Annual Safety Update 2013

Questions or Comments can be directed to:

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Learning Objectives

• At the end of this presentation you will be able to describe:

• How to detect and respond to potentially:
  – Hazardous or Dangerous Situations
  – Hazardous or Dangerous Equipment
  – Hazardous or Dangerous Substances

• How to function in an emergency
  – Names and Response Protocol for Emergency Codes
  – DisasterResponse structure

• Resources available and how to access them
  – who to call in case of emergency, hazardous or dangerous situation
YOU are part of the Safety Department

• As an employee of Providence, you are part of the Safety Team

• Our mission is simple and our goal is achievable
  – To protect every individual by preventing injuries and illnesses
Hazard Identification

- Biological
- Chemical
- Electrical
- Ergonomic
- Housekeeping
- Radiation
- Security
- Slips, trips, falls...

Be alert and prepared to identify and respond to all kinds of hazards.
Slips and Falls

- Wet floors happen from time to time. Mopping and rain are common reasons for wet floors.

- Wet floors can be extremely dangerous and are a major contributor to slips & falls where serious injuries occur.

WATER CREATES A LUBRICATING LAYER BETWEEN THE SHOE AND FLOOR.

WALK CARFULLY IN AREAS WHERE WET FLOOR SIGNS ARE PRESENT.
Hazard Identification

• All radiation areas are posted with warning signs.

• Use caution when entering a posted radiation area.

• Do not disturb any container labeled “radioactive”.

Report any concerns you may have about radiation hazards or exposure to Radiation Safety Officer at (8-4100)
Radiation Safety

All radiation workers are required to keep their radiation exposures As Low As Reasonably Achievable.

This concept is called ALARA.

To keep exposures at a reasonable level, all radiation workers keep their time in the radiation field as short as possible, Keep their distance away from the field as far as possible and wear or stand behind a shield whenever possible.
Chemical Safety Data Sheets (CSDS)  
HAZARD COMMUNICATION  
(Formerly MSDS)

• All employees have the “Right-To-Know” what chemicals are used in the facility and within their department as stated in the WAC 296-800-170

• An CSDS provides information about chemicals including it’s chemical properties, manufacturer, fire fighting procedures, PPE while using the chemical and spill clean up instructions

• CSDS are located in both Emergency Departments and on-line via Maxcom on the PRMCE intranet
Hazard Communication Labeling

• A Primary Container is the original container received from the manufacturer and must have labels that are prominently displayed on them and must be legible

• Labels must include
  • The name of the chemical
  • Hazardous Warnings
  • Name and address of the manufacturer
Hazard Communication Labeling

- A Secondary Container is a container (can, squeeze bottle, spray bottle, etc) the employee puts the chemical into from the Primary container and must have labels that are prominently displayed on them and must be legible.

- Labels must include:
  - The name of the chemical
  - Hazardous Warnings
The Hazardous Material Diamond must be present on all individual chemical containers no matter what size the container is.

- Color coded system, red, yellow, blue and white
- Numeric system used for severity of hazard. Severity level 0 through 4.
- More information can be found through NFPA 704 Hazard Identification System
Equipment Safety

• To ensure all equipment works properly
  – Report any damage
  – Report any unusual noises
  – **Do not use** defective equipment
  – Place a defective equipment tag on all equipment that is not working properly **and** report it to Biomedical Engineering

To reach the BioMed department contact the switchboard
Defective Tags

- Must be used on all equipment that is not working properly
- Available on all Units
- Used to ID damage
- Prevents unsafe use
- Be sure to complete tag
  - Describe problems
  - Be specific
  - Report to Supervisor immediately
Medical Equipment Safety

- **Service Stickers**
  - Do not use if past due
  - Report to Supervisor if due
  - Ensure safety!

