waste
- radioactive waste
- multi-hazard or mixed waste
- batteries
- mercury-containing devices

Most of these waste streams are not "hazardous wastes", but certainly are regulated. If you are unsure of the classification of a waste (i.e. hazardous versus non-hazardous), store the waste material in an appropriate container and contact your supervisor, or Environmental Services as soon as possible.

➢ Infant Abduction

> ## Awareness is the most important point of this module!

Healthcare providers must understand the dynamics of hospital abductions to help prevent them.

Incidence
Abductions from hospitals are on the rise. Since 1983 over 250 have been reported, 31 of which from southeast hospitals.

Abductor Profiles
This "typical abductor" profile, while considered accurate by many Law Enforcement agencies, should not be considered the only profile of a potential abductor. Anyone, including persons not fitting this general profile, could be involved in an infant abduction. Use the proper precautions when dealing with all visitors, patients, and staff members in an infant or pediatric healthcare setting.

Most abductors fit this profile:
- Almost always female, frequently overweight: ranges in age 12-50 (child bearing age) but generally is in her early 20's
- Usually live in the community where the abduction takes place.
- Often tell others they have lost a baby or are not able to have children.
- Often married or in a relationship.
- Frequently visit the facility before the abduction. May ask staff members about hospital procedures and floor layout.
- May be dressed in scrubs, lab coat, or oversized coat.
- May be carrying a large bag such as a gym bag, shopping bag, or large bundle of linen.

Common Methods of Abduction

An individual who abducts a newborn may:

- pretend to be a healthcare or social worker, enter the mother's room, and give a medical reason for taking the baby to the nursery, (nearly 70% are taken from Mother's room) or
- take the baby from the nursery when nursery staff is not in the immediate area.

Code Pink

CMC-NE uses the term **"Code Pink"** to announce that a suspected abduction has occurred. To initiate a Code Pink, employees should call extension 3-3333 (hospital switchboard) and report the abduction. Employees must give their name and unit.

Staff Responsibilities

Although CMC-NE newborn areas are protected by technology safeguards, staff members are the most critical component to prevention and response.

If an abduction occurs, **RAPID RESPONSE IS CRITICAL**.

- Commence specific **duties** listed in your department's **Infant Abduction Plan, or**
- Staff must go to the nearest elevator(s), and push the button to call the elevator to the floor in order to observe who is in it and to prevent an abductor from using the elevator. **Release the elevator after checking,**
    - Staff should remain at the elevator until the Code Pink is cancelled, or
- Post at perimeter doors to look for possible suspects, or
- Head to a window if that window provides a view of building exit(s), sidewalks or parking areas, and look for possible suspects/vehicles.

Abduction Prevention

When entering or leaving security sensitive areas (such as the Maternity Department or Nursery areas), monitor the immediate area as you leave/enter and confront anyone who does not have authorized access and offer assistance.

No one should be transporting a baby unless they have a special, color-coded CMC-NE ID badge. (A pink border around the picture)

If you see an unidentified individual in scrubs, a white lab coat, or an oversized coat, and/or the individual is carrying a large bag, ask to see his or her CMC-NE identification badge (including temporary staff and construction workers, etc).

- If he or she refuses, do not try to detain the individual.
- Direct the person to leave through the main lobby or employee entrance.
- Call immediately on **704-403-3333**.
- Give a complete description of the person, including the last direction of travel.

If you do not feel the person should be approached, call Security immediately and give a physical description and last known direction of travel.

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Remember - Be Alert!

- Infants are to be transported in **bassinets only! Infants are never carried.**
- If a bassinet is seen anywhere with or without an infant, immediately call Ext 3-3333 (704-403-3333). Stay with the bassinet until staff/security arrives. **Please note**: Young children are also at risk, so be alert in pediatric areas as well.

Awareness is the most important point of this module!

➢ Infection Control

Who Should Be Concerned about Infection?

Everyday people are exposed to germs that may make them sick. People who work in healthcare, such as nurses, laboratory technologists, and environmental service workers, have a greater risk of exposure in the workplace.

Patients may also be exposed to germs found in healthcare facilities. When a patient gets an infection while in a healthcare facility, it is called a healthcare associated infection (HAI).

People working in healthcare facilities frequently have questions about preventing the spread of infection between staff and patients. Many of these questions will be answered in this module.

What does Infection Control mean?
Infection Control means preventing healthcare associated infections and reducing the likelihood employees, patients, or visitors will be exposed to germs in a healthcare facility.

Where can I learn more?
Your supervisor and/or preceptor reviews basic infection control principles with you during your departmental orientation. If you have questions about specific departmental or area infection control measures, or high-risk patients or procedures, be sure to ask about these issues before beginning work.

 Additional resources include:
- Exposure Control Plans in the Infection Control Manual and Employee Health Manual
- Departmental policies and procedures
- Infection Control office or nurse in your facility
- Employee Health
- Corporate Risk

What is my role in infection control?

1. Stay healthy

It is very important for you to stay healthy, so you do not infect anyone with germs that may make them sick. If you become sick with an infectious illness, such as a bad cold or pink eye, stay home so you do not infect others.

2. Help keep others healthy

Many diseases are easily spread to others, and some people are very susceptible to germs. Some germs are much harder to contain or kill than others. In these difficult situations, special precautions must be used.

Routine measures that may help protect you and your patients include:
- Performing hand hygiene according to approved guidelines
- Using **Standard Precautions** for patient care
- Using **Transmission-Based Precautions** when needed

Hand Hygiene

Who?

Everyone is responsible for performing proper hand hygiene.

What?

In most settings a liquid soap is provided at each sink and an alcohol based hand rub is provided in each clinical setting. Alcohol based hand rub is available in most meeting / common areas also.

When?

People who work in healthcare facilities should perform hand hygiene often.

Wash your hands with soap and water:
- After personal activities such as using the restroom, sneezing, or blowing your nose.
- Before preparing and/or serving food and medication.
- When your hands are visibly dirty.

Use an alcohol based hand rub:
- Before and after having direct contact with the patient or their environment.
- Before donning sterile gloves for performing an invasive procedure such as inserting a central intravascular catheter.
- Before inserting any invasive device such as an indwelling catheter, peripheral vascular catheter, or any other device which does not require a surgical procedure.
- After contact with body fluids or excretions, mucus membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
- When moving from a contaminated body site to a clean body site during patient care.
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

- After removing gloves.
- Before leaving the job site.
- After washing your hands with soap and water when they have been contaminated with proteinaceous material or blood or body fluids.

How?

The steps to use to wash your hands with soap and water include:
1. Rinse hands, from fingertips to wrist, under warm running water.
2. Spread soap on your hands using circular motion for at least 15 seconds making sure to clean between fingers.
3. Rinse hands thoroughly under running water.
4. Use a paper towel to blot your hands dry. Turn off the faucet using a clean paper towel to prevent contaminating your hands.

The steps to use an alcohol based hand rub are:
1. Place a small amount (golf ball size) of foam in the palm of your hand.
2. Rub together all surfaces of your hands vigorously for 10 – 15 seconds until dry.

Artificial nails have been implicated in the transmission of infection. All healthcare workers providing direct patient care are restricted from wearing artificial nails.

Standard Precautions

Many people carry bloodborne infections without even knowing it, so it is difficult to identify patients who may transmit infection.

Standard Precautions requires you to treat <u>**all**</u> human blood and body fluids as if they are infected with a bloodborne pathogen.

Use Standard Precautions to Protect Yourself from Exposure to Blood and Body Fluids.

Treat all blood and other body substances as if they could spread infection.

- Dress for the occasion! Depending on the task, use appropriate PPE including:
  - gowns and/or aprons
  - masks and/or face shields or NIOSH-approved respirators
  - eye wear such as special glasses, goggles, or face shields
  - gloves

Standard Precautions away from Work

You should always practice **Standard Precautions** as a way to protect yourself and others. If you are exposed to blood or other body fluids when you are away from work, you need to assume there is a possibility of contact with a bloodborne pathogen.

Protect yourself by:
- Using barriers. If an unexpected or emergency situation occurs, use whatever

protection you can find to create a barrier between yourself and the possible source of infection. Examples of barriers include a towel, clothing, plastic bag, or newspapers.

- Washing your hands according to the previously described guidelines.
- If you are exposed to human blood or body fluids outside of work, call your personal doctor for follow-up instructions.

Should I come to work if I am sick?
Some infections may be readily transmitted to patients, family members, and others. If you suspect you have an infection or have been exposed to an infection or infectious illness, call Employee Health before coming to work.

