

## INTRODUCTION

This safety practice booklet contains basic information which every St. Mark's Hospital employee needs to know and use in performing work assignments.

These are simply a planned series of common sense measurements and a few policies and procedures which have been established for the protection of everyone.

Please read the contents of this booklet carefully. You will be expected to apply these measures in daily work activities. More detailed, specific, safe practice information may be found in the Policy and Procedure Manual and the Environment of Care Manual in your department or on the hospital intranet when available.

If you have specific questions in any of the areas discussed in the booklet, please contact the appropriate individuals below:

- |                     |                                                        |          |
|---------------------|--------------------------------------------------------|----------|
| • INFECTION CONTROL | Lorie Gillette – <i>Infection Control Practitioner</i> | 268-7790 |
| • EMPLOYEE HEALTH   | Nancy Sheldon – <i>Employee Health</i>                 | 268-7161 |
| • ELECTRICAL SAFETY | Mark Davies – <i>Plant Operations</i>                  | 268-7800 |
| • BODY MECHANICS    | Denise Perkins – <i>Rehab Services</i>                 | 268-7597 |
| • MSDS              | John Jones – <i>Safety Officer</i>                     | 268-7120 |
| • RADIATION         | Radiology <i>Department</i>                            | 268-7101 |
| • CYLINDER SAFETY   | Jack Fried – <i>Respiratory Care</i>                   | 268-7627 |
| • FIRE/OTHER SAFETY | John Jones – <i>Safety Officer</i>                     | 268-7627 |
| • WORKERS' COMP     | Julie Klausmeier - <i>W.C Coordinator</i>              | 268-7644 |

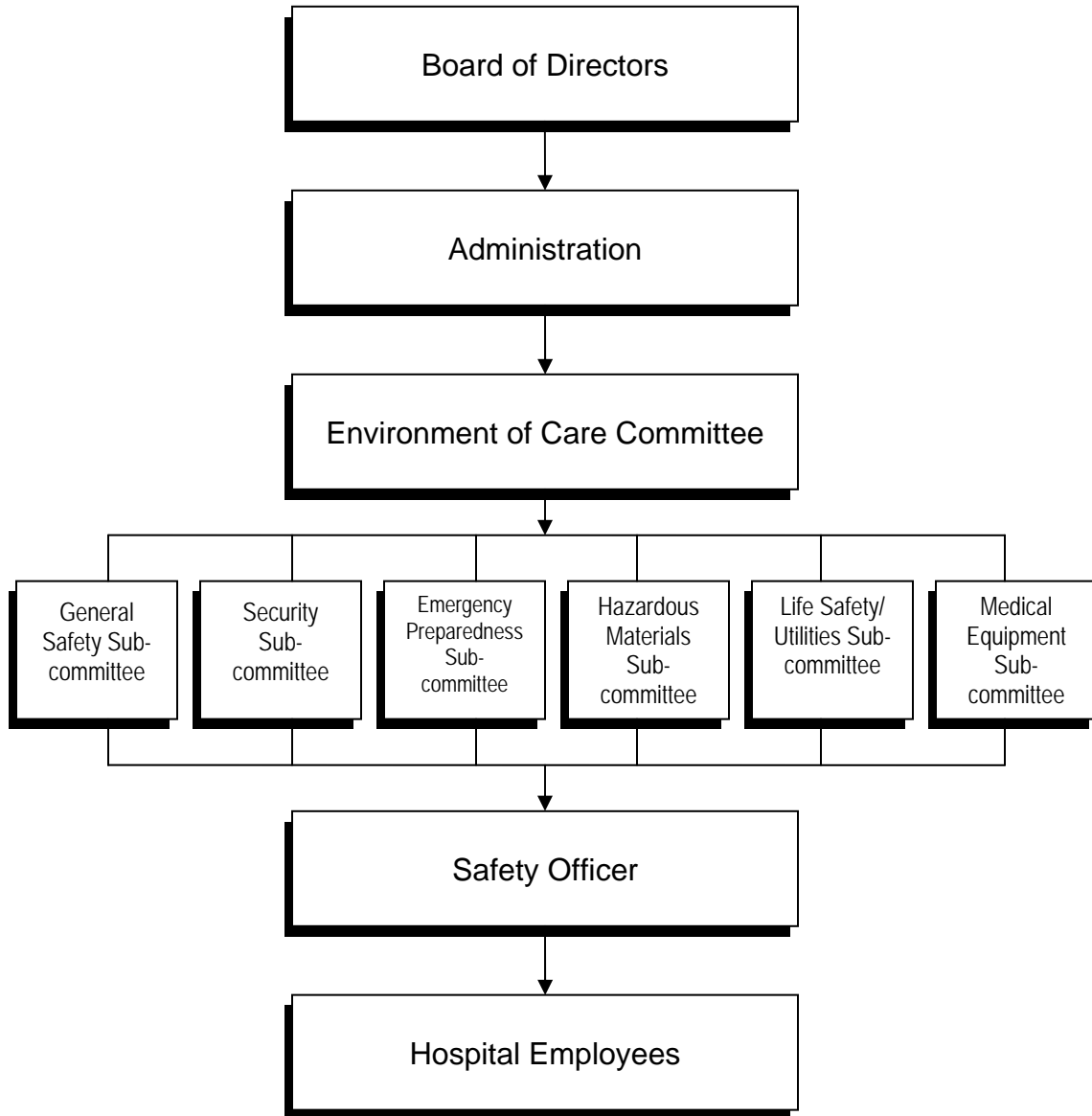
Safety is everyone's concern.

St. Mark's Hospital's Environment of Care/Safety Committee

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**ST. MARK'S HOSPITAL**  
**SAFETY COMMITTEE STRUCTURE**



**See Environment of Care Code 61 Manual for further clarification**

## I. SAFETY PROGRAM

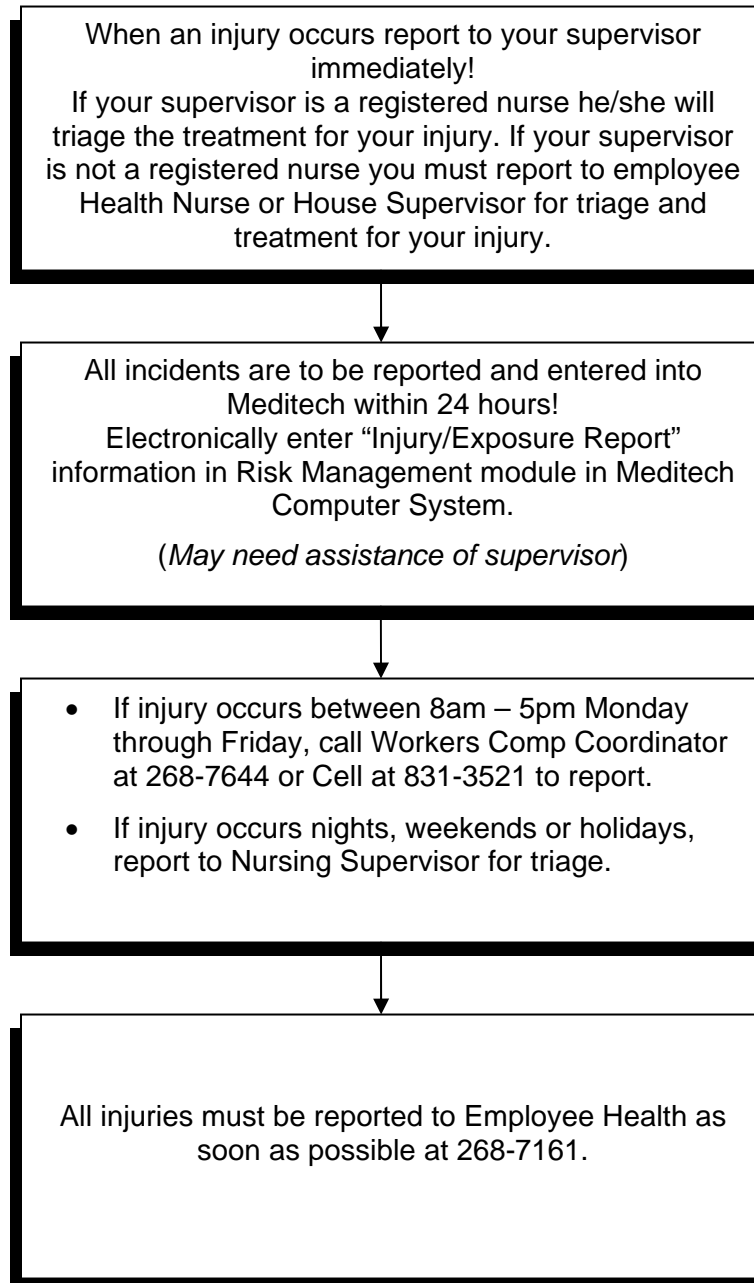
### STATEMENT:

The goal of St. Mark's Hospital is to continually develop, promote and enforce safe work practices and provide a hazard-free working environment consistent with generally recognized standards and/or established federal, state and local regulations. In order to meet this goal, St. Mark's Hospital provides an efficient and effective Safety Program along with a safe working environment and assurance that both management and employees are aware of their responsibilities regarding safety.

### RESPONSIBILITIES:

- A. Management: All levels of management will consistently and constantly enforce all rules and regulations, be alert for unsafe practices and conditions and take immediate and appropriate action to correct any irregularities they find. The responsibility of making both the work place and the employee as safe as possible rests with management. This is accomplished through training and disciplining employees who fail to follow proper safety procedures. Supervisors must consider accident prevention as a standard part of their role.
- B. Employee: The responsibility for safety must rest upon the individual employee. Each employee shall follow safe practices on the job and abide by all rules and regulations. Employees should be constantly alert for health and accident hazards and report them to the supervisor or Safety Committee Members.
- C. Hospital EOC Committee: The EOC Committee serves as an advisory body to the Hospital Administration, Medical Staff and the Governing Board in the recommendation, formulation and adherence to the safety policies in the hospital. It develops, implements, and maintains a comprehensive hospital-wide safety program. The chair of the committee also has authority to take any and all necessary actions to eliminate any hazardous conditions which could result in personal injury or damage to equipment or buildings.

## II. REPORTING WORK-RELATED INJURIES/EXPOSURES



The Utah Workers' Compensation Statute provides an employer with the right to designate medical provider care for the treatment of on-the-job injuries. You will be given an Authorization for Treatment Form directing you to the appropriate medical facility depending on the injury and time of the occurrence.

If you have any questions contact the workers' compensation coordinator at 268-7644

## **TRANSITIONAL DUTY**

### **WHAT IS TRANSITIONAL DUTY?**

The use of temporary work to help an injured employee recover more quickly until he/she can return to full duty. You cannot perform transitional duty in your home department. Attendance, performance and St. Mark's dress codes apply.

### **WHY IS IT NECESSARY?**

To help the injured employee remain active during their recovery in order to:

- Return to regular job more quickly
- Maintain contact with employer & co-workers
- Maintain financial security

### **HOW WILL I BE PAID?**

Your salary will not change for the hours you work in the transitional duty program. There is no premium or overtime pay while you're on transitional duty and the hours worked must be during Monday through Friday between 8:00AM and 5:00 PM.

### **DO I HAVE TO DO TRANSITIONAL DUTY?**

**YES!** When the physician determines your work abilities and they can be accommodated with the transitional duty program you must comply or any lost time wages will be forfeited.

PTO cannot be used in place of Transitional Duty.

### **III. GENERAL SAFETY PRACTICES**

1. Report any unsafe conditions or acts that you observe.
2. Report any foreign material on the floor, or remove it at once, to prevent injury to others.
3. Report defective or damaged equipment immediately.
4. Walk; do not run, especially in halls and on stairs. Keep to the right, using special caution at intersecting corridors.
5. Know the fire safety plan. Know the location of fire alarms and extinguishers and how to use them.
6. Become familiar with relevant work procedures and safe work practices.
7. Open doors slowly, using the handle or push plate; make sure the other side is clear before pushing open doors.
8. The work environment is no place for horseplay and practical jokes that may endanger others.
9. No employee is expected to take chances or endanger themselves or others in the performance of job duties. Do not take chances or guess! When in doubt, ask your supervisor to explain any job assignment.

#### **IV. MATERIAL HANDLING**

1. Avoid containers with protruding nails, jagged edges, burrs or rough surfaces. Have them repaired or get rid of them.
2. Keep fingers away from pinch points in setting down materials, passing through doorways or closing drawers and doors. Also, when handling long objects, keep hands away from ends.
3. Wipe off greasy, wet, slippery or dirty objects before trying to handle them. Keep hands free of oil and grease. Wear protective gloves. Use caution around operating machinery.
4. Rope slings or holders can be attached to bulky equipment to facilitate lifting; smaller items should be placed in appropriate containers. Get help for lifting heavy equipment.
5. Use hand trucks and dollies to handle heavy, bulky or loose material. Use utility carts for moving patient equipment and office supplies.
6. Put away sharp objects when they are not in use. Do not cover sharp objects, such as kitchen knives or tools that are on a desk, table or workbench.
7. Needles and other sharp objects are a source of infectious disease. Immediately dispose of such objects in the nearest needle disposal (*sharps*) container. Needle stick injuries require immediate follow up. Use proper safety devices when breaking glass ampules.
8. Do not reach into wastebaskets.
9. Use caution while handling hot liquids or materials.
10. Never pick up broken glass by hand. Always use mechanical devices such as a broom and dust pan or vacuum cleaner.

## V. HOW TO LIFT AND SAVE YOUR BACK

You can use this technique in any lifting situation. Always remember to get help when lifting heavy or large objects such as lifting a carton, a drum, a sack – anything.

SIX basic steps are used:

1. **THE FEET:** Feet should be parted, with one foot alongside the object being lifted and one foot behind. This position gives greater stability, and the rear foot is in position for upward thrust of the lift.
2. **THE BACK:** Use the sit-down position and keep your back straight (*Remember - straight does not mean vertical*). A straight back keeps the spine and organs of the body in correct alignment.
3. **THE CHIN:** Tuck in the chin so the neck and head continue the straight back line. Tucking the chin helps keep the spine straight and firm.
4. **THE PALM:** The palmer grip is one of the most important elements of correct lifting. The fingers and the hand are extended around the object you are going to lift, using the full palm. Fingers alone have little power – you need the strength of your entire hand.
5. **ARMS & ELBOWS:** The load should be drawn close and the arms and elbows should be tucked into the side of the body. When the arms are held away from the body, they lose much of their strength and power. Keeping the arms tucked in also keeps the body weight centered.
6. **BODY WEIGHT:** The body should be positioned so that the body is centered over the feet. This provides a more powerful line of thrust and also ensures better balance. Start the lift with a thrust of the rear foot.

### **A TIP ON TWISTING.....**

Twisting during a lift is one of the most common causes of back injury. By simply turning the forward foot out and pointing it in the direction of the eventual movement, the greatest danger of injury by twisting is avoided.

**NOTE:** If you lift a large amount of weight each day, a short period of loosening up is suggested just before the work day starts.

## VI. GOOD HOUSEKEEPING

Slips and falls are often caused by poor housekeeping habits. In order to help eliminate slips and falls, all employees should observe the following:

1. Do not block doorways, elevators or entrances with equipment.
2. Wet mop/wax only one side of a corridor at a time leaving one side for safe passage. Post "Wet Floor" signs to indicate caution.
3. Take personal responsibility to alleviate slipping or tripping conditions anywhere on the floor or stairways, or report to Environmental Services principal hazards which may include: liquids, flower petals, rubber bands, paper clips, cigarette butts and other small objects. Pick up trash and dispose of it properly.
4. Do not use chairs, boxes, etc. for climbing. Always use a ladder.
5. Approach corridor intersections and elevators slowly.
6. Do not pick up broken glass by hand. Use tongs or a brush and pan, vacuum cleaner, etc.
7. Linens: Protect yourself and others when you handle or transport linen.
  - a. All linen is considered contaminated. Handle soiled linen as little as possible.
  - b. Avoid shaking soiled linen and do not place on floor.
  - c. Place soiled linen in appropriate linen bag at site of use.
8. **Report unsafe conditions immediately.**

## VII. INFECTION CONTROL

### A. HYGIENE ETIQUETTE:

1. Always cover your mouth when coughing or sneezing. Wash hands.
2. Wash hands before eating.
3. Wash hands after restroom use.
4. Wash hands before and after any direct patient care activity or procedure.
5. Always wash hands after removing personal protective equipment.
6. Remind patients to wash their hands.
7. Offer a surgical mask or tissues to visitors and patients who exhibit cold or flu-like symptoms.
8. Stay home if you are sick with fever and cough.

### B. HANDWASHING PROCEDURE:

1. Alcohol based products are 99.9% effective at killing organisms.
2. Alcohol products cannot be used if hands are visibly soiled or if caring for a patient with *Clostridium difficile*.
3. If washing hands with soap and water, run hands under warm water, use enough soap to form a good lather, scrub hands for at least 15 seconds or more, rinse with water, dry hands thoroughly, turn-off faucet using the towel to eliminate re-contamination of hands.

Remember: Hand washing is the most effective way to prevent the transmission of organisms from person to person.

### C. STANDARD ISOLATION PRECAUTIONS:

1. Treat all patients as though they are potentially infectious.
2. Protective equipment includes gloves, masks, eye wear and gowns.
3. Wear protective equipment when at risk for exposure to blood and all moist body substances, mucous membranes or non-intact skin of all patients (*i.e. gloves, gown, and eye wear as needed*).
4. Wash hands after removing protective equipment.
5. Discard protective equipment in room. Do not wear protective equipment around the hospital.
6. Use mouth to mask, resuscitation bags or ventilation devices for resuscitation.

7. Clean up all blood/body fluid spills promptly with an EPA registered hospital approved cleaner.
8. Never pick up broken glass by hand.
9. Wear surgical mask and protective eye wear if aerosolization or splattering is likely.

## ST. MARK'S HOSPITAL DISEASE ISOLATION PRECAUTIONS

Precautions	Room	Gloves	Masks	Eye Protection	Gowns	Equipment
<b>Standard</b> (treat all patients as though they are potentially infectious)	Consider private room if patient is likely to contaminate environment (vomiting, diarrhea, profuse bleeding) or has poor personal hygiene	If touching blood, any body fluid (excretions, secretions), non-intact skin or mucous membranes	If splashing, spattering or spraying of blood/body fluids into the face is anticipated during procedures. This includes sputum/respiratory secretions (Respiratory Etiquette).	If splashing, spattering or spraying of blood/body fluids into the face is anticipated during procedures. This includes sputum/respiratory secretions.	If splashing, splattering or spraying of blood/body fluids onto the work clothes or exposed skin of the arm is anticipated during procedures.	Clean and disinfect when equipment visibly contaminated. Use alcohol hand gel or wash hands after using keyboards.
<b>Contact</b> (MRSA, VRE, C. difficile, chickenpox, incontinence, lice, disseminated herpes, etc.)	Private or cohort with same disease	Same as Standard above AND if touching patient, linens, furniture or equipment in the room which are close to the patient	As for Standard	As for Standard	As for Standard AND if work clothes or exposed skin on the arm will touch patient, linens or equipment in the room AND/OR if patient is incontinent or uncontained wound drainage	As for Standard AND use of dedicated patient equipment whenever possible AND all equipment leaving the room must be disinfected.
<b>Droplet</b> (Pertussis, MRSA in coughing patients, Influenza, mumps, Neisseria meningitides, Rubella)	Private or cohort with bed spacing greater than 3 feet	As for Standard	If working within 3 feet of the patient's face AND patient must wear surgical mask when outside of the room	As for Standard	As for Standard	As for Standard
<b>Airborne</b> (TB, pandemic Influenza, measles or chickenpox if not immune)	Private, negative air flow room. Call Plant Operations (ext. 7800) to monitor the room.	As for Standard. Gloves should be worn for measles, chickenpox and Influenza before entering the room	N-95 mask (fit testing required) or higher respirator if TB, SARS, Smallpox; N-95 not required for persons <u>immune</u> to measles or chickenpox. Patient wears <u>surgical</u> mask outside of the room	As for Standard	As for Standard	As for Standard

### WASH HANDS before AND after ALL direct patient care activities

**Signage:** Contact and Droplet (respiratory) precautions will have the "STOP, Report to Nurse before Entering" AND the Isolation sign with correct protective equipment highlighted or circled in order to take care of the patient. Post signs outside of the door. Airborne (TB) precautions must have the "STOP, No Admittance without wearing an N-95 mask or more protective respirator" AND the Isolation sign with correct protective equipment needed to take care of the patient highlighted or circled. Post signs outside of the door.

#### **D. BIOHAZARDOUS WASTE DISPOSAL:**

1. Dispose of all waste contaminated with blood or body substances (*excluding urine, feces, bloody linen or vomitus*) in the biohazardous waste bins in our area. Bins are lined with red bags and labeled "Biohazardous".
2. All linen is considered biohazardous. Place soiled linen in yellow linen bag – NOT in the red bag trash. Use gloves to remove linen from bed.
3. Bloody urine and feces should be flushed down the toilet.
4. Sharps containers must be changed when  $\frac{3}{4}$  full. It is everyone's responsibility to change the sharps container.

#### **E. EMPLOYEE HEALTH BASICS:**

1. Make sure your vaccination status is checked by an Employee Health Nurse. Make an appointment. Office is located on the ground floor.
2. Yearly Influenza vaccination is highly recommended. Influenza symptoms consist of headache, fever, cough, sore throat, muscle aches, runny nose and extreme tiredness.
3. New hires must have an initial TB skin test and either show documentation of a second skin test within the last 12 months or obtain another TB skin test within 1-2 weeks of the first skin test. Skin tests may be given by the Laboratory or Employee Health.
4. Symptoms of tuberculosis disease include weight loss, positive TB skin test, positive chest x-ray, cough for greater than 2 weeks, fever, night sweats and bloody sputum. Contact Employee Health at 268-7161 if you exhibit these symptoms.
5. Report all injuries to your department director/supervisor/manager AND to the Employee Health nurse (ext. 7161). Must enter injury into Meditech computer system.
6. Severe injuries or injuries occurring during weekends, evenings or holidays are triaged by the supervisor or house supervisor. If limb or life threatening refer directly to the Emergency Department.

#### **F. BLOOD OR BODY FLUID EXPOSURE FOLLOW-UP:**

1. If personal clothing is soiled, call housekeeping to get scrubs for a change of clothing. Do not leave the area with bloody clothes.
2. Report exposure incident to your department director/supervisor/manager.
3. Notify Employee Health (ext. 7161) of the injury. Report to the Emergency Department for initial assessment of injury. Make sure you know the location and name of the source patient.
4. Record the incident into Meditech computer systems. Ask your department director for assistance, if needed.
5. Use safety devices when available. A needle-stick exposure usually occurs 30 seconds after removing the sharp device from a patient. Therefore, engage the safety device immediately.
6. Blood or body fluid exposures may transmit HIV, Hepatitis C or Hepatitis B.
  - HIV is a virus that attacks the immune system. There is no vaccine available for HIV.
  - Hepatitis C is a virus that infects the liver and can lead to serious and even fatal outcomes. There is no vaccine for Hepatitis C.
  - Hepatitis B is a virus that attacks the liver and can lead to serious illness and even fatal outcomes. There is a vaccine for Hepatitis B which requires a series of three vaccinations. Hepatitis B vaccine is free to employees who are at risk to blood or body fluids.

#### **G. EMPLOYEE LATEX ALLERGIES:**

Report any history of latex allergies to your department director. The director will provide latex free equipment within reason. Contact the Employee Health nurse (ext. 7161) as needed.

#### **H. PATIENT LATEX ALLERGIES:**

Latex allergies are identified via the nursing assessment. If a patient indicates they have a latex allergy, a latex free supply cart is obtained from supply chain (ext. 7022). Most products are labeled latex free on the packaging.

Use a bottle opener to remove medication stoppers. Do not pierce a needle through the stopper and inject it into a patient. The rubber stopper is latex. Be careful when inserting invasive catheters into the patient with a latex allergy as most catheters are not latex free.

## VIII. HAZARDOUS MATERIAL MANAGEMENT

**PURPOSE:** To provide a safe environment for patients, visitors and employees and the surrounding community by initiation the proactive management of hazardous and potentially hazardous materials, wastes or conditions. Policies and procedures are written regarding safe handling, storage use and disposal of all hazardous materials.

### ***YOU HAVE A RIGHT TO KNOW ABOUT THE HAZARDOUS MATERIALS WITH WHICH YOU WORK.***

Each hospital department/area is responsible for identifying and labeling all hazardous materials and waste used within that department/area. An MSDS can be obtained by logging on any hospital computer. Click on the icon "HazSoft" and then type in the product name. Click on the product and MSDS will appear. You can either view it on the screen or print it off. A master list is also located in the Plant Operation's Office. The Department Director/Supervisor is responsible to provide notification of the chemicals, potential health hazards, handling procedures and emergency procedures.

Spill kits are located in the following areas of the hospital:

Plant Operations	Lab	3W – Chemo Spill Kits
Radiology	Pharmacy	

If you are not sure about exposure and/or clean-up, ASK FOR HELP. Do not put yourself and others in danger.

## IX. RADIATION SAFETY

General Radiation safety guidelines include:

- Radiation exposure is lowered by limiting time close to a radioactive source, increasing distance from the source, or by shielding (as with lead, walls, doors, etc.)
- Any questions about contamination or radioactive spills should be brought immediately to the attention for the nuclear medicine department. DO NOT PROCEED with clean-up or decontamination without first notifying nuclear medicine.
- Patients who have had x-ray or CT scans are NOT radioactive.

***Employees working directly with radiation-emitting machines or radioactive materials follow special safety procedures which do not apply to general hospital employees. Employees in Radiology and Nuclear Medicine must be aware of and follow these procedures correctly.***

## X. ELECTRICAL SAFETY

Many equipment hazards that eventually result in an electrical shock are visible for a period of time prior to the accident.

1. Frayed or damaged electrical cords or extension cords should not be used.
2. If a “tingle” or shock is felt, unplug the equipment and report it to your supervisor or the Biomedical Department (ext. 7038).
3. When disconnecting equipment from the wall outlet, grasp the plug and tug gently. DO NOT grab the power cord and yank on it.
4. Report any electrical problem to your supervisor or to the Plant Operations Department (ext. 7800).
5. Keep cables and cords protected from oil or chemicals, liquids or sharp objects.
6. Arrange equipment cords and cables away from traffic – keep them off of the stairs and out of aisles and corridors.
7. Unless specifically part of the job assignment, never open electrical panel boxes, reset circuit breakers or change fuses.
8. Make sure electrical cords from the beds do not pose a trip hazard. To prevent electrical shocks and fires, check for damaged plugs and or pinched wires.
9. In case of an electrical fire, do not use a water fire extinguisher.
10. Do not allow equipment to roll over power cords.
11. If a medical instrument is malfunctioning, has been dropped, or has had liquid spilled on it, disconnect the power cord from the wall outlet and notify the Biomedical Department.
12. The use of cellular phones and/or radio transmitters in high risk patient care areas can interfere with electronic equipment used in patient care. For this reason, use of cell phones and transmitters should be limited to “safe” areas of the hospital (i.e. lobby areas) and kept at least 12 feet from patients.

Cellular phones must be turned OFF (not just put on standby mode) in high risk patient care areas. Two-way radios need not be turned off, but may not be keyed or activated in high risk areas. If use of a cell phone or radio transmitter is required in high risk area under emergency circumstances, it must be utilized at least 12 feet from any patient. Signs are posted indicating areas of restricted use. These areas include ICU, PCU, Cath Lab, PACU, ED, L&D, Nursery, NICU, and OR.

13. Do not use unauthorized extension cords. If an extension cord is needed, contact Plant Operations.

## **XI. MACHINES/EQUIPMENT**

Each of us comes in contact with electrical and mechanical equipment, including power and hand tools. The following are general practices to reduce accidents.

1. Never operate a machine or a piece of equipment until instructed in safe operation.
2. Make absolutely certain that all personnel are clear of the machine or equipment before it is started. Walk around it, if necessary, and/or give the proper warning signal before starting-up.
3. **DO NOT OPERATE MACHINES WITOUT APPROPRIATE GUARDS.** Machine guards have been installed for safety. Keep them in place when the machine is operating and replace any missing guards that have been removed for repair or adjustments. Missing or inadequate guards should be reported to your supervisor immediately.
4. Turn off and unplug the equipment before machine repairs or adjustments are made. There are no exceptions to this practice.
5. Personal protective equipment, such as gloves, safety glasses, ear protection, hard hats, safety clothing, etc. may be required in certain operations. Your supervisor will provide the personal protective equipment necessary for each job.
6. Biomedical Department has identified all equipment in the hospital by priority. Priority-1 devices are described as: "life-support equipment and other devices whose failure is associated with serious or potentially serious accidents," require additional instruction on the units. The Department Directors are responsible for recording and maintaining all the documentation of training.

## XII. CYLINDER SAFETY

Gases are stored in cylinders under high pressure. Follow these basic rules when handling gas cylinders.

1. Safe cylinder “cracking” (valve opening) detects flaws and protects us from injury. Do so in areas away from patients. Point cylinder valve away from yourself and others when “cracking” cylinder.
2. Open cylinder valves slowly to allow heat of compression to dissipate.
3. Make certain the cylinder regulator is turned off before opening the main cylinder valve.
4. When cylinders are not in use, “bleed” all pressure off of regulators. Broken regulators need to be returned for repair to plant operations.
5. Secure cylinder at all times. Chain to wall or other stable object such as a patient bed or stretcher. Never leave a cylinder freestanding, regardless of the cylinder contents. Stem rupture causes a cylinder to become a torpedo!
6. Transport cylinders in cylinder carts. Large cylinders should be stored and transported with protective caps. Never carry a cylinder in your arms.
7. Bleed disposable cylinders before replacement. Relieve all pressure to zero p.s.i. as these cylinders are disposed of by crushing and may become a danger if pressure is left inside.
8. Remove cylinders to main department storage area or Supply Chain when empty.
9. Teach patients how to handle regulators and to take precautions.
10. No smoking around cylinders. Keep away from sources of heat.
11. Keep petroleum-based products and spark-producing equipment, such as electric razors, away from oxygen.
12. Never interchange a regulator used with a specific gas, with a cylinder intended for another gas.

### **XIII. FIRE PREVENTION**

1. Fire extinguishers are available in designated areas. Learn the location and proper use of fire extinguishers.
2. Passageways and work areas around fire extinguishers must be kept clear at all times.
3. Extinguishers that appear to have been used or tampered with should be reported to the Plant Operations Department immediately.
4. No open flames or smoking are permitted within 25 feet of the hospital.
5. Patient and corridor exit doors shall not be obstructed. Know how to exit from the work area.
6. Report fires by pulling the fire alarm and dialing "61". DO NOT RISK trying to extinguish a fire before signaling for help.
7. Be alert in recognizing fire hazards and fire prevention.
8. Know fire and evacuation plans for the work site.
9. Announcement of "Code Red" on hospital intercom indicates a fire alarm within the hospital.

## **FIRE PROCEDURE (RACER)**

<b>RESCUE</b>	Rescue anyone who is in immediate danger from the fire. Relocate these people to the Nearest safe area. Simultaneously notify other staff of the fire and its location.
<b>ALARMS</b>	Sound the fire alarms by pulling the nearest manual pull station and dialing "61".
<b>CONFINE</b>	Confine the fire by closing all the doors in and around the fire area. Do not turn off the lights.
<b>EXTINGUISH</b>	Extinguish the fire by using a portable fire extinguisher, if safe to do so.
<b>RELOCATE</b>	Relocate as directed by the Fire Department.

## **OPERATING PORTABLE FIRE EXTINGUISHER (PASS)**

<b>PULL</b>	Pull the pin.
<b>AIM</b>	Aim the nozzle or cone at the base of the flame.
<b>SQUEEZE</b>	Squeeze the handle.
<b>SWEEP</b>	Sweep the nozzle from side to side at the base of the flames.

**NOTE:** PASS will work for most fire extinguishers. However, one must become familiar with all fire extinguishers in the work area.

Staff members need to review the Environment of Care/Code 61 Manual annually. Review of the manual needs to include specific roles and responsibilities at the fire's point of origin, away from the fire, proper use of the alarm system, proper use of the fire fighting equipment, and other information regarding Life Safety.

#### XIV. STANDARDIZED EMERGENCY CODES

<b><i>Emergency</i></b>	<b><i>Code</i></b>
Arrest and/or medical emergency	Code Blue and location
Fire	Code Red
Bomb	Code Orange
Disaster	Code Yellow or Yellow Alert ( <i>means prepare but don't activate</i> )
Trauma Alert or Cardiac Arrest occurring in Emergency <i>This location of this emergency situation includes only the following areas:</i> <ul style="list-style-type: none"> <li>• First floor of the hospital</li> <li>• Ground floor of the hospital</li> <li>• East Medical Building</li> <li>• Central Medical Building</li> <li>• Ground and 1<sup>st</sup> floor of the North Medical Office Building</li> </ul>	Code Green
Life Threatening situation: Hostage, Terrorist, person with a weapon.	Code White
Infant Abduction	Code Pink
Additional Help Needed	Code Grey

For further information regarding hospital codes and specific rules and responsibilities, refer to the Environment of Care/Code 61 Safety Manual.

## **XV. DISASTER PLANNING & EMERGENCY PREPAREDNESS**

It is the responsibility of each employee to become familiar with the Disaster Plan, Code Yellow.

Employees should know:

- What is the role of their specific department?
- What is the internal traffic flow?
- Where are the main areas of disaster control?
- How they can get into the hospital if they are called from home?

The “Disaster” section of the Environment of Care/Code 61 Safety Manual includes action plans specific for each department in the hospital. The action plan describes each department’s responsibility whenever the Disaster Plan is implemented. It must be noted that the action plans provide a framework for response and are not necessarily written to limit the activity of the department. In fact, all individuals responsible for the implementation of the Disaster Plan must remain flexible in managing their areas of responsibility during the disaster.

## **XVI. UTILITIES SYSTEMS**

St. Mark's Hospital promotes a safe, controlled and comfortable environment by minimizing the risks of utility system failures. As an employee of the hospital, it is important for you to know your specific roles and responsibilities concerning capabilities, limitations, emergency procedures, failures and user errors of the hospital utility systems.

The hospital is equipped with emergency back-up systems for utilities.

*ELECTRICITY:* Generators will supply power to the hospital. All life support equipment should always be plugged into a “red” outlet.

*WATER:* Contract with Mt. Olympus Water Company as well as 72 hours of water stored in the hospital.

*COMMUNICATIONS:* Ham Radio, Two-Way Radios and White Emergency Phones

In the event of a major utility service failure, immediately contact the respective utility company representative. Immediately following contact, notify the on-call Plant Operations personnel. Call lists can be found in the Environment of Care/Code 61 Safety Manual under UTILITIES SYSTEMS.

## **XVII. HOSPITAL SECURITY**

### **PURPOSE:**

St. Mark's Hospital has established a security program to help protect staff, patients and visitors from harm.

St. Mark's Hospital has security guards on duty 24 hours a day. They are primarily stationed at the front, main entrance of the hospital. If assistance is needed from a security guard, call the hospital operator at "O".

As employees and staff of St. Mark's Hospital, it is our responsibility to assist in the security program by wearing the proper identification while at work.

Identification is as follows:

- Employees/staff/volunteers/physicians – St. Mark's ID badge (worn so it can be seen)
- Patients – Identified with a wrist band
- Vendors – Identified with a blue and white name tag
- Visitors – No issued identification

## **XVIII. CONFIDENTIALITY/SECURITY ISSUES**

All hospital employees are responsible and accountable to protect the confidentiality and security of patient information and data generated or archived at St. Mark's Hospital. Employees will:

- Discuss patient information ONLY with those who have a need to know
- Enter a patient record (written or electronic) ONLY when there is a need to know
- Be aware of proximity to others when sharing patient information verbally
- