

SAFETY PRACTICES AT



MERCY
MEDICAL CENTER

A Ministry of the Sisters of Charity Health System



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INTRODUCTION

This learning module contains information which is designed to increase your knowledge of safety practices in the healthcare environment and to familiarize you with the policies and procedures followed by Mercy Medical Center, and your role in our safety program.

This learning module is also intended to familiarize you with the safety risks you may be exposed to while working at Mercy Medical Center (MMC). These risks range from back injuries caused by improper lifting, injuries caused by slips and falls, fire from careless smoking or improper use of oxygen or electrical equipment, infection of yourself and others, and poisoning from hazardous drugs or chemicals. This learning module is designed to make you aware of these potential risks, and provide you with a basic overview of the safety procedures you need to follow to avoid and minimize these risks.

The learning objectives have been determined for this module, which you will need to achieve by the end of this learning activity. You will be required to complete a short open book quiz when you have completed studying this material. This quiz will serve to validate that you have reviewed this material.

Please begin your learning activities by reviewing the learning objectives and activities.

LEARNING OBJECTIVES

1. Upon completion of this learning packet, the student will be able to:
2. Explain or demonstrate the actions (R.A.C.E) needed to be taken if the student discovers a fire or is present at the time of a fire drill.
3. Explain or demonstrate the actions (Alert, Confine) needed to be taken when they are remote to an announced fire or fire drill.
4. Define the three types of fires (A, B, C or ABC).
5. Select the proper fire extinguisher for the type of fire discovered. Explain the actions taken to use a fire Extinguisher (P.A.S.S.).
6. Locate and use a Material Safety Data Sheet for chemicals used by the learner.
7. Explain what a Code Orange (HazMat Spill) is and the actions to be taken to initiate a Code Orange.
8. Explain their role in maintaining a secure environment at MMC.
9. Recognize the various security and emergency preparedness codes for MMC, and know their expected role.
10. Explain the precautions necessary to prevent electrical accidents.
11. Explain what a Safety Medical Device Act (SMDA) reportable incident (occurrence) is and how to report it at MMC.
12. Explain the key responsibilities of a medical equipment user.

13. Explain or demonstrate the basic steps to properly lift and move materials, equipment and patients.
14. Explain or demonstrate the procedures involved in Blood Borne Pathogen Precautions.
15. Explain or demonstrate the actions needed to prevent and avoid slips and falls.

LEARNING ACTIVITIES

1. Read the learning materials contained in this learning packet.
2. Complete the quiz located at the end of the learning packet, scoring at least 21 correct answers.

FIRE SAFETY

Fire prevention is our first line of defense at MMC. Our first goal is to prevent fires; our second goal is to know how to react if a fire does occur. The basic steps for fire prevention are as follows:

- Observe MMC's smoking rules. We are a non-smoking facility. If you see an employee, patient or visitor breaking this rule, politely ask them to extinguish their smoking. Since over half of all hospital fires are caused by careless smoking, observing this rule and reminding others will reduce our fire potential dramatically.
- Don't misuse extension cords. Use good quality extension cords obtained from Plant Engineering. Damaged or overloaded cords can become hot and start fires.
- Be observant of your work area. Report unsafe conditions immediately to the supervisor of that area or to Security (Extension 1250).
- Dispose of trash and other flammable materials properly. If too much trash for the trash receptacles builds up, report it immediately for a special trash pick up.
- Keep all fire and smoke doors clear - do not block them. If you see anything blocking the fire / smoke doors, move the equipment or contact the supervisor of that area immediately.
- Know where the fire extinguishers and fire exits are located in your work area. If you see anything blocking the fire extinguisher or the fire exit, move the equipment or contact the supervisor of that area immediately.
- Know where the alarm pull stations are located in your work area and how to use them. If you see anything blocking the fire alarm pull station or the fire exit, move the equipment or contact the supervisor of that area immediately.
- Use extra caution around oxygen and liquids that are flammable. Keep them away from ignition sources.
- The Environment of Care Committee has only approved personal grooming equipment (i.e. hair dryers, curling irons, razors, and curlers) for use by the patient. All other AC operated equipment is

considered not approved. Enforce these policies on unapproved appliances to minimize the potential fire hazard caused by this equipment.

IN CASE OF FIRE: When a fire starts, it is difficult to remember what to do. We use the four letter acronym R.A.C.E. to describe the actions you are expected to perform if you discover a fire, or are handed a fire drill card. The acronym stands for:

Rescue
Alert
Confine
Extinguish

RESCUE: If you discover a fire, you should attempt to Rescue any persons that may be in the immediate vicinity of the fire. Be sure to Alert nearby staff before attempting a Rescue so that assistance is on the way.

ALERT: There are three actions you must take to properly perform the Alert task. You must activate the nearest fire pull station, call our emergency extension **2222** to notify Telecommunications of a **CODE RED**, and you must Alert the staff in the area you are working in. Do not use the word "fire"; use the code word "**CODE RED**" so that patients and visitors are not panicked. When you call extension **2222**, tell the operator that there is a **CODE RED** and give them the exact location of the fire (example: Code Red 2M – Staff break room).

CONFINE: Smoke and fire generated gases cause the vast majority of fatalities in fires. To minimize the spreading of smoke and fire gases, it is imperative that all doors to patient rooms and hallway smoke doors be closed. This will Confine the smoke and fire to the area involved and slow its spread. Never reopen the door to the fire room; the in-rush of oxygen could cause explosive growth of the fire. If you opened a mop closet and discovered a fire, what is the first thing you must do? Close the door, then start the **R.A.C.E.** procedure, you don't want the smoke and fire to spread.

EXTINGUISH: If the fire is small, you should find a fire extinguisher appropriate to the type of fire and attempt to extinguish the fire. Normally, the Fire Brigade will arrive before you get to this point and will handle the extinguishing of the fire.

If you are located near the actual fire scene (above, below or next to you), you need to make sure the staff is Alerted to the announced CODE RED and make sure that all doors are closed to Confine any smoke spread from the fire scene.

FIRE EXTINGUISHERS

There are four types of fires you need to be aware of. A Type "A" fire is one that contains wood, paper, or fabric. In the healthcare setting, a trash can fire is a Type "A" fire. A Type "B" fire is a burning liquid, like a grease fire. A Type "C" fire is any fire involving electricity. A Type "A, B, C" can be used on all fires.

There are three basic fire extinguishers located throughout MMC. The first type is a pressurized water extinguisher, which is easily recognized by the silver container. It is labeled as a Type A extinguisher, and can only be used on Type "A" fires. The second is a carbon dioxide fire extinguisher, which is

painted red and has a large funnel to point the CO2 gas. It is labeled as a Type "ABC" extinguisher and can be used on all types of fires. The third type uses a powder fire extinguishing agent. Its container is also painted red, but the funnel is smaller than the CO2 extinguisher. It is also labeled as a Type "ABC" extinguisher, and can be used on any type of fire.

If you use the water fire extinguisher on a Type "B" fire, it will spread the burning liquid. If you use a water extinguisher on an electrical fire, you can potentially receive a fatal electrical shock. Only use a water fire extinguisher on Type "A" fires (wood, paper, fabrics). The water fire extinguisher has a very strong water stream, and can knock over a trash can. You can create a spray by placing your thumb over the end and spraying the water into the trash can.

The other two fire extinguishers are rated for all three types of fires and are both labeled as an "ABC" fire extinguisher. When using a carbon dioxide extinguisher, do not grasp the funnel, as the expanding CO2 is very cold and your hand could be frozen to the funnel. The powder fire extinguisher uses a very fine powder to smother the fire. The user needs to avoid breathing the dust from the powder.

When you need to use a fire extinguisher, it is difficult to remember what to do. We use the four letter acronym **P.A.S.S.** to describe the actions that will help you use a fire extinguisher. The acronym stands for:

- P**ull the pin
- A**im at the base of the fire
- S**queeze the handle
- S**weep from side to side

To properly and safely use a fire extinguisher to put out a fire, the user must:

1. Identify the type of fire (i.e. type A, B, or C).
2. Locate a fire extinguisher with the appropriate fire rating noted on it.
3. Take the extinguisher to the fire scene, leaving the locking pin in place while you carry it.
4. Twist and remove the safety pin. Do not squeeze the discharge lever while removing the locking pin, because you may bind the pin.
5. Point the extinguisher at the base of the fire and squeeze the handle on the extinguisher, sweeping side to side.

Be aware that the CO2 and powder fire extinguishers will create a loud sound as they expel their contents. Don't let the sound startle you. Also, be aware that these two extinguishers will not last very long (approximately 15 seconds). The water fire extinguisher will last about 45 seconds.

HAZARDOUS MATERIALS

One of the common hazards you are exposed to in the healthcare environment is the presence of hazardous materials (chemicals). These chemicals are used in medical procedures, medical treatments (i.e. oncology), cleaning procedures, laboratory procedures, etc. Over the past years, we have been able

to eliminate or drastically reduce the use of the more dangerous chemicals. There are still plenty of chemicals in use in our environment, so we cannot let our guard down.

YOUR RIGHT TO KNOW:

The Occupational Safety and Hazard Act (OSHA), requires that we provide you with information regarding the chemicals you may be required to use in your daily tasks. It is your right to know about the hazardous materials you are working with. This information is available to you from two sources.

LABELS: The first source is the product label. All hazardous materials are required, by law, to have appropriate labeling that contains all applicable warnings (i.e. corrosive, caustic, respiratory irritant, flammable, etc.). The label should also indicate any personal protective equipment (i.e. gloves, splash shield, apron, etc.) that should be worn and any environmental conditions (i.e. well-ventilated area). It is your responsibility to read the label and take all precautionary measures stated. If the hazardous material is transferred to another container for use, the new container must also be labeled with the hazardous ingredients and warnings. The label is NOT required to have instructions for proper handling and disposal. You will need to refer to the Material Data Sheet for that information. All containers must have a label indicating in the chemical that is in the bottle. If you discover a container without a label or the label is not readable, give the container to the supervisor in that area.

MATERIAL SAFETY DATA SHEETS (SAFETY DATA SHEETS): The second source of information is provided by the manufacturer on MATERIAL SAFETY DATA SHEETS (MSDS). In 2015, the chemical information sheets will be renamed Safety Data Sheets (SDS). Each department at Mercy Medical Center is required to maintain the MSDS / SDS sheet for all chemicals used in their area. All Chemical Inventories are listed on Mercy Net under MSDS On-Line Tab. There is an individual tab for each department listing the chemical used in that department. You should review the MSDS / SDS sheets for any chemical you are expected to use as part of your work at this hospital. If you cannot find the MSDS / SDS for the chemical you are to use, ask the supervisor responsible for the area you are working in to obtain a copy. They are available during normal working hours through Safety at extension 1907 or 1125 and after normal hours through Security at extension 1250.

DISPOSAL: The MSDS / SDS sheets are also an excellent source for obtaining information on the proper disposal of the hazardous material. You should check the MSDS / SDS to validate that you are using the proper method.

PERSONAL PROTECTIVE EQUIPMENT: The CONTROL MEASURES section of the MSDS / SDS recommends the personal protective equipment you should be using to safely handle the hazardous material. It is also your responsibility to wear any required personal protective equipment (PPE) the label (or MSDS / SDS) states is required.

If the required PPE is not available, you are to notify the supervisor responsible for the area you are working in and only proceed once you have the correct personal protective equipment. It is not acceptable practice at MMC to "tough it out" when the proper PPE is not available.

CODE ORANGE (HazMat Spill)

The emergency code for a hazardous materials spill is **CODE ORANGE**. This code is called if there is a spill of solvents (like paint thinner, acetone), halon, chlorine, formaldehyde, radioactive isotopes, or

photochemistry (x-ray film developer). We have a trained HazMat Team that will respond to a **CODE ORANGE**. If a spill occurs, you need to clear the area and call **2222** and tell them you have a Code Orange at your location. Try to have an MSDS / SDS available for the HazMat Team's arrival. Let the HazMat Team take over the situation. A HazMat spill is a reportable incident, so make sure an incident report is completed and turned in, especially for anyone that may have been exposed to the chemical. A blood spill is not considered a Hazardous spill. If you have a blood spill, contact housekeeping at extension 1255 to clean up.

