

<u>Purpose</u>

To maintain our commitment to excellence by providing a safe and secure environment and to assure compliance with provisions of the Occupational Safety and Health Act and The Joint Commission.

Department/Program Manager

This manual has been prepared as a guide for personnel performing work at The Christ Hospital. Outlined in this manual are general safety information and procedures to be followed while working at The Christ Hospital. It does not cover every situation. Specific information and guidance must be provided to all personnel working on campus.

The Department/Program Manager should utilize this material for in servicing personnel regarding general safety topics. When the employee has read and understood the information provided, the Department/Program manager should have the employee complete (sign and date) the last page. This document should be filed and maintained by the responsible Department/Program Manager.

Any questions regarding the content of this manual or the process should be directed to The Christ Hospital Safety Director at 585-2020.



Environment of Care/Safety Concern Reporting – 585-CARE

Emergencies

Dial 111 to report all medical emergencies. This number is answered by the hospital operator. Dial 5-2222 for all other emergencies. This number is answered by Safety and Security.

Security Issues

Dial 5-2222 to reach Safety/Security for immediate dangers, threats, or violent acts. Dial 5-4444 to report confidential information on the H.U.R.T. Line.

Safety/Security Threats

- Safety threats (bomb, terrorism, etc.) are a severe disruption to the peace and comfort of patients, visitors, and staff. The person receiving a telephone threat must record as much data as possible about the call, including caller characteristics (i.e., gender, speech traits). Notify the hospital operator at once by dialing "0".
- Notify Security at 5-2222 for personal or written threats. Use local panic buttons where available.

VideoCom Signals: DPFA Monitors

111 = Emergency/Code

Audible warble = Disaster

Fire alarms announcement: CODE RED and location.

Fire Safety Plan

R A C E = Fire Response

R = **Rescue** patients and visitors

A = Sound the Alarm by dialing 111 or 5-2222 and pull the fire alarm

- **C** = **Confine** or contain the fire
- **E** = **Extinguish** the fire

Types of Fire Extinguishers

Use the appropriate type of extinguisher – ABC, CO₂, or water – based on the type of fire!

Medical Gas Shutoff: The charge nurse decides if medical gases are shut off, based upon patient needs and fire containment necessity.

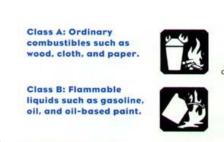
Fire Extinguishers:

Remember the PASS word to use a fire extinguisher.

- \geq Pull the pin
- \triangleright Aim low
- Squeeze the lever below the handle ≻
- \triangleright Sweep from side to side

Class C: Energized

and appliances.







Elevators

• During power outages, several elevators automatically transfer to emergency power. Never attempt to open a car door by hand. Use the intercom for instructions and stay in the car.

Smoking Policy

• The Christ Hospital is tobacco free. Tobacco may not be used in any hospital campus building, grounds, or vehicles.

Radiation Safety

 Registrations, licenses, inspection reports and applicable Ohio rules may be reviewed in the Radiation Safety Office. If you have questions or concerns, you may contact the Radiation Safety Officer (RSO) or the applicable Certified Radiation Expert (CRE). RSO telephone # 585-2323.

Hazardous Materials Management

- Various hazardous materials are used throughout the hospital. These could pose a threat if a spill or release should occur.
- SDS (Safety Data Sheets), previous known as Material Safety Data Sheets, are in the yellow SDS/MSDS notebook for every hazardous chemical used in that department. They can also be found on the TCH intranet.
- The SDS/MSDS gives detailed information on a specific chemical product, including the chemical ingredients, potential hazards, and safety precautions.
- Call Safety/Security at 52222 to report a spill. Do NOT attempt to clean up a spill unless you or the personnel involved are properly trained to do so.

<u>Infection Control - Infection Control concepts involve every member of the healthcare team,</u> <u>employees, patients, and visitors!</u>

- Hand hygiene is one of the most effective ways to control the spread of infection. You may use alcohol hand rubs when no visible soiling is present.
- Universal Precautions mean we assume that all patients are infected with blood borne pathogens so we wear protective barriers (such as gloves, gowns, and face protection) to prevent exposing ourselves to others' blood and body fluids.
- Specific isolation categories are respiratory/droplet, airborne, contact and contact plus. They are used with Universal Precautions for specific diseases. Read the signs posted on patients' room doors & chart covers for requirements.

Reporting Exposures

• Call the Health Injury Line at **1-866-665-2917** anytime someone is exposed to blood or body fluids from a needle stick, instrument cut or splash/spray to mucous membranes or non-intact skin. Tests and care are available: It is very important that all exposures be reported at once.



Specific Procedures for Infection Control:

- Hand hygiene is the single most effective means to prevent infections.
- Dispose needles/sharps in a puncture resistant container.
- Place Infectious waste in red biohazard bags and securely close with tape.
- Place used/soiled linen in an impervious bag at point of use, close securely, & take to dirty utility room.
- Label patient food items properly when refrigerated.
- Use separate refrigerators for lab specimens, food, and medicines.
- Follow OSHA prohibitions; No eating, drinking, applying lip balm, or adjusting contact lenses in areas where there may be infectious materials.

Safe Medical Equipment

Use of Clinical Equipment

 To protect patients, visitors, and staff, personnel are trained to use equipment safely. Equipment with alarms and variable settings for treatment and monitoring are checked with each application by the clinical staff for functioning, settings' appropriateness, and alarm audibility where in use. The MYTCH website has user manuals, Healthcare Technology Management (HTM) work orders, and additional support information located under the department heading.

Safe Medical Devices Act (SMDA) Reporting

Witnesses of medical device failures will:

- Attend first to the patient's safety needs,
- Remove from service and label the device, placing it in a secure location with all accessories that were involved,
- Verbally report at once all occurrences to the supervisor or department head, Risk Management, and Healthcare Technology Management (HTM).
- Complete an incident report.

Equipment Inspection & Labeling

 All medical equipment is tested, labeled, and entered into the Clinical Engineering database for preventive maintenance, recalls, and inventory control. Two labels are applied; the first with inventory management information, and the second with the month and year that the equipment is next due for Healthcare Technology Management safety & accuracy inspection.

Reporting Equipment Concerns or Malfunctions

• Call Healthcare Technology Management at 5-3334. Tag (Orange Device Defective Tag) the equipment with a brief note about the problem.



<u>Emergency Codes</u> - Ohio Emergency Code uniformity enables many individuals at multiple facilities to respond consistently to emergencies, which enhances safety for patients, visitors, and staff.

DESCRIPTION OF OHIO EMERGENCY CODES

<u>CODE RED</u> (Fire) "Code Red" will be announced in the event of a fire alarm activation over the DPFA Monitors and the Fire Alarm System within the building in alarm

<u>CODE ADAM</u> (Infant Abduction) "Code Adam" will be announced over the DPFA Monitors when an infant abduction occurs or is suspected. Notify Safety/Security at 5-2222 to report "Code Adam."

<u>CODE BLACK</u> (Bomb/Bomb Threat) "Code Black" will be activated in the event of a bomb threat or discovery of a bomb or suspicious item. Notify Safety/Security at 5-2222 to report "Code Black."

<u>CODE GRAY</u> (Severe Weather) "Code Gray" will be announced over the DPFA Monitors during severe weather that includes tornado watch, tornado warning, and snow emergency. Hospital employees should return to their work area and await further instructions.

<u>CODE ORANGE</u> (Hazardous Material Spill/Release) "Code Orange" is activated in the event of a hazardous material spill that may pose a threat to human health and the environment. Notify Safety/Security at 5-2222 to report "Code Orange."

<u>CODE BLUE</u> (Medical Emergency) "Code Blue" is activated in the event someone experiences a medical emergency requiring activation of the Code Team. Call 111 to report "Code Blue."

<u>CODE YELLOW</u> (Disaster) "Code Yellow" will be announced over the DPFA Monitors to alert hospital employees that the Hospital Emergency Plan is activated. Hospital employees should return to their work area and review their departmental disaster plan.

<u>CODE VIOLET</u> (Violent/Combative Person) "Code Violet" is activated in the event of an out-ofcontrol patient or visitor presenting an immediate danger to self or others. Notify Safety/Security at 5-2222 to report "Code Violet."

<u>CODE SILVER</u> (Person with Weapon/Hostage Situation) "Code Silver" is activated in the event someone has a weapon or a hostage on TCH property. Notify Safety/Security at 5-2222 to report "Code Silver."

<u>CODE BROWN</u> (Missing Patient) "Code Brown" is activated in the event of a missing patient. Notify Safety/Security at 5-2222 to report "Code Brown."

<u>CODE GREEN</u> (All Clear) "Code Green" is the ALL CLEAR signal representing the conclusion to the emergency. Please return to normal duties.



 Questions regarding the material in this booklet should be directed to the Safety and Security Department at 513-585-2020.

MANUAL RECEIPT FORM

This is to verify that the undersigned has received a copy of The Christ Hospital Environment of Care and Emergency Management Safety Manual and understands the contents.

Organization/Company Name:
Employee/Volunteers/Students Name:
Representative Issuing Manual Name:
Representative Issuing Manual Signature:
Date Issued:

*Department/Program Manager – please file and maintain this document as verification that this information was conveyed and understood by the above signed individual.