The following are examples of infectious illnesses or exposures to report to Employee Health:

- Conjunctivitis (pink eye)
- Viral Hepatitis
- Herpes Whitlow (herpes of the fingers)
- HIV
- Meningococcal meningitis
- Varicella (chicken pox)
- Pertussis (whooping cough)
- Tuberculosis (TB)
- Salmonella
- Shigella

Health Screening
Employee Health will assess your health to make sure you are not infectious to others. Your supervisor may also help if you are ill. **Remember!** you may do more harm than good if you do not have your own illness checked or treated. You may place patients, co-workers, and family members at risk of catching your illness.

To avoid becoming ill, take the following precautions:

- keep immunizations up-to-date
- maintain a healthy lifestyle
- exercise
- eat fruits and vegetables
- practice good personal hygiene

Transmission Based Precautions
Transmission Based Precautions means the patient has an illness that may not be contained by using Standard Precautions alone. Additional control measures are needed to prevent the spread of infection**.** Transmission Based Precautions are often referred to as **Isolation**.

If you need to enter a room where a patient is on **Transmission Based Precautions**, follow the instructions on the door, or ask for assistance from the nurse.

Transmission Based Precautions

There are five Isolation categories.

- Airborne
- Airborne-NIOSH Approved Respirator Required
- Contact
- Droplet
- Protective Environment

Isolation policies are located in the <u>Infection Control Manual on S</u>ynapse and/or the individual department / facility policy manuals.

The Transmission Based Precaution policy includes additional information on the different isolation categories. The policy, "Diseases-conditions requiring Transmission Based Precautions" lists all possible infections alphabetically, the type of isolation required for each infection, the length of time a patient should remain on isolation, and other special considerations.

Patients with suspected or known communicable diseases must not wait in common areas and must be placed on isolation as soon as the infection is suspected.

Examples of Signs at CMC-NorthEast

Airborne Precautions

Airborne Precautions means the patient may have an infectious disease that may be spread through the air.

Conditions associated with airborne transmission:

- Chickenpox
- Measles
- Disseminated shingles
- Shingles in an immunocompromised patient

Special considerations:

- Place patient in a negative pressure room.

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- In inpatient facilities without negative air-flow rooms, place a mask on the patient and transfer to a facility with negative air-flow rooms.
- In an ambulatory clinic setting, the patient must wear a surgical mask and be placed in a private room with the door closed.
- Keep patient's door and windows closed at all times to maintain negative airflow.
- Healthcare workers with a negative history for chickenpox must wear a surgical mask when entering the room or avoid contact with patients diagnosed with chickenpox or disseminated shingles.
- Dispose of the mask immediately after leaving the room.
- When appropriate, consider varicella immunization by Employee Health department.
- Place surgical mask on patient when transporting through facility.
- Notify the receiving department prior to transporting the patient.
- Minimize the need for the patient to be transported within the facilities by performing procedures in the patient's room whenever possible.

Airborne Precautions- NIOSH Approved Respirator Required

"Airborne Precautions NIOSH-Approved Respirator Required" means the patient may have active tuberculosis of the lung or respiratory tract, smallpox, SARS, or Avian influenza.

Special Considerations:
- Place patient in a negative pressure room.
- In inpatient facilities without negative air-flow rooms, place a mask on the patient and transfer to a facility with negative air-flow rooms.
- In an ambulatory clinic setting, the patient must wear a surgical mask and be placed in a private room with the door closed.
- Keep patient's door and windows closed at all times to maintain negative pressure in room.
- Personnel must wear NIOSH-approved respirators. These respirators require FIT TESTING. The respirator is not removed until the staff person or visitor leaves the room.
- Place surgical mask on the patient when transporting within facility.
- Minimize the need for the patient to be transported within the facility by performing procedures within the room.
- Notify the receiving department prior to transporting the patient.
- Isolation for tuberculosis may be discontinued by a physician following three AFB negative sputums and positive response to therapy.
- SARS and smallpox will require both Contact and Airborne-NIOSH precautions.

Droplet Precautions

Droplet Precautions means a patient may have an infectious disease that is spread by droplets in the air when the patient coughs, sneezes, or talks.

Common conditions associated with Droplet transmission:

- Influenza
- Mumps
- Bacterial meningitis
- Strep throat
- Pertussis (whooping cough)

Special considerations:

- Healthcare personnel wear a surgical mask when within three feet of patient.
- Place surgical mask on patient while transporting through the facility.
- Notify the receiving department when transporting the patient.
- Make sure the patient is in a private room. A negative airflow room is <u>not</u> required.
- Patient door may remain open.

Contact Precautions

Contact Precautions means a patient may have a germ that may be spread by the hands of workers or visitors. These germs may be spread by touching the patient or his belongings, equipment, etc.

Common conditions associated with Contact transmission:

- MRSA (Methicillin Resistant Staph aureus)
- VRE (Vancomycin Resistant Enterococcus)
- Chicken pox
- Shingles
- RSV (Respiratory Syncytial Virus)
- Lice
- Scabies
- Clostridium difficile (antibiotic-associated diarrhea)
- Multi-drug resistant organisms
- Viral pneumonia (SARS)
- Smallpox

Special considerations:

- Always wear gloves with any patient contact or with any environmental contact that is within 3 feet of patient.
- Wear a gown whenever you have significant patient contact or contact with the patient's environment.
- Encourage visitors to wash hands.
- Assist patient with handwashing.
- The following patient dedicated equipment must be kept in patient's room:
  - **disposable thermometer**
  - **disposable blood pressure cuff**
  - **disposable stethoscope**

  Note: *If disposable equipment is not available, use a barrier between the patient and equipment. Clean the equipment after use with an appropriate disinfectant.*
- At discharge, discard thermometer, blood pressure cuff, and stethoscope.
- Placement of a patient on **Contact Precautions** (for a multi-drug resistant organism such as MRSA or VRE) in a private room is optimal. When a private room is not available in the ICU or step-down unit setting, the bed and equipment must be at least three feet from another patient's bed and equipment. When a

private room is not available on the general units, only patients with the same organism may be placed together in a semi-private room. (Consult with Infection Control for difficult triage situations.)
- Educate family member about contact precautions at home.
- Notify the receiving department when transporting the patient.

MRSA and VRE

The letters MRSA stand for "methicillin resistant staphylococcus aureus." VRE stands for "vancomycin resistant enterococcus." Methicillin and vancomycin are antibiotics used to treat infections. Germs, that cause the infections, have become resistant to the antibiotics normally used to kill them. When germs become resistant to antibiotics, it is harder to cure the infection.

Protective Environment

Protective environment is used for patients with decreased ability to fight infection who may be easily infected.

High risk patients <u>may</u> include:
- premature babies
- HIV patients
- people with diabetes
- chemotherapy or radiation therapy patients
- the elderly
- patients taking steroids for a long time
- transplant patients

Special considerations:
- The following patient dedicated equipment should be used:
  - **disposable thermometer**
  - **disposable blood pressure cuff**
  - **disposable stethoscope**

  Note: *If disposable equipment is not available, use a barrier between the patient and the equipment. Before and after use of equipment, clean with appropriate disinfectant.*
- Screen visitors or ask patient to receive only healthy visitors.
- Caregivers who participate in the care of the immunocompromised patient must be healthy (free of colds, etc.).
- Use a private room, if available.
- Minimize travel through the facility to other departments.
- Consider no live plants, cut flowers, or fresh fruit in the room.

Transmission Based Precautions

When isolation is ordered, nursing personnel must do the following:
- Place the appropriate sign outside the patient's door. A patient may be on more than one category of isolation.
- In acute care facilities**,** enter the isolation category in the computer.
  This will help to alert receiving departments who will not see a sign on the patient's door and risk possible exposure.

- Notify receiving departments when transporting a patient on Transmission Based Precautions, so all employees may be protected, and contagious patients are not placed in waiting rooms.
- Explain the reason for isolation and how to prevent the spread of infection to others.
- Document all teaching.
- To cancel isolation on a patient with MRSA or VRE, wait at least 48 hours after the discontinuation of appropriate antibiotics.

  - Culture the nares for MRSA.
  - Culture the stool or do a rectal swab for VRE
  - **Lingering MRSA is most often found in the nares, while VRE is most often found in the stool**.
  - If the culture result is negative for the organism requiring contact precautions, cancel isolation.
  - **PEDIATRICS**: Please note that 3 negative nares cultures, one week apart is required to discontinue isolation.
  - If the culture remains positive, continue to culture every three to four days if antibiotics have not been restarted.

If a patient is on Contact Precautions for MRSA or VRE at discharge, the medical record will be flagged by Infection Control.

If that patient is re-admitted, the physician or nurse will immediately place the patient on Contact Precautions if the following appears in the **allergies box on the face sheet: MRSA** or **VRE.** Follow instructions above to obtain cultures for discontinuing isolation.