HOSPITAL SECURITY

We have a Security Department with approximately 20 security officers. They provide security 7 days a week, 24-hours a day for our facility. We utilize closed circuit TV monitoring of parking lots and critical access doors and two-way radios for communication. Even with this work force and technology, Security cannot be everywhere at all times. You are actually the extra "eyes and ears" of our Security Department. The key to providing effective security for our facility is prevention, and prevention begins with you. You have a responsibility for security while working at MMC. Your responsibilities are fairly simple;

- Secure (lock) your personal belongings in the locker provided to you or in your locked desk. 90% of our thefts would be eliminated if due caution were exercised by all employees, visitors and patients.
- Be alert and observant of people around you, keeping an eye out for people that normally should not be in an area. For example, a young person walking around a geriatrics area could be considered suspicious. A simple "may I help you" could allow you to identify if that person was simply visiting a relative.
- Report all suspicious activity to Security. We would rather you over report than under report.
- DO NOT take action yourself, ALWAYS CALL Security to resolve the situation.
- ALWAYS wear your ID badge, it identifies you and allows you to identify other employees. The picture/logo side of the ID badge should always be visible.
- Encourage patients to have their valuables taken home by friends or relatives. If this is not possible, they can have the hospital store their valuables in the Cashier's Office.
- Do not share door access codes or leave keys where they might be stolen.
- Enforce access control rules fairly, but firmly.
- Report all security incidents to Security at extension 1250.

INFORMATION SECURITY:

One other area that you are responsible for maintaining is the security of information, including confidential information. This means more than just keeping information to yourself, it also means NOT accessing information for your personal use. Please remember to keep file cabinets and record storage areas locked and always be sure to double check fax numbers before sending confidential information that has been authorized.

Most employees will be given passwords and sign-ons to access various computer systems throughout the Medical Center. If you are allowed access, you will be required to sign a Confidentiality Statement as well as a Software Code of Ethics. Our access codes are assigned on a "NEED TO KNOW BASIS". This allows us to assign multiple levels of security and control the types of information accessible. Please remember that your access code is considered your signature. Any transaction that you do on the workstation will be logged with your ID. Therefore, you must not share it and always be sure to sign off the workstation when unattended so other persons cannot use the workstation with your access codes. You will be required to change your passwords every 90 to 180 days, depending on the system, to help us maintain the security of our systems. If you feel your sign-on or password has been compromised, or have an issue with the security or confidentiality of information, please contact the System Security Administration, Information Services, extension 1275.

SECURITY CODES

There are three emergency codes associated with hospital security that you need to be aware of. They are:

CODE VIOLET (*Therapeutic Handling of an Aggressive Patient*)

Code Violet is the code that is announced when assistance is needed in subduing an aggressive patient or visitor. Security and other trained hospital personnel immediately respond to this code. Examples of CODE VIOLET situations would include intoxicated and combative ED patients, unruly psychiatric patients, or an emotionally distraught visitor. Each situation is handled differently, with the visitor and/or patient's welfare being the prime concern. Some areas have THAP buttons that alert telecommunications to call a Code Violet to your location. If you do not have a THAP alarm available, you will need to call **2222** and tell the operator that you have a Code Violet and your location.

CODE BLACK (*Bomb Threat*)

Code Black is our emergency code for a bomb threat. When this code is announced, each area begins a check of their area for suspicious packages, and designated employees conduct extensive searches of the public access areas. There is a SUSPECT PACKAGE ALERT checklist located on the back of the Bomb Threat Cards. The FBI provided the information on these cards. Each area should have one of these cards located near each phone. If you receive a bomb threat, you are to wave the card at a fellow employee and then use the card to document the threat. The employee you waved the card at is supposed to call **2222** and announce that you have a Code Black at your location. Telecommunications will alert Security, but will not announce the code until Security has assessed the situation.