- **Green Tag** – Non Hospital Owned

- **White** – Checked, no expiration date required

- **Blue and Gold** – Hospital Owned equipment. Number represents the time interval for maintenance. Requires an expiration date.
New Service Stickers
Personal Protective Equipment (PPE)

• OSHA requires the use of PPE wherever employees might be exposed to hazards

Some examples of PPE include:

• Safety Goggles
• Respirators
• Gloves
• Gowns
• Hard Hats
• Hearing Protection
Emergency Numbers

• Dial 66 for ALL hospital emergencies

• Other Providence locations dial 9 – 911

• To reach Security dial “60”
<table>
<thead>
<tr>
<th>EMERGENCY CODE</th>
<th>DESCRIPTION</th>
<th>ACTION</th>
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</thead>
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<tr>
<td>Code Red</td>
<td>Fire</td>
<td>Dial 66</td>
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<tr>
<td>Code Blue</td>
<td>Cardiac Arrest Adult Pediatric External</td>
<td>Dial 66</td>
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<tr>
<td>Code Orange</td>
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<td>Code Gray</td>
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<tr>
<td>Code Silver</td>
<td>Weapon Hostage Situation</td>
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<tr>
<td>External Triage</td>
<td>Earthquake Mass Casualties Inclement Weather</td>
<td>Listen for overhead announcement</td>
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<tr>
<td>Internal Triage</td>
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<tr>
<td>Rapid Response Team</td>
<td>Patient needs help ASAP</td>
<td>Dial 66</td>
</tr>
<tr>
<td>Code Clear</td>
<td>Clear a code</td>
<td>Dial 66</td>
</tr>
</tbody>
</table>
Code RED - Fire

• Purpose:

To communicate and mobilize a response to protect patients, visitors, staff and property in the event of a fire or smoke.
Code RED - Basics

• If a fire breaks out in your department, you will need to know **RACE:**
  – **R**escue
  – **A**larm (or alert)
  – **C**onfine
  – **E**xtinguish (or evacuate)
It’s Your Responsibility!

You Must Know Locations –

- Pull stations
- Fire extinguishers
- Fire exits
- Evacuation Meeting locations
Fire Extinguishers

• Most common Types used at PRMCE are ABC and will be able to extinguish most fires.
• When using a fire extinguisher remember the PASS acronym:
  – Pull
  – Aim
  – Squeeze
  – Sweep
• Checked monthly
Sprinkler Clearance

In order to ensure sprinkler coverage in the event of a fire, PRMCE policy requires storage of supplies to be at least 18” from the ceiling.
Code **BLUE** – Cardiopulmonary Arrest

- **HEART OR RESPIRATION STOPPING**
  (Adult, Pediatric)

**Purpose**
To communicate and mobilize the immediate arrival of emergency equipment and specialized personnel to an adult or child whose heart or respiration has stopped.
Code **ORANGE** – *Hazardous Material Spill or Release*

**Purpose**

- To communicate and activate a response that will protect patients, staff, and others in case of a hazardous material spill or release, identify unsafe exposure conditions, and help to safely evacuate an area if necessary within the health care facility or on its grounds.
Code GRAY – Combative Person (Patient/Visitor/Staff)

Purpose

• To communicate and mobilize a large response team to protect patients, visitors, staff and property in the event of a combative person. If the person has a weapon, “Code Silver” should be called.
Purpose
To call a selected response team to assist staff in managing and/or de-escalating a potentially threatening situation and gain the cooperation of a person with a weapon or who has taken hostage(s) within the facility or its grounds. Nonadjacent properties should call 911.

Only limited personnel respond. If a Code Silver is called, seek shelter and stay in your work area.
Weapons Policy

- Zero tolerance
- Except by law enforcement
- Permit does not authorize possession on hospital property

If a weapon is spotted, dial 66 and call a Code Silver
Workplace Violence

Zero Tolerance!

Any physical assault, threatening behavior or verbal abuse occurring in the work setting. It includes but is not limited to beatings, stabbing, suicides, shootings, rapes, near suicides, psychological traumas such as threats, obscene phone calls, an intimidating presence, and harassment of any nature such as being followed, sworn at or shouted at.

*Report assaultive behavior to Security.*
Response to workplace violence

1. If person actively aggressive (such as yelling, hitting, throwing things): call Security stat (dial 66) for Code Gray

2. If person emotionally distraught: use de-escalation techniques.
   - Stay calm, controlled and confident
   - Be proactive and communicate delays
   - Use open and non-threatening body language
   - Allow person to vent (do not make judgments, ignore personal verbal attacks, listen actively and acknowledge feelings), etc.
Skills for dealing with any anxious or aggressive person

• Reflect on your own attitudes, expectations, strengths and limitations. Consider your own fatigue/frustration levels, your non-verbal presentation, and your own history.
• Use a supportive stance. Stand slightly turned to the side.
• Keep hands in plain view. Use a team approach.
• Allow at least 4 feet distance between yourself and patient/family member in order to allow reaction time to respond an attack. If you need to enter the personal space, seek permission first.
• Stay close to door so you always have an escape route.

Be aware of your non-verbal component to communication.
Stage 1 – Anxiety Level

PREVENTION GOAL: to be aware of early anxiety symptoms and intervene before symptoms become aggressive.

Example of Person’s Presenting Behaviors:

- Non-directed expenditure of energy, restlessness.
- Pacing, flipping through magazine, muttering, frequent looking at watch.
- Hand-wringing, sighing loudly or becoming quieter, rolling the eyes.
- Frustration related to a long wait.
- You may not be aware of the trigger, but you can clearly tell that something is causing him/her to act differently than his/her baseline.
Stage 1 – Anxiety Level

Staff Response- Be Supportive

• Defuse situation at onset, may just sit with person, or allow alone time
• Respond with active listening
• Give sense of wanting to help and alleviate concerns
• Avoid being judgmental, lecturing people, ridiculing or using sarcasm
• Use soft, even and gentle voice tone
• Seek to understand what may be motivating the patient or family member. (Explore underlying reason, consider fear, guilt, and anger.) Remember we all regress under stress.
• Identify with the patient/family – expressing true empathy for the patient/family can lead to compassion rather than irritation, thereby fostering team work.
• May offer anti-anxiety medications.
• Offer hope, be positive, acknowledge you can help make a difference
Stage 2 The Defensive Level

GOAL : To de-escalate building aggression

Example of Person’s Presenting Behaviors:

- Gives clues, verbally and non-verbally, of loss of control
- Losing rational thinking
- Volatile state, outbursts of anger, gesturing in a threatening manner (e.g., pounding fist, finger pointing, etc.)
- Belligerent and hostile
- Challenging staff, their authority and the institution
- May use abusive language targeting race, weight, sex or other sensitive issues
- Button pushing, power struggles
- Personality changes, disorientation, poor judgment, decreased cognitive functioning
- Yelling and screaming, exhibiting extreme levels of frustration
Stage 2 The Defensive Level

Staff Response – The Directive Approach

• Call for help (Security, Supervisor, etc), show of force.
• Do not let your “buttons” get pushed. Expect to be tested.
• Maintain your professionalism
• Set reasonable limits
• Use directive approach
• Verbal limit setting interventions are direct, specific, and delivered in a firm businesslike manner.
• Identify the unacceptable behavior in clear behavioral terms, be specific
• State the natural consequences of the behavior
• Firmly state your specific directions
• Keep it simple, use no more than 5 words containing 5 letters (e.g., “let’s sit down here.” “I am here to help” “Come with me now.”)
Stage 3 The Acting Out Person

GOAL: To protect the person from harming themselves or others.

Example of Person’s Presenting Behaviors:

• Refuses to follow your directives, putting themselves in danger
• Ignores reasonable limits
• Confusion, disorientation, disjointed irrational talk, psychotic
• Loss of control involving verbally or physical acting out.
Stage 3 The Acting Out Person

Staff Response – Non-violent physical interventions

• Increase personal distance (move farther away from person acting out)
• Exhaust all verbal means of managing the situation
• Call Security (dial 66) if they are not already there
• Use physical interventions, restraints, as a last resort.
Purpose

An AMBER ALERT should be initiated when an infant or child is missing or is known to have been abducted.

Refer to the Amber Alert policy to learn of your departments role.
CODE *EXTERNAL TRIAGE* –
External Disaster

- Earthquake
- Terrorism
- Inclement Weather
- Civil
- Mass Casualties
CODE INTERNAL TRIAGE –

*Internal Emergency*

- Evacuation
- Bomb Threat
- Power Outage
- Water Outage
CODE INTERNAL/EXTERNAL TRIAGE – STAFF RESPONSE

• All **Available** Personnel Respond to the Labor Pool (in the Cafeteria) with Department Capability Reports.
  
  – Sign in
  – Stand-by for Situational Report
HICS
Hospital Emergency Incident Command System

Here at PRMCE we use the HICS system for all Emergencies. Which provides our Hospital with tools needed to advance our emergency preparedness and response capability individually and as a member of this community.
RAPID RESPONSE TEAM

Purpose

Rapid Response to a call from anyone who is concerned that there has been deterioration in the condition of a patient. This includes RNs, therapists, other hospital staff, family, or visitors. The changes could include:

- Acute change in
- Heart Rate, Blood Pressure,
- Respiratory rate, O2 Saturation
- Level of consciousness or altered mental status
- Dramatic onset of acute pain, seizure activity,
- Possible stroke
- Chest Pain
- Signs of sepsis – fever, elevated/depressed WBC, suspected infection, hypotension
- Or if the person is worried about the patient’s condition.

To call the Rapid Response Team (RRT also known as ASAP) dial 66
If the patient's heart or breathing stops, a code Blue should be called.
Injury/Illness Reporting

• Washington State Law and PRMCE Policy requires that every employee report any injury regardless of the severity to their immediate supervisor and Employee Health immediately.

• Employees must fill out an Employee Injury Report (EIR) within 24 hours of the injury.

• Managers must fill out the Accident Injury Report (AIR) within 72 hours of your injury.

• All EIR’s and AIR’s are reviewed by the Safety Officer and the Safety Committee.

• The EIR must be filled out on-line and can be found on the PRMCE intranet under “Forms”.
Safety Programs

• PRMCE is required to comply to many different regulations therefore the Safety Program consists of the following components:

  • Safety Policies and Procedures
  • Environment of Care Committee
  • Safety Committee
  • Hazard and Safety Rounds
  • Department Meetings
  • Emergency Preparedness Committee
  • Safety Training
  • Defensive Driving
  • Management of Aggressive Behavior (MOAB) Training
Safety Committee

• Purpose – a method of communicating & evaluating safety issues
  – Is comprised of employees and management

• Know your safety committee member
  – Every department has a Safety Representative

• Communicate concerns
  – Discuss safety concerns, employee injuries, hazard and safety rounds reports

• Meetings are held monthly
  – Minutes are distributed each month and kept in the department accessible to all employees. They can also be found on the intranet under the Safety/Security webpage.
On duty 24/7 (Dial 60 for Security Emergency)
Crime Prevention Resource
MOAB Instructors
Emergency Response Team
Employee Photo Identification

• Must be worn at all times
• Do not alter your card in anyway
• OK to challenge person(s) not wearing
• 1 person = 1 badge
• Do not share or lend
• Report lost badge immediately
Personal Security

• Crimes of Opportunity
• Be aware of your surroundings
• Avoid unsafe situations
• Use buddy system

• Report suspicious activity to security
  – Physical descriptions
  – Clothing
  – Direction of travel
  – Vehicle information: color, year, make, model and license plate
Code Secure and Code Secure-Lockdown

Used by security in and emergency situation to secure the building

• An overhead page will be announced stating:
  – Code Secure (department name or campus)
    • Access to department or hospital limited
    • Doors will be screened by security officers
  – Code Secure LOCKDOWN (department or campus)
    • No access to department or hospital
    • Doors will be locked or guarded by security officers

• Staff will stay alert for further directions from security personnel
Need Officer Right Away (NORA)

NORA is the name used to *silently* activate a security team in the event that you are unable to speak freely.

**2 ways to activate NORA**

- Dial 66 and ask for **NORA**
  - Example: You instruct the individual acting out that you are going to call your supervisor to assist them. Then dial 66 and ask for **NORA** to your location
- Panic button activation
  - Departments with panic buttons will receive additional training on their use
Chemical Defense

Pepper Spray
• Is legal in Washington State
• Use caution!
• Environmental impact
• You can carry it to work
• You **cannot** carry it while working

Only trained and certified Security Officers may carry and use chemical defense in the workplace
Emergency Call Boxes

HOW TO USE

• Push Red button (Operator’s emergency line opens and is left open until Security or Police arrive)

• Emergency location is displayed to operator automatically

• Blue light on the top of the box starts revolving

• Speak into or near the front of the box, state the emergency

• Security officer will respond and advise switchboard to terminate call or send additional help
Vehicle Security

• Keep your vehicle locked
• Don’t leave valuables in vehicle
• Park in well lighted areas
• Use anti-theft devices, i.e., club & alarms
• Use buddy system
Annual Safety Summary

Safe workplaces not only prevent injuries/illnesses, save life, but also promote a successful, team oriented work culture and employee satisfaction leading to – employee & patient safety!

Remember – Safety begins with YOU!