Reporting Communicable Diseases
Physicians are responsible for notifying the county health department of reportable communicable diseases. This can be done by phone or by completing the communicable disease report card. Report cards are available in the Nursing Office and in the department of Infection Control. The reporting of communicable diseases should not be delayed for laboratory confirmation when a reportable disease is suspected. Physicians may request assistance with reporting from the department of infection control.

The following are examples of reportable communicable diseases:
- Whooping Cough (pertussis)
- Tuberculosis
- Meningococcal Disease
- Salmonella
- Shigellosis
- Hemolytic Uremic Syndrome (HUS)

Tuberculosis
Patients with tuberculosis (TB) may have symptoms such as a productive cough, fever, night sweats, and weight loss. The disease may be diagnosed by chest x-rays and cultures performed in the laboratory.

TB germs are spread through the air and may be inhaled. You cannot get TB from bed linens or dishes. Patients who cannot fight infection are at high risk for getting TB if they are exposed to the germ.

To protect yourself from TB, follow "**Airborne Precautions – NIOSH Approved Respirator Required**" precautions, including wearing a NIOSH-Approved respirator and putting patients in a negative-pressure room.

Use of Equipment and Supplies

Items used for patient care must be clean and, in some cases sterile. When using any equipment, supplies or products:
Make sure the package has no holes, tears, or small openings.
- Check for an expiration date (if applicable). Do not use expired products.
- Do not use an item if it is damaged, wet, or soiled, or if the packaging is damaged, wet, or soiled.
- Keep clean equipment and supplies separate from used equipment and supplies.
- Do not use one patient's supplies or equipment for another patient; this action may transfer germs and cause infection.
- Discuss the proper cleaning of equipment in unit meetings to make sure everyone follows policy/procedures.

Infection Control and Construction

It is important to prevent and control infections that could be caused by construction or renovation projects. The dust that occurs during construction can contain spores. Aspergillus is a type of fungal spore found in dust. Fungal spores may be harmful to some people.

Aspergillus
- Is a fungus (mold) that occurs in nature
- Can be found in decaying leaves, plaster and drywall and settled dust.

Who may be harmed by aspergillus and other fungus?
- Premature babies
- Transplant patients
- Cancer patients
- Immunocompromised patients

One way to control dust during construction is through the use of barriers. It is important to maintain the integrity of these barriers by keeping doors or barriers closed and not walking through construction areas.

Moisture Management

Molds occur all around us in nature. The presence of mold does not necessarily create a hazard. Mold does not adversely affect the health of all individuals. Pre-existing health conditions, such as allergies, can be exacerbated or aggravated by the presence of molds. This is the most common response to mold.

Molds can cause serious infections in people who are immunocompromised, such as those with cancer, organ transplants, AIDS, or on steroid type medications.

To grow, molds need:
1) Oxygen
2) Food (organic material)
3) Water

We cannot control the first two factors, but we can control factor #3. Mold growth can occur within 48 hours of a water leak or moisture accumulation.

What should you do when you find water leaks, water damage or mold?

- Clean-up spills or leaks promptly
- Notify the Call Center at 704-446-6161 or 866-446-6161
- Report these promptly to your supervisor, maintenance or property manager, or your safety officer.
- Assist as needed with drying and repairs to prevent the growth of mold.
- Avoid disturbing the mold – do not pull wallpaper back or lift ceiling tiles. This may release thousands of mold spores.

Should I come to work if I am sick?

Some infections may be readily transmitted to patients, family members, and others. If you suspect you have an infection or have been exposed to an infection or infectious illness, call Employee Health before coming to work.

The following are examples of infectious illnesses or exposures to report to Employee Health:

- Conjunctivitis (pink eye)
- Viral hepatitis
- Herpes Whitlow (herpes of the fingers)
- HIV
- Meningococcal meningitis
- Varicella (chicken pox)
- Pertussis (whooping cough)
- Tuberculosis (TB)
- Salmonella
- Shigella
- SARS

Health Screening

Employee Health will assess your health to make sure you are not infectious to others. Your supervisor may also help if you are ill. **Remember!** You may do more harm than good if you do not have your own illness checked or treated. You may place patients, co-workers, and family members at risk of catching your illness.

To avoid becoming ill, take the following precautions:

- keep immunizations up-to-date
- maintain a healthy lifestyle
- exercise
- eat fruits and vegetables
- practice good personal hygiene

➢Compressed Medical and Industrial Gases

Definitions

Gases stored under pressure in cylinders are called **compressed gases**. These include oxygen, nitrous oxide, and other gases. The gas comes out of the tank through a regulator to reduce and control the pressure of the discharged gas.

1. **Cryogenic gas** - A gas with a boiling point below minus 150 degrees F is usually considered a cryogen.

2. **Industrial gas** - Industrial gases are produced to varying degrees of purity. Industrial gases include oxygen, nitrogen, argon, carbon dioxide, helium, hydrogen, and numerous others.

3. **Medical gas** - Medical gases are produced to strict levels of purity.
A medical gas is manufactured in accordance with the FDA's current Good Manufacturing Practice (cGMP), and is listed in the US Pharmacopoeia (USP) or the National Formulary (NF).

Note: Carbon dioxide, which has a boiling point of minus 109º F, is not considered a cryogen; however, its low temperature hazards are similar to a true cryogen.

Key Points

Cylinders must be constructed, tested, and maintained in accordance with the US Department of Transportation and FDA specifications and regulations.

1. Manufacturers/suppliers must identify contents by attached labels or stencils naming the components and stating the proportions.
2. Users must identify contents by reading the labels before use. Labels must not be defaced, altered, or removed. Labels must be legible.
3. Users must make sure the threads or pins on the regulator-to-cylinder valve connections are properly mated.
4. Connections are designed with one of **two different types of safety systems:**
   a. **Pin Index Safety Systems**
      and
   b. **Diameter Index Safety Systems**.
5. **Never** force connections that do not fit, and **never** change adapters to force them to fit.

Hazards

If a cylinder without a valve protection cap falls, the cylinder valve could break off. Depending on cylinder size, quantity of gas within the cylinder, and the size of the break, the cylinder could be propelled rapidly and/or violently after landing on the floor. This may cause the damaged cylinder to act as a missile or projectile. It may be so

forceful that it may actually go through a concrete wall causing injuries and/or property damage.

Carefully review the following safe practices presented in this module for:

- Handling Cylinders
- Moving Cylinders
- Storing Cylinders
- Using Gases
- Transporting Gases
- Non-Interchangeable Connectors

Safe Practices for Handling

1. Never permit oil, grease, or other readily combustible substances to come in contact with cylinders, valves, regulators, gauges, hoses, and fittings. Oil combined with certain gases such as oxygen or nitrous oxide may create explosive violence.

    a. Do not handle cylinders or apparatus with oily hands or oily gloves.

    b. Do not lubricate any part of a compressed gas cylinder with oil or any other combustible.

2. Keep connections to piping, regulators, and other appliances tight to prevent leakage. Keep apparatus connections in good condition.

3. Identify the contents of a compressed gas cylinder or cryogenic liquid before handling the cylinder or connecting it to a system. Discharging a gas or cryogenic liquid into a system not intended for the material could cause a fire, explosion, equipment failure, gas leak or other hazard resulting in serious or fatal injury.

4. Never allow sparks or open flames from any source to come within 5 feet of cylinders and equipment.

5. Do not subject any part of any compressed gas cylinder to a temperature above **125 degrees Fahrenheit** or to artificially created low temperatures.

    > Do not place cylinders where they might become part of an electric circuit.

    > The cylinder valve must be fully **open** when the cylinder is in use. Valves are to be closed at all times, except when gas is actually being used.

6. Identify the contents on the label before use. If not identified, return to the supplier without using.

7. Before placing cylinders into service, remove any paper wrapping so the label is visible.

8. Do not deface or remove any markings used for identification.

9. When replacing or returning an empty cylinder, **close** the valve and before shipping replace **valve protective caps or plugs**, if used.

10. Never **bleed** a cylinder completely **empty**; leave some residual pressure.

11. Only the supplier may perform repairs, alterations, refilling, and repainting of cylinders.

12. Notify gas supplier if any abnormal condition occurs that might allow any foreign substance to enter the cylinder or valve. Give details and serial number to supplier.

13. Only experienced and properly instructed persons may handle compressed gases.

Safe Practices for Moving Cylinders

1. Use only approved carts, handtrucks, and appropriate holders when moving cylinders.

2. When moving cylinders keep caps on cylinders where caps are provided for valve protection.

3. Never **drop** cylinders or permit them to **strike** each other.

4. Avoid dragging or sliding cylinders. It is safer to move large cylinders with a suitable approved handtruck, ensuring the cylinder is restrained with a chain, strap, or hook.