CODE ADAM (*Infant Abduction*)

Code Adam is the emergency code for a potential child or infant abduction. Those areas that work with children and infants have set roles and responsibilities during a CODE ADAM. The managers over these areas are responsible for reviewing these procedures with their staff. Security also has a set of responsibilities that include shutting down traffic that is exiting our campus, as well as securing various exits. The rest of us are to keep our eyes and ears open and report any suspicious activities, like a person walking quickly with an infant or large parcel. Any suspicious activities are to be reported to extension 1250.

REPORTING A SECURITY INCIDENT:

To report a security incident, like a theft, suspicious person or activity, call extension 1250 and provide the Security Dispatcher with the basic information. A Security Officer will be dispatched to contact you, deal with the situation, and complete an investigative report. The Director of Security will review the report to determine if any further action or investigation is needed or possible.

EMERGENCY MANAGEMENT

As a hospital, we must be prepared to handle all sorts of emergencies. There are several external and internal disaster codes that you should be aware of:

CODE YELLOW: *(External Disaster):*

This is our external disaster code. Initially, a CODE YELLOW ALERT may be announced to notify personnel that we MAY be announcing a CODE YELLOW. A CODE YELLOW will be used to announce that there has been a disaster in the community, and that we will be receiving disaster victims. At this time, all support elements need to be implemented immediately. Your role in our external disaster plan is to assist as needed. Your department's role in a CODE YELLOW should be communicated to you during your Orientation to that department. You should report to the manager, supervisor, or charge person responsible for the area you are working in and they will assign you as needed. The staff of this facility is responsible for knowing their role and carrying out the tasks needed to respond to the emergency, you should be prepared to assist as needed.

CODE GREEN: *(Evacuation)*

This is an internal disaster code that is used when an area needs to be evacuated. Evacuation is a last resort measure that is decided by the Fire Department and/or Security. This code may be used after a bomb threat, during a fire, or due to a hazardous material spill. Your role in our internal disaster plan is to assist as needed. You should report to a supervisor and/or instructor as indicated, responsible for the area you are working in, and they will assign you as needed. If you are in the area being evacuated, you will probably help move patients. If you are not in the area being evacuated, the area you are working in may be called upon to provide additional persons to assist in the evacuation. Your role and the department's internal procedure for evacuation should be taught to you during your Orientation to the department.

CODE WHITE:

A CODE WHITE indicates there has been a Utility Failure. A "STATUS" code is also announced that will tell you which utility has failed. STATUS 1 is electrical power, STATUS 2 is suction, STATUS 3 is steam, STATUS 4 is water and STATUS 5 is sewage. For example, if a CODE WHITE - STATUS 1 were announced, it would indicate that an electrical utility failure has occurred. The emergency generators should automatically start in 10 seconds and supply power only to the RED receptacles. These red receptacles should have a gray cover. Your role will be to assist area staff in making sure that critical equipment is plugged into red power receptacles. When normal power is back on line, a CODE WHITE STATUS ZERO will be announced.

If the suction system was affected, those areas needing suction would have proceeded to obtain portable suction units from Central Sterile Processing. If the steam supply had been affected, areas that use steam for sterilizing would have been affected most. This would require them to use other methods or adjust their schedules to wait for the steam supply to be brought back on line.

CODE AMBER:

This is a separate Utility Failure code used to indicate low oxygen. For areas with patients on oxygen, this can be a critical situation. When this code is announced, Respiratory Therapy will begin moving large tanks of oxygen into position to back feed zones with patients using oxygen. Your role will be to assist area staff in making sure all patients needing oxygen are taken care of.

CODE GRAY:

This is the Medical Center emergency code for severe weather or a tornado. There are three phases associated with this emergency code. PHASE 1 is called when the National Weather Bureau issues a severe weather or tornado watch for Stark County, which could directly affect the Medical Center. At this time, Security sends spotters to the roof of the hospital to watch the weather. Meanwhile, the hospital personnel are preparing by moving patients to safe areas (away from windows), clearing any objects away from the windows, or protecting patients that cannot be moved. Phase 2 is announced when a tornado warning has been received which could directly affect the Medical Center. Your role will be to assist as needed. You should report to the supervisor and/or instructor as indicated, responsible for the area you are working for assignment. If the spotters see severe weather or a tornado headed in the direction of the facility, a PHASE 3 will be called. At this point, everyone needs to take cover.

ELECTRICAL SAFETY

There are two primary safety risks involved with the use of electricity, fire and electrical shock. Since the hospital setting is an environment rich with electrical and electronic equipment, the potential for both of these risks are higher than in the normal home. There are also risks involved with the loss of electrical power. In this section, we will review the safety precautions you need to follow to be a safe user of electricity in our hospital.

Fire Hazards can be caused by:

- * Overloading a power outlet
- * Abusing a power cord or extension cord

To avoid these potential hazards, do not use extension cords or expanders to plug in more pieces of equipment than the receptacle was intended to power. Do not allow power cords to be walked on or equipment to be rolled over them. Only use extension cords that have been provided by Plan Engineering. The use of two wire extension cords sold for household use is absolutely forbidden. Treat power cords and extension cords with care. Do not pull on the cord to remove it from a power outlet. Grip and pull the plug itself.

An electrical shock hazard can occur when the user comes into contact with the outside case that has been energized because of an internal fault. To prevent this, a third wire was added and a third prong added to the plug. This is the ground wire and ground prong. It provides a pathway for the fault current, usually tripping a breaker, which shuts off the device. Users sometimes cut off the third prong to all the equipment to be plugged into a two-prong outlet. This is VERY dangerous, since it eliminates one of the key safety features built into the device. Never use a piece of equipment that has had its ground prong removed. If you find that the plug on the power cord or extension cord has been damaged or adulterated, do not use it and report it immediately. Be sure to label any equipment that is defective so that it is apparent to the next potential user that there is a problem.

There are devices called "cheater plugs" that when attached to a three prong plug, actually bypass the ground prong, creating the same situation as if the third prong had been cut off. These devices are also absolutely forbidden.

The key to keeping yourself electrically safe is to treat power cords and extension cords with care and to inspect them for damage when you are using them. If the insulation is cut or broken, do not use it. Be alert for trouble signs. If a piece of equipment overheats, smokes, or sparks, unplug it. Report all

damaged power cords or faulty equipment immediately and do not use the device until it is fixed. Remember to label it by placing a note on the device so someone else does not accidentally use it.

MEDICAL EQUIPMENT

When you are working in the hospital environment, you are probably either going to be working with or in the proximity of medical equipment. You need to be aware of a Federal Law called the Safe Medical Devices Act (SMDA) that requires us to report any medical device that may have been involved in an occurrence that caused serious injury, serious illness, or death of a patient or user. Under this law, the definition of a medical device covers just about everything used on a patient except drugs. For example, the IV bag and lines is a medical device, but the drugs in the IV solution are not. A medical device can be as complex as a MRI (Magnetic Resonance Imager) to a simple Band-Aid.

If you become aware of an incident (occurrence) in which a medical device may have potentially been involved; it is your responsibility, under the law, to report it to the proper persons at MMC. You should immediately report it to the supervisor and/or instructor as indicated, responsible for the area you are working in. You should participate in the completion of an incident report. The supervisor of the area will assist you in completing this document. When you are providing information for the incident report, remember to only state the facts, the observed parts of the incident. You should not state opinions or accusations. Many times we have found that the equipment performed as designed or exactly as the user set up the control, which may or may not be a design fault. Therefore, it is important to let other people judge the performance of a piece of equipment based on your observational facts.

The supervisor of the area will contact Clinical Engineering to perform an inspection of the device and will contact the Safety Officer and Director of Quality Management. These persons are responsible for determining if the occurrence is a SMDA reportable incident (occurrence) and reporting it to the manufacturer and FDA.

If you are called upon to use a piece of medical equipment, you should understand your responsibilities as a device user. You should be able to:

- * Explain and be able to demonstrate the proper operation of the device in the context of the procedure you are performing.
- * Explain the potential risks the equipment may present to you and to the patient, and how to avoid or minimize those risks.
- * Explain or demonstrate the actions you need to take if the device fails to operate properly, including knowing if backup equipment may be available.

BACK SAFETY

One of the leading injuries in the hospital environment is sprains and strains of the lower back, occurring while lifting and moving patients, equipment or materials. The potential for injury can be reduced by following the basic steps listed below:

LIFTING:

- * Inspect the object to be lifted. Make sure it is not too clumsy or heavy.
- * Inspect the area. Slippery floors and objects that can be tripped over will increase the potential for injury.
- * Stand close to the object with your feet apart for balance, making sure your footing is secure.
- * Bend your knees and keep your back as straight as possible.
- * Get a good grip on the object, keeping the weight close to your body at waist height.
- * Lift gradually by straightening the knees and using the leg muscles to lift. Avoid quick, jerky motions.
- * **IMPORTANT:** If it is too heavy to lift by yourself, either get help or use a mechanical lifting device to perform the lift.

CARRYING:

- * Keep the load close to your body.
- * Avoid twisting your body. Change direction by moving your feet.
- * Do not change your grip while carrying the load.
- * Face the spot on which you are going to rest the load. This avoids twisting the back and will not throw you off balance as you lower and release the load.

PATIENT LIFTS & CARRIES

Before you lift the patient: Evaluate the situation, position the equipment, lower bed and siderails and slide patient.

When lifting or moving patient: Hold patient close, keep your feet apart, use your arms and legs, use assistive devices, get help when needed and ease a falling patient to the floor, don't catch.

One of the keys to lifting patients safely is assessing the lift before you actually attempt it. Make sure you have the right equipment and personnel to do the job correctly. Position the equipment as close to the patient as possible, in order for the shortest, easiest transfer. Adjust the level of the bed and handrails, and lock the wheels of the chair and/or bed. Slide the patient as close as possible toward the equipment which they are being transferred onto. This will minimize the actual transfer lifting.

When you are lifting the patient, hold the patient as close as possible to help you keep balance. Keep your feet spread slightly apart to create a stable base. Use your legs to perform the lift while holding the patient close. Use assistive devices like a transfer/gait belt, transfer/sliding board or Hoyer Lift.

Don't take chances; get help when you think you need it. The safety of the patient as well as yourself can be put at risk. If a patient loses their balance, **do not** try to grab and support them. This could injure your back. Lean them against you and ease them to the floor.

If you are doing a team lift, make sure you all lift in unison by having one person count off. Make sure everyone knows in advance what is expected of them.

INFECTION CONTROL

The Infection Control policies are located on MercyNet. This online manual should be referred to for the specifics related to infection control practices at this facility. Hand hygiene/washing is still the most important infection control practice. We provide Purell hand soap, sanitizer and lotion as a system of hand hygiene products to use. When using soap and water; follow with the sanitizer. Sanitizer may be used alone if your hands are not visibly soiled or feel tacky. We also provide Safe Sharps Devices which use guards to cover the needle to protect you from needlesticks. If you will be using needles in your job, you will learn how to use these devices during your department orientation.

We also provide sharps boxes throughout all patient care areas to properly dispose of all sharps. Be aware that a sharps box is considered full when it is 3/4 full. If you attempt to discard a sharp in a box that has been overfilled, there is an increased chance you can be stuck by a needle already in the box. Be sure to have the sharps box replaced when it is 3/4 full. Always look before you use the box and roll the needle in horizontally. **DO NOT** discard any non-sharps in a sharps box! Discarded gloves, gauze, paper can cause needles to stick up and cause a needlestick.

All infectious waste is to be discarded in red bags. Trash containers with red liners are strictly for infectious waste. Only materials contaminated with body fluids are to be discarded in the red bag trash.

As part of our infection control practices, we provide Hepatitis B vaccinations free to all employees that can potentially be exposed to blood or body fluids. If you are interested in receiving this vaccine, contact Employee Health at 1322.

BLOOD BORNE PATHOGENS

The Occupational Safety and Hazard Administration (OSHA) through their Blood Borne Pathogens Standard, requires that you follow specific work practice if you should come into contact with body fluids. To properly implement work practices that will protect you, we have adopted the concept of Standard Precautions, which was first recommended by the Center for Disease Control (CDC) in 1987.

The basic principle of Standard Precautions is that you must treat any body substance that could be infectious with a blood borne pathogen as if it were indeed infectious.

Standard Precautions apply to blood, semen, cerebrospinal fluid, pericardial fluid, peritoneal, pleural fluid, synovial fluid, and amniotic fluids. Sweat is **NOT** included as a body fluid.

The following work practices are to be used to implement Standard Precautions:

- * Wear gloves and change them after each patient.

- * Use gloves when you might contact blood, infectious fluids, mucous membranes or non-intact skin. Change gloves when they become grossly contaminated with blood.

* Follow good hand washing practices. Wash your hands after removing gloves or other personal protective equipment and immediately after hand contact with any potentially infectious material. Good hand washing technique is the key element to good infection control.

* Wear protective equipment such as a gown, mask and protective eye wear when there is the potential of contact with splashed or sprayed body fluids. Head and face protection is needed any time the procedure might generate airborne droplets of body fluids. This personal protective equipment is available in all patient care areas.

* Remove gowns and personal protective equipment when they become soiled and when you leave the work area. Soiled garments must be placed in the appropriate container, depending on if they are disposable or reusable.

* Place all disposable materials touched by body fluid in "Red Bag" containers. DO NOT place them in normal trash containers. You may cause someone else to be exposed.

* Clean up all spills immediately with the appropriate disinfectant. Keep all work surfaces and equipment clean. If a piece of equipment is to leave the area for repair, it must be cleaned to avoid exposing personnel in Clinical Engineering to unseen (invisible) hazards.

* If you have cuts, lesions or dermatitis, protect yourself with the appropriate personal protective equipment (i.e. gloves).

* Never eat, drink, apply cosmetics, apply lip balms, or handle contact lenses in an area where you might come into contact with body fluids.

* Never store food or drink in refrigerators or other places where infectious material is present. All refrigerators at MMC are labeled as to whether food and drink are allowed. The other side of this coin is never store infectious materials in a refrigerator labeled for food and drink.

* Never recap, break or reuse needles. Dispose of all needles in the needle disposal box provided in all patient care areas.

If you are accidentally exposed to potentially infectious material, you should immediately wash any exposed skin or rinse exposed mucus membranes with water for 10 minutes.

Should you feel that emergency treatment is required, report to the Emergency Department. You should immediately report the incident to the supervisor and/or instructor as indicated, responsible for the area you are working in. Your instructor is responsible for contacting the Laboratory at extension 1075 to report the exposure.

You, your instructor, and the area supervisor will need to complete an incident report before you leave the hospital premises. This incident report must be sent to Quality Management once it is completed and reviewed by an appropriate member of management.

SLIPS AND FALLS

Most hospital slips and falls can be prevented if you take the time to:

* Pick up and clean up anything you spill or drop on the floor.

- * Use a stepladder or step stool for out-of-reach things. Using chairs and other makeshifts can easily result in falls.
- * Watch your step. Do not read while walking. Do not block your vision with high loads.
- * Use handrails for extra support when going up or down stairs.
- * Keep carts and other equipment out of traffic ways.
- * Watch out for pant cuffs and untied shoes that can trip you up.
- * Stay alert to anything that is in the traffic path and that can be a tripping hazard.
- * Avoid groping in the dark. Report all missing or burned out light bulbs.
- * Wear sensible shoes with non-skid soles.
- * Avoid walking on wet floors/wet carpet.
- * Walk slowly on icy or wet surfaces, shorten your stride.
- * Never leave materials on a stairway or in a hallway.

By this time, maybe you are thinking, "I know all of these precautions", I challenge you to spend the 30 minutes after you have completed this material to walk around and see how many times you find one of these precautions violated. In fact, there is also a high probability you will violate one of them during that time. From our accident statistics, we know persons are in a rush to get their work done and are not always taking the time to be safe.