5. Never use the **cylinder valve** as a **handle**.

Safe Practices for Storing and Labeling Cylinders

The following are important general recommendations for storage and labeling:

1. Store cylinders in an approved location that is secure and accessible only to authorized personnel. Protect cylinders against tampering by unauthorized individuals.

2. Store empty cylinders in a separate area from full cylinders, and label areas appropriately.

3. Storage rooms must be dry, cool, and well ventilated.

4. Protect cylinders from excessive increases in temperature. Do not store cylinders near radiators or other sources of heat.

5. Do not store cylinders near flammable substances such as oil, gasoline, waste, and similar substances. Keep sparks and flame away.

6. Store all cylinders in an upright position and restrained from being knocked over and damaged. Using storage bins, chains, straps, and hooks will help prevent accidents.

7. NEVER use cylinders as a support, doorstop, or a coat rack.

Safe Practices for Connecting Cylinders

Before attempting to connect a cylinder to a system, be certain of the following:

1. Personnel using the cylinder are trained and knowledgeable regarding the product, cylinder, fittings, equipment, and proper connection procedures.

2. The cylinder is clearly and properly labeled with the identification of the contents, and there are no conflicting markings, labels, or coloring. ***Do not rely solely on the color of the cylinder to identify the contents.*** If there is any conflict or doubt about the contents, do not use the cylinder.

3. Make sure the contents are the correct product for use in the system.

4. The connection(s) on the cylinder and the system must fit together properly, without being too loose or too tight. A proper connection will go together smoothly. Do not use adapters or excessive force.

Safe Practices for Using Gases

The release of high-pressure gas may be hazardous unless adequate means are provided for reducing the gas pressure to usable levels and for controlling the gas flow. **Pressure-reducing regulators** must always be used when withdrawing contents from cylinders. Such devices deliver a constant safe working pressure.

Needle valves without regulating mechanisms must not be used in place of pressure reducing regulators because excessive pressures may develop downstream of such devices and result in damage to equipment or injury to personnel.

When using gases,
1. Do not remove valve protection cap until ready to withdraw contents or to connect to a manifold.
2. On all cylinders, with the exception of those containing flammable gas (i.e., acetylene), After removing the valve protection cap, and prior to putting on the regulator, slightly open the valve for an instant to clear the opening of possible dust and dirt
3. When opening the valve, point the outlet away from yourself and others.
4. Never use wrenches or tools to open valves, except those provided or approved by the gas supplier. Never hammer the valve wheel to open or to close the valve.
5. Make sure the threads or pins on the regulator-to-cylinder valve connections are properly mated.

    Connections are designed with one **of two different types of safety systems:**
    - **Pin Index Safety Systems**
            and
    - **Diameter Index Safety Systems**.

    Never force connections that do not fit, and **never** change adapters to force them to fit.
6. Never permit gas to enter the regulating device suddenly. Always **open** the cylinder valve **slowly**.
7. Before disconnecting the regulating device, close the cylinder.
8. Valves must be closed at all times except when the gas is actually being used.

Signs

A precautionary sign, readable from a distance of five feet will be displayed on each door or gate of the storage room or enclosure. The sign wording must include the following:

> **CAUTION:**
> **Medical Gases**
>
> **No Smoking or**
> **Open Flame**

Safe Practices for Transporting

When using and transporting compressed gases, follow these guidelines:

1. Make sure the cylinder is secure in an approved holder or transported with an approved handtruck, and secured with a chain, strap, or other approved device.
2. When transporting a patient using compressed gas, keep the cylinder secured in the holder found on the patient stretcher, wheelchair, or in a portable tank carrier. **NEVER** put the cylinder in the bed with the patient.
3. When transporting cylinders, keep them upright in the cylinder approved for this purpose.
4. Make sure the regulator is securely on the cylinder.
5. Do not carry or hold the cylinder by the regulator.
6. If a small (size E or D) cylinder must be transported by hand, **always use both hands.** One hand must firmly hold the yoke or neck and the other hand must hold the body or base of the cylinder.

CHS has a policy on the safe use of compressed gases. It is found in the Safety Management Program Manual. Go to the manual and review the CHS Policy 5.10. Ask your manager if you have any questions.

➢ Medical Equipment and Utilities Management

Medical Equipment Management

The Medical Equipment Management program promotes safe and effective use of medical equipment. The program ensures all medical equipment is properly selected, inventoried, maintained, and replaced and that users are trained to safely operate equipment and properly report equipment failures/incidents.

The primary purpose of the Medical Equipment Management Program is to:

1. Ensure all equipment has been properly inspected; and
2. Provide information and instruction regarding the proper use of equipment, equipment maintenance requirements, and the risks associated with the use of various medical devices to contribute to patient and staff safety.

Examples of Electrically Operated Equipment

Three types of electrically operated equipment are used at healthcare facilities:
1. Medical equipment used in patient care areas,
2. Medical equipment used in non-patient care areas (i.e., lab and CRC), and
3. Non-medical equipment used by an employee or a patient.

Module for Temporary Staff, Students, and Volunteers

Patient care medical equipment may include:

- Ventilators
- IV Pumps
- Heart Monitors

- Suction Machines
- Warming Blankets
- Thermometers

Other medical equipment may include:

- Centrifuges
- Lab analyzers

Non-medical equipment may include:

- Vacuum Cleaners
- Pencil Sharpeners
- Radios
- Refrigerators

- Coffee Makers (Commercial grade)
- Microwaves
- Desktop Computers

There are times when a patient may want to bring his or her own medical equipment to use in the hospital. It is best to substitute CHS-owned equipment for use in the hospital.

NON-HOSPITAL OWNED EQUIPMENT
Electrical Safety Tested Date:_____ By:_____ Next Inspection Due:_____

If substitution is not possible:

- Notify the manager of the area where the item will be used.
- Obtain a doctor's order for a patient to use his/her own medical equipment.
- Call Facilities Management at 704-403-2349 (2-FIX) to have the item inspected BEFORE it is used in the hospital. It may NOT be used until this inspection has occurred. Facilities Management will apply a "Non-Hospital Owned Equipment" label on the item after completing the safety inspection.

All electrical items, both medical and non-medical, must be inspected and listed for safety by an outside listing organization **(i.e. UL, MET, CSA, ETL/ITS, and Entela).** All listed items will have a label with these letters, or similar ones of a different agency, on the equipment.

If you have questions about whether an item is approved, please call Clinical Engineering.

Module for Temporary Staff, Students, and Volunteers

Electrical Equipment Prohibited from Use at CHS Facilities

Some types of electrical equipment may not be used in CHS facilities. A complete listing of electrical equipment prohibited from use at CHS facilities may be found in the **Safety Manual.**

Some examples of equipment that may not be used are:

- Coffee pots (non-commercial grade)
- Heating pads
- Clothes irons
- Electric blankets
- Hotplates
- Popcorn poppers
- Radiant heaters

A nurse manager, a charge nurse, or your supervisor must inspect each piece of personal electrical equipment. If a piece of equipment looks unsafe, it may **NOT** be used and should be taken home.

Inspect Electrical Equipment Before Use

One of your most important roles for safety in the hospital is to inspect electrical equipment before each use. Look for frayed cords, broken or bent prongs, missing "ground" prongs, exposed wires, equipment that causes a tingling sensation when plugged in, or other obvious hazards.

If any equipment is defective or does not work properly, DO NOT USE IT!

Instructions for Handling Defective Equipment

If a piece of electrical equipment does not work properly, follow these guidelines:

1. Place a red **"DEFECTIVE"** tag on the equipment. Labels may be obtained from your supervisor, the distribution center, or Clinical Equipment Management (CEM). On the label, describe the nature of the problem, enter the current date, and then print your name so you may be contacted if additional information is required.

2. Remove the equipment from the work area so it will not be used and place it where it may be picked up by Facilities Management.

3. Call 2-FIX at 704-403-2349. Explain the problem and where to find the equipment.

4. To get the repair completed as quickly as possible, be prepared to give the information listed below to the Dispatcher:
   - Your name.
   - Your department.
   - Department telephone number.
   - LOCATION OF THE EQUIPMENT.
   - Name of equipment/device (i.e., Dinamap, ECG monitor, etc.)
   - A brief description of the problem.

```
       DEFECTIVE
       Do not use

CE#:_____

Problem:_____
_____
_____

Ext.:

Date:

By
```
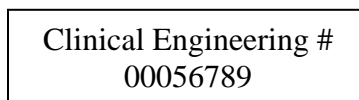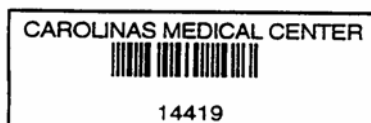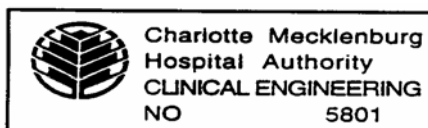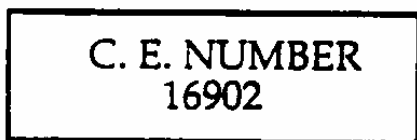
- CEM number. The CEM number is located on a white or silver label or the asset tag located on the back of the equipment, either near the serial number or on the right front or side of the piece of equipment.
- Priority of the problem.

CE Labels Used on Medical Equipment at CHS

C. E. NUMBER
16902

Charlotte Mecklenburg
Hospital Authority
CLINICAL ENGINEERING
NO   5801

Carolinas HealthCare System
ASSET
554200

CAROLINAS MEDICAL CENTER
14419

Clinical Engineering #
00056789

Potential Hazards

In modern healthcare facilities, the use of electrical equipment is essential to perform most aspects of our work, but it may be dangerous if not used properly. According to the National Safety Council, approximately six percent of work-related deaths result from electric shock. Learning about the hazards associated with the use of electricity, maintaining electrical equipment in good working order, and following safe work practices will help prevent most electric shock injuries.

Electric Shock

Electric shock occurs when your body becomes part of an electrical circuit. Shocks usually occur when a person touches exposed electrical wires (i.e., wires exposed in a damaged or frayed electrical cord or plug). Shocks may also result from the dangerous combination of water and electricity.

One painful consequence of electric shock is burned skin and other tissue. Depending on the amount of current and duration of exposure, the burns resulting from electric shock may be as deadly as the shock itself. Also, be aware that most electrical equipment contains a heating element. Contact with these heated surfaces (e.g., blood warmers, incubators, and coffeepots) may produce serious burns.

Fire

An overlooked hazard associated with the use of electrical equipment is fire. Since heat is generated from the passage of electric current, an overloaded circuit or a spliced or frayed wire may generate enough heat to cause a fire.

Electrical Safety Tips

- When unplugging an electrical device, pull the plug, not the cord. Over time, pulling the cord may result in damage to both the cord and plug, leading to exposed wires.

- Inspect all electrical equipment prior to use. Report any frayed cords, broken adapters, or equipment without proper labels immediately to your supervisor, safety officer, or Facilities Management

- Never use an adapter, doing so may overload the circuit, which may result in a fire. "Cheater plugs" or adapters that allow three-pronged (grounded) plugs to be used in two-pronged outlets should never be used.

- Always follow manufacturers' directions for proper and safe use of equipment.

- A surge protector outlet strip must only be plugged directly into an electrical wall receptacle. Strips in patient care use must be hospital grade and UL (or other agency) listed. These outlet strips are prohibited in certain high risk areas (wet areas) such as the OR.

- Extension cords may only be used temporarily in non-patient care areas. Extension cords must be plugged directly into an electrical wall receptacle (not into another extension cord), and must never be used for refrigerators, microwaves, heaters, or coffee pots, or in designated high risk areas. Extension cords may only be used on a temporary basis.

Steps to Take if a Person Has Been Injured or in an Accident Involving Medical Equipment
If a person is injured or involved in an incident involving medical equipment:
1. Offer to get treatment for the injury (i.e., visitors will go to the Emergency Department; physicians will be notified for in-patients).
2. If a person is badly injured or dies, inform your supervisor immediately.
3. Document the problem.
    - If the injured person is an employee: Fill out the Worker's Comp Claim Form.
    - If the injured person is a patient or visitor: Fill out a Quality Management Report (QMR).
4. If the injury is serious call Corporate Risk immediately at 704-403-4023. If the injury happens after hours, tell your supervisor, who will then call the Administrative Coordinator.
5. If the injury possibly happened because the equipment did not work properly, save all the parts, including disposable ones. Do not change the control settings on the equipment. Tag the equipment as "defective"; if possible leave it in place. If it is necessary to remove it from the area, remove it from service, and hold it for Corporate Risk or Facilities Management to pick up. Be sure to let Facilities Management know that the equipment is involved in an incident. Be prepared to provide additional details to assist in the evaluation of the potential device malfunction.

Use of Wireless Communication Devices

The widespread use of wireless communication devices has created a potential hazard to hospital patients attached to clinical monitoring devices, such as heart monitors,

pacemakers, apnea monitors, defibrillators, infusion pumps, ventilators, and infant incubators.

Cellular phones, two-way pagers, internet accessible PDAs, two-way radios, and other wireless devices emit radio frequency energy that may interfere with clinical patient monitoring equipment when used in close proximity to the clinical equipment. The effect of the radio frequency energy is greatly diminished as the distance between the radio frequency source and the clinical equipment is increased.

An effective way to manage radio frequency interference is to regulate the use of wireless communication devices inside the hospital and/or patient care facilities. **Wireless communication devices shall not be used in restricted areas**. Reference your facility policy in the Safety Manual for restricted areas. The policy applies to staff, patients, visitors, contractors, vendors, volunteers, emergency personnel, and anyone who enters CMC-NE.

Restricted Use of Cellular Phones and Two-Way Radios

Two-way radios may interfere with patient monitoring devices when they are used to transmit messages. Therefore, they should **not** be used to send messages in spaces near clinical monitoring equipment. However, two-way radios may be safely used to monitor incoming messages.

In the event of emergency, individuals such as EMS, Fire Department, Police Department, and hospital personnel are allowed limited use within patient care areas. If a cellular phone or two-way radio must be used in an emergency, the users must be *at least 3 feet away* from the patients and/or clinical equipment.

Each employee should be watching for potential interference when a wireless communication device is near clinical equipment. If any irregularities or other interference is noted, move away from the equipment, turn off the device, and notify Clinical Engineering.

Utilities Management

CHS's vast system of utilities include the electrical system, heat and air conditioning systems, plumbing, boilers and steam plant, medical gases, emergency power, and the communications systems. The primary function of the Utilities Management Program is to ensure all elements of the utilities system at CHS are maintained and properly operated. Another important function of the program is to ensure the loss of one or more elements of the system does not adversely affect the smooth operation of patient care processes in the CHS facility.

Two Types of Electrical Systems

Under normal conditions, outside electric companies supply electricity to all electrical outlets. "Normal" power outlets are brown, ivory, or gray. In the event of a power failure, "normal" outlets may be without electricity, and electricity is supplied to the red outlets by emergency generators.

Equipment that should always be plugged directly into emergency, or red outlets, include the following: ventilators, specialty beds, defibrillators, patient monitoring systems, UPS, other life support equipment and communications systems.

Steps to Take if the Electrical System in Your Area Fails:
1. Notify Facilities Management at 704-403-2349 (2-FIX).Notify the clinical supervisor of the area.
2. Notify the clinical supervisor of the area.
3. Verify life-support equipment is on emergency power or staff is providing interim life support.

Elevator Safety
Vertical transports or elevators are used to move people and equipment vertically in the building. Follow these tips if an elevator stops between floors while you are in it:

1. Remain calm.
2. Use the emergency phone in the elevator. Tell the operator what elevator you are on, if there is a medical emergency, how many people are on the elevator, and the floor closest to you.
3. Activate the alarm, usually a red button or switch.
4. Stay on the elevator. **Do Not** try to exit an elevator stuck between floors.

Pneumatic Tube System
The pneumatic tube system transports a variety of materials including pharmaceuticals, laboratory specimens, and other critical patient care items. When maintained and used properly, this system allows staff members to concentrate on the patient without having to walk floor to floor to obtain the information or medical supplies required for the patient.

Every employee using the pneumatic tube system has the responsibility of keeping the pneumatic tube system running. The number one cause for the tube system stopping is user error. User error includes overstuffed carriers, improper packaging of carriers, and sending broken carriers throughout the system. These conditions can cause blockages or spills in the system.

Facilities Management maintains the tube system. Users should contact Facilities Management at 704-403-2349 (2-FIX) to report any spills or blockages as soon as possible, and to report any broken carriers.

Heating Ventilation Air Conditioning (HVAC)
A variety of air-handling systems (HVAC) help to maintain a safe and comfortable environment for patients, visitors, and staff.

The thermostats should be set at a comfortable setting, usually between 72-75 degrees. If a situation requires the temperature be outside the 72-75 degree range, reset the thermostat within the normal range as soon as the situation has been corrected. Do not

adjust locked thermostats. If the HVAC system fails or is not working correctly, notify Facilities Management at 704-403-2349 (2-FIX).

Plumbing Safety Tips

- Do not pour hazardous chemicals or unknown substances into a sink or floor drain until you have checked the container for the disposal instructions. Check department specific procedures for handling of hazardous chemicals and/or waste. If you have any questions or concerns regarding proper disposal of waste, read the label, ask your supervisor, and check the Material Safety Data Sheet (MSDS), or call Environmental Services at 704-403-1482.
- Carefully dispose of chemical and biological waste according to departmental procedures.
- Contain the flow of any water leaks by wrapping a towel around the source of the leak, closing a valve, or placing a trash can to catch the flow.
- Notify maintenance immediately to correct the cause of leaks.
- If a drain becomes backed up, **STOP** the flow into the drain.
- Secure the area around a wet floor until it can be cleaned.
- Attempt to contain the water, if safely possible.
- Block off the area from traffic flow.
- Notify Environmental Services, so a clean-up crew can be dispatched.

Steam Safety

A boiler system provides steam used for heating, sterilization, humidity controls, and cooking. Steam piping is located throughout most facilities. If you notice a leak or any other problem, call Facilities Management at 704-403-2349 (2-FIX).

DO NOT ATTEMPT TO ADJUST OR REPAIR THE PROBLEM YOURSELF.

Steam is under high pressure and may cause serious burns.

Communication Systems Safety
The communication system includes telephones, nurse call systems, pagers, overhead paging, code alpha systems, and computers.

CHS Overhead Paging Systems
This paging system is used to page persons without a beeper and notify staff of emergencies such as Code Red and system failures. The hospital operator makes overhead pages.

Departmental Paging
These systems are operated from the respective departments and are heard only by staff members in that department.

Steps to take if the Pager System Fails

If the **overhead paging system** is out of order, a computer message will be sent out to all areas having a **HBOC STAR** computer terminal. Selected managers will receive the notice in voice mail. Beepers should then be utilized when possible. If the person needing notification does not have a beeper, the department should send an employee as a "runner" to deliver the message.

If the **paging system fails (i.e. beepers),** the operator will send a "blast fax" to all outlook users alerting them that the paging system is down and to call the operator for paging assistance.

If an individual pager (beeper) is not working, check to see if the battery is low. If this is the problem, obtain a replacement battery from your department. If this action does not solve the problem, contact the Help Desk at 704-403-2500.

➢ Security in the Healthcare Setting

The goal of the CHS Security Department is to provide a **safe and secure environment** for all patients, visitors, employees, and facilities.

The Security Department operates 24 hours a day, 365 days a year. Security provides on-site support at designated facilities and indirect support to other areas. Shifts are managed by Lieutenant or Sergeant level supervisors and are supported by the **Security Communications Center (SECOM).** Security personnel cooperate with local law enforcement agencies as needed.

➢ Security officers continuously patrol campuses and change patrol patterns frequently.
➢ Officers immediately respond to emergency calls. Response to non-emergent calls such as door unlocks, motorist assists, and personal escorts are usually within minutes.
➢ The Security Department monitors the speed and efficiency of their officers' response to service calls. This information is used to improve service.
➢ A detailed tracking system is used to assist in reducing potential security risks.
➢ Security Officers work each shift to assist visitors, guests, and employees with:
   - Routine patrols,
   - Information and directions,
   - Motorist assists (e.g., battery boosts, flat tire assists, door unlocks),
   - Personal escorts,
   - Traffic direction, and
   - Investigating and reporting security related incidents.

Module for Temporary Staff, Students, and Volunteers

Security Communications Center

The **Security Communications Center** provides support to officers in the field. This centralized dispatch monitors and responds to calls for service including:
- Information and directions
- Closed circuit television monitoring (at designated facilities)
- Alarm monitoring (at designated facilities)
- Dispatching personnel to emergency situations (i.e., disasters, bomb threats, fire, etc.)
- Record keeping and incident report tracking

To contact the Security Department, call 704-403-1192 outside of campus and ext. 6-6595 on campus 24 hours a day.

Tips to Keep Us Safe

Who is responsible for Security?

Everyone in the Carolinas HealthCare System is responsible for Security.

Basic strategies all employees may use to maintain security in their work areas include:

1. Be aware of your surroundings. Your personal safety and the safety of patients and visitors are influenced more by your awareness than by any single factor.
2. All employees are required to display the proper System Identification Badge at while on CHS property. Anyone observed in restricted areas without the proper identification should be reported promptly to Security.
3. Do not wait for a problem to develop. Immediately contact Security whenever you have any problem or concern about security issues. Call 704-403-1192 from any facility location and report your concern to the Security Communications Dispatch Center. Appropriate personnel will be dispatched to your area to assist.
4. Report all incidents. The information you provide helps CHS Security detect patterns of problems and may be used in prevention.
5. Keep personal items and System equipment in a secure area. Bring to work only the items you need. An abundance of anything invites theft.
6. Take the time to assist our patients and guests. They are in a strange environment and often feel vulnerable. If visitors or guests are experiencing difficulties, feel free to contact Security for further assistance. All visitors are encouraged to check in at the information desk and obtain a Visitor's Identification Badge, if required at the facility.
7. Politely, but firmly, challenge individuals in and around your work area if they seem suspicious or do not have proper identification. Simply by asking "May I help you?" you may determine what business the individual has in your area. If the person refuses to cooperate or seems agitated, contact Security immediately.

8. Contact the Security Department for assistance with escorts to and from your vehicle, assistance with providing information and directions to visitors or patients, and setting up Security related educational programs for yourself and other personnel in your department or facility.

Visitor Control Procedures

Your CHS identification badge is an integral part of security measures. It allows authorized employees' access to secure areas, and quickly identifies the wearer as an employee.

Visitor identification passes provide the same function. If you encounter someone in your work area who does not have a proper CHS identification badge or valid visitor's pass, you are expected to politely challenge the person(s) by asking, "May I help you?"

This should help to determine why the person is in your area. If the person is reluctant to speak with you, seems suspicious when responding, or is openly belligerent, contact CHS Security immediately. A CHS Security Officer will then be dispatched to your area to speak with the individual(s).

While this is a good rule to follow at all times, it is especially critical **after** normal visiting hours. You are expected to **immediately ask** anyone **without proper identification** observed in your work area (particularly patient care areas) if you may help him/her. This will allow you to direct the person(s) to the proper place, and identify any suspicious activity, or potential security problems.

Visitors should always be encouraged to wear a visitor's identification badge (especially after normal visiting hours). These badges may be obtained from the nursing staff at all Acute Care Facilities or by contacting the Carolinas HealthCare System Security Operations Center.

Since visiting hours for CHS facilities may vary, contact your facility's Nursing Administration office for details.

For example, Carolinas Medical Center's Labor and Delivery department is open for visitation from 12:00 pm until 8:30 pm. Since babies are born at all times of the day and night, these visiting hours are adjusted depending on the needs of the patients and families (CHS Policy PR 160.01).

Law Enforcement Officers and Forensic Information

Law Enforcement officers accompanying a patient at CMC-NE should be provided a *Forensic Information* orientation with details such as emergency codes used in the facility, appropriate use of restraints, lines of communication within the organization, etc. The Security Department is responsible for ensuring Law enforcement officers receive facility orientation specific to their role.

Module for Temporary Staff, Students, and Volunteers

Types of Situations to Report to Security
Certain situations should always be reported to CHS Security.

- Disruptive behavior of any type
- Any suspicious activity
- Destruction or damage to property
- Any type of theft or attempted theft
- Bomb threats or suspicious packages
- Assaults
- Attempted suicide

Information to Provide
The Security Communications Dispatcher will obtain information from the caller in order for System Security Officers to properly respond. The following questions will be asked and should be answered as completely as possible:

- Where do you need Security?
- What is the nature of your problem?
- What is your name?
- How can you be contacted?

When reporting a suspicious person, or an incident involving an unfamiliar subject, the following information is very useful in describing the person to Security:

- Gender
- Race
- Height and Weight
- Description of clothing (e.g., color, type, uniform, etc.)
- Physical description (e.g., hair, eyes, distinguishing features)
- The last known location or direction of travel of the subject
- Vehicle description (e.g., color, make, model, license number)

Unattended and Unsecured Items
Statistically, the majority of items reported as stolen from C.H.S. facilities have two things in common; they are left unattended and unsecured. Please take the time to lock unattended offices and properly secure valuables, such as purses and wallets, while at work. Certain items, such as laptop computers and other portable electronic devices (especially those that contain Protected Healthcare Information) should always be equipped with proper security hardware and never left unattended and unsecured for any amount of time. All PC's and related equipment should be outfitted with a locking security cable and any theft of a device containing PHI should be reported promptly.

Suspicious Letters or Packages
- When delivery personnel bring packages, check for an identification badge or ask to see identification.
- Check the name and address on packages before accepting delivery.
- If a delivery is left outside the door or department, check the address and vendor before opening it.
- Do not open unexpected packages or ones without a correct address.

- Call Security if you have any doubts. Some common indicators of a suspicious letter or package include the following:
  - → No return address/excessive postage
  - → Excessive packing materials, such as paper wrappings, large amounts of tape or string
  - → Rigid sides or lopsided package
  - → Package's weight is particularly heavy for its size
  - → Any strange odors coming from the package
  - → Any unusual sounds coming from the item, such as beeping, ticking, etc.
  - → Oily stains on the outside of package or signs of any crystallized or powdery substances
  - → Wires / aluminum foil showing through the outside of package
  - → Restrictive markings on package such as "Attention to___" or "Confidential: Do Not Open"
  - → Package is addressed to a title, rather than an individual (such as "Director of Security")
  - → The package/letter was found or delivered in an unconventional manner (not US Postal, FedEx, regular courier, etc.)

If You Discover a Suspicious Letter or Package:

- Treat the letter or package with care. **DO NOT SHAKE OR BUMP UNNECESSARILY!**
- **DO NOT** tear open, smell, taste, or touch the item unnecessarily.
- Isolate the item and look for any additional signs (see indicators above).
- If additional signs are present, or the package seems suspicious, treat the letter or package as suspect and immediately call Security for assistance.

Bomb Threats

If a **bomb threat** is called in to your area:

- Remain calm.
- Write a note and give it to another staff member to Call 3-3333 & notify your manager immediately.
- Keep the caller on the line and obtain as much information as possible. Ask for information listed below:
  - → When is the bomb going to explode?
  - → Where is it right now?
  - → What does it look like?
  - → What type of bomb is it?
  - → What will cause it to explode?
  - → Did you place the bomb?
  - → Why did you place the bomb?
  - → What is your address?
  - → What are your name, sex, age, and race?
- Try to write down the length of the conversation, unusual background noises from the caller's location, and anything you notice about the caller's voice or language. All of this information should be given to Security.

- Preserve any evidence, such as notes of letters. Isolate these items and limit the amount of contact with them. Turn such items over to Security or Law Enforcement immediately.

Workplace Violence Awareness and Prevention (Code Gray)
There are various levels of workplace violence. Most levels are included in one of three categories:

1. Harassment or actions designed to torment and worry the intended victim. This is considered a non-lethal form of workplace violence. This is the most common form, and may be harmful to both the victim and work team morale.

2. Threats or declarations of intent to inflict injury are the second most common form of workplace violence. Threats do not have to be direct, and may be as subtle as body language used to intimidate a co-worker. Threats are usually veiled ("*Sometimes things happen to people*"), conditional ("*If you…, then I will…*"), or direct**.**

3. Attacks or the use of physical force against another with the intent to inflict injury are the most dangerous of these three. Attacks include **battery, assault, and, in some cases, homicide.**

Employees are requested to promptly report any incidents and to work with their managers and Security to reduce/eliminate risks.

Some factors increasing the risk of **workplace violence** are:
- Lay-off or termination
- Unresolved conflicts with coworkers
- Organizational changes
- Disciplinary actions
- Poor performance reviews
- Psychological issues
- Family/personal problems
- Financial difficulties
- Being passed over for promotion
- Discrimination (real or perceived)
- Alcohol or drug dependency
- Ignored grievances

CMC-NE has a policy of zero tolerance for workplace violence, verbal and non-verbal threats, and related actions.

Employees' responsibility for preventing workplace violence is to notify the supervisor, Human Resources, and Security of any violent or potentially violent situations. Employees who withhold information relating to violence, threats, or harassment will be subject to discipline up to and including termination.
An important part of avoiding violence in the workplace is the establishment of a healthy work environment. This includes, and is not limited to,
- Open communication with employees
- Following complaint/grievance procedures
- Using the Employee Assistance Program (EAP)
- Maintaining a drug and alcohol free workplace

- Enforcing policies and procedures consistently
- Respecting your coworkers

Workplace Violence or Presence of a Weapon

In the event a weapon is involved during a Workplace Violence incident, or a hostage situation occurs staff should always retreat to safety (when possible) and contact Security and/or the local Police Department and give them the following information:

- Location of the incident, including exact area where the armed subject was last seen
- Description of the subject, including their relative position in the area
- Information on what type of weapon they are armed with (knife, handgun, rifle, etc.)
- Your name, telephone number, and how many people (if any) are involved

The affected area is to be immediately be evacuated and bear in mind the armed subject is in control of the situation. Do not attempt to intimidate, threaten, or challenge the individual's authority. Give them plenty of room, and do not block their route if they are attempting to leave the area. Note their last direction of travel, and contact Security and /or the local Police with this information. In the event you cannot leave the area remember the following:

- Try to talk to the subject, convincing them that a non-violent solution is the best alternative for them. Show a commitment that you will assist them in any way to reach a peaceful settlement, but do not stop communicating with the individual no matter what the outcome.
- Never take a surrendered weapon from a subject, even if it is offered to you. Instead, have them place it in a neutral location, and back away from it. This will decrease the chances of an accidental injury or sudden "second thoughts" on the part of the subject.
- When a surrendered or confiscated weapon is present, always use extreme caution and contact Security immediately. Do not leave a weapon unattended until security and/or local police arrive to secure the area.

Workplace violence is traumatic and affects everyone. By preparing strategies and heightening employee awareness of potential danger signs, we may prevent workplace violence from occurring.

> **If you are scheduled to work in an area identified as a security sensitive area (e.g., pharmacy, emergency department, nursery, pediatrics), be sure to obtain further information on security issues from your supervisor.**

Parking and Parking Lot Safety at Carolinas HealthCare System

Employees of Carolinas HealthCare System are required to observe the proper parking procedures for their individual facility and / or department. Employees should park only in the areas designated as "Employee Parking" and never park in unauthorized areas such as fire lanes or similar Emergency Vehicle Access areas. If an employee is discovered parked in an unauthorized area, they will be issued a parking citation.

After the first offense, the employee's vehicle is entered into the parking department's database and a letter is sent to the employee as well as their supervisor explaining the violation. Subsequent violations will result in notices being sent again to the offender's supervisor and / or department head. This will then result in disciplinary action up to and including termination (depending upon the number and severity of the infractions). An employee's vehicle may also be immobilized in certain circumstances, and the employee must then contact either Security or Parking personnel to remove the immobilizing device from their vehicle. Remember, all employees are to park in authorized "Employee Parking" areas only. All employee vehicles are required to be registered with Security and a valid CMC-NE Parking Sticker must be displayed prominently on all such vehicles

The following are some parking lot / deck safety tips that all employees should observe when exiting from or returning to their vehicle:

- Remember where you parked, especially which level when in a parking deck. This will help you to quickly find your vehicle and prevent unnecessary searching.

- Always use the buddy system or travel in a group when going to a parking area. If you are working odd hours or cannot find anyone to walk out with, contact the Security at 704-403-1192 and request an escort to your vehicle (be advised that it may take a few minutes for an Officer to arrive at your location so be patient, or call ahead if you know when you are planning on leaving).

- Always pay attention to your surroundings in parking areas, and report any suspicious behavior immediately. Keep the vehicle's door key in your hand and immediately lock your doors after entering your vehicle.

- To avoid any problems with your parked vehicle, always keep your doors locked and keep any valuables out of sight by either locking them in the trunk or securing them properly inside the vehicle (such as in a console or glove compartment). Never leave valuables on the dash or in plain view while you are away from your vehicle.

- At certain Carolinas HealthCare System facilities, H.E.L.P. (Hospital Emergency Locator Phone) stations are available to summon security assistance immediately. Take notice of the locations of these stations when parking inside a parking deck.

➢ Performance Improvement

Carolinas HealthCare System Mission Statement

Performance Improvement is an important part of the CHS mission statement. The mission of the Carolinas HealthCare System is to create and operate a comprehensive system to provide <u>health care</u> and related services, including <u>education</u> and <u>research</u> opportunities, for the benefit of the people it serves.
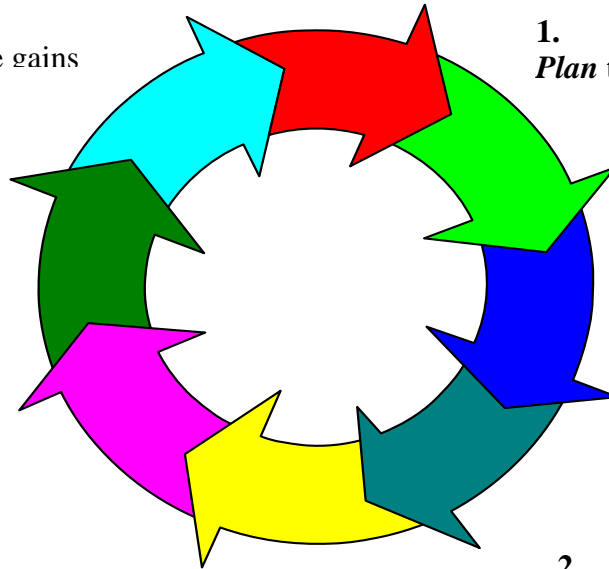
CMC-NE Model for Performance Improvement

The Joint Commission requires each facility to have an organization-wide approach to performance improvement that is planned and systematic. CMC-NE utilizes the **Plan, Do, Study Act**, (PDSA) cycle for performance improvement activities.

PDSA

Plan
Do
Study
Act

4.
Act to hold the gains

1.
Plan the improvement

3.
Study what happened

2.
Do the improvement

Performance Improvement Plan

∇ *The leaders of the organization, with input from physicians, staff, and managers, develop a Performance Improvement Plan annually. The Performance Improvement Plan is approved and supported by the Hospital Board.*

∇ *The Performance Improvement Plan outlines the current performance improvement activities for the year and identifies the top three PI priorities for the year. These priorities are developed to be consistent with the corporate goals of Carolinas HealthCare System.*

Corporate Goals

- Customer Service
- Medical Management/ Quality
- Growth
- Financial Viability/ Operations Excellence
- Community Benefit
- Human Resources

Information Flow

▽ The Hospital Board is ultimately responsible for all Performance Improvement activities. Performance Improvement results are reported to the Hospital Board in the following way:

Hospital Board

⇕

Quality Care and Comfort Committee

⇕

Medical Executive Committee

⇕

Medical and Surgical Quality Assessment and Improvement Committees

⇕

Hospital Performance Improvement Committee

Sentinel Event

A sentinel event is **an unexpected occurrence involving death or serious physical – including loss of limb or function - or psychological injury, or the risk thereof.**

Examples of sentinel events include:
- Patient suicide in a setting where the patient receives around the clock care;
- Unanticipated death of a full term infant
- Infant abduction or infant discharge to the wrong family
- Patient rape (by another patient or staff);
- Hemolytic transfusions reaction involving administration of blood or blood products
- Surgery on the wrong patient or wrong body part; and
- Patient death or permanent injury / loss of function as a result of a nosocomial (hospital acquired) infection.

Your Responsibility
If a sentinel event occurs in your area, immediately report it to your supervisor or manager. Any staff member identifying a sentinel event must report it.

After notifying your supervisor or manager, complete a Quality Management Report (QMR). The appropriate process to follow is outlined in the Safety Manual under Quality Management Reporting and Investigation.

Universal Protocol 1 – The organization fulfills the expectations set forth in the Universal Protocol.

- Wrong site, wrong procedure, wrong person surgery can be prevented. This Universal Protocol is intended to achieve that goal. It is based on the consensus of experts from the relevant clinical specialties and professional disciplines and is endorsed by more than 40 professional medical associations and organizations.
- Conduct a preoperative verification process as described in the Universal Protocol.
- Mark the operative site as described in the Universal Protocol.
- Conduct a "time out" immediately before starting the procedure as described in the Universal Protocol.

Module for Temporary Staff, Students, and Volunteers

Posttest

Name: _____

Date: _____

Circle the correct answer.

1. **The three (3) most common bloodborne diseases you could be exposed to in a healthcare setting are:**

   a.   Legionnaire's Disease, Hepatitis C, TB
   b.   Hepatitis B, Hepatitis C, HIV
   c.   TB, HIV, Hepatitis C
   d.   TB, Hepatitis B, Hepatitis C

2. **Which of the following cannot be used to clean up a blood spill?**

   a.   EPA / hospital approved disinfectant
   b.   Santimaster 4
   c.   1:10 bleach solution (1 part bleach, 9 parts water)
   d.   Soap and Water

3. **Code Gray deals with acts of violence.**

   a. True
   b. False

4. **What is Incident Command?**

   a.   A new item on the list of codes and conferences.
   b.   Changes our previous emergency response procedures.
   c.   A system to manage the hospital in an emergency
   d.   All of the above

5.   What is CMC-NE's Tobacco-Free Workplace Policy?

a. Tobacco use is not permitted on any CMC-NE property or portion thereof. This ban applies to all employees, visitors, patients, and contractors.
b. Smoking is not permitted for inpatients in Senior Behavioral Medicines.
c. Employees are not allowed to use tobacco products during paid breaks.
d. All the above

6.   In sprinklered areas, keep stored items at least _____ below sprinkler heads and in unsprinklered areas keep stored items at least _____ below the ceiling at all times.

a. 24 inches , 36 inches
b. 18 inches , 24 inches
c. 6 Inches, 12 inches

7.   R-A-C-E describes very important actions of every employee in the area of any fire drill or real fire. Which of the choices below best explains R-A-C-E?

a. Run And Catch the Elevator
b. Rescue; Alarm; Contain; Extinguish
c. Rescue; Alarm; Confirm; Exterminate
d. Run; Alert; Contact; Extinguish

8.   Ergonomics means:

a. Improving the speed at which the job is done
b. Science of fitting the work environment to the people doing the job
c. Monitoring telephone conversations made by employees.
d. Selecting the right people to do the job.

9.   To request an on site workstation evaluation, contact:

a. Corporate Risk Services at 704-403-3576
b. Employee Health
c. Occupational Medicine
d. Facilities Management

10.   Which one of the following is not a safe way to lift?

   a. Brace lower back
   b. Bend knees
   c. Hug the load
   d. Twisting
   e. Avoid twisting

11.   Who would you call to report unsafe conditions?

   a. Your manager
   b. Your Facility Safety Officer
   c. Corporate Safety
   d. Employee Safety Line
   e. Any of the above

12.   When you pour a hazardous chemical from its original container into a second container, the second container must be labeled with at least the identity of the hazardous chemical(s), and appropriate hazard warnings.

   a. True
   b. False

13.   A signal word on the warning label indicating how hazardous the chemical is could include:

   a. Danger
   b. Warning
   c. Caution
   d. All of the above

14.   Most babies are taken from the:

   a. Nursery
   b. Corridor
   c. Cafeteria
   d. Mother's Room

15.   Infants may be transported by employees without bassinets.

    a. True
    b. False

16.   Which of the following are true about droplet precautions?

    a. You must wear a surgical mask when within 3 feet of the patient.
    b. The patient's door may remain open.
    c. Dedicated patient equipment is necessary
    d. A & B
    e. A & C

17.   You should use the alcohol based hand rub:

    a. Before and after touching a patient
    b. When your hands are soiled with blood or body fluids
    c. After using the restroom
    d. All of the above

18.   Standard Precautions are used:

    a. With every patient regardless of condition/illness
    b. Only when you know or suspect a patient has an infection
    c. Only when ordered by the physician
    d. When a "required" sign is posted on the door

19.   When hands are visibly soiled, use soap and water to wash your hands.

    a. True
    b. False

20.   When transporting a patient, how must the compressed medical gas cylinder be carried?

    a. In a portable carrier secured in a holder found on the patient's stretcher, wheel chair, or in a portable cylinder carrier
    b. In an employee's hands
    c. In the bed with the patient
    d. b and c

21. **Cylinders must be kept in what position?**

    a. On their side at all times
    b. Upright
    c. Leaning against a wall

22. **What type of electrical equipment may not be used at CHS facilities?**

    a. Coffee pots (non-commercial grade)
    b. Radiant heaters
    c. Hot plates
    d. All of the above

23. **If the power goes out in your department, you must:**

    a. Notify the clinical supervisor
    b. Ensure all life support equipment is on emergency power
    c. Call Facilities Management at 704-403-2349 (2-FIX)
    d. All of the above

24. **If an elevator stops between floors, you must NOT:**

    a. Use the emergency phone
    b. Activate the alarm
    c. Exit the elevator
    d. Stay calm

25. **Which of the following are ways employees can maintain security in their area:**

    a. Be aware of their surroundings
    b. Keep personal items in a secure area
    c. Wear the proper System ID Badge while on CHS property
    d. All of the above

26.   The proper procedure to follow during a bomb threat is:

a. Call 3-3333 and notify Security
b. Notify your supervisor
c. Remain Calm
d. Get as much information as possible from the caller and give it to Security
e. All of the above

27.   What are the three components of the CHS mission statement?

a. Healthcare and related services, education, and research
b. Quality, education, and research
c. Improvement, healthcare, and research
d. None of the above

28.   What is the CHS model for performance improvement?

a. PACI (Plan, Assess, Check, Improve)
b. ADAI (Assess, Design, Analyze, Improve)
c. DCAA (Design, Check, Assess, Act)
d. PDSA (Plan, Do, Study, Act)

29.   What is an example of a Sentinel Event?

a. Patient suicide in a setting where patient receives around the clock care
b. Patient death or injury as a result of a hospital acquired infection
c. Unanticipated death of a full-term infant
d. All of the above
e. None of the above

Score: _____

Manager's Initials: _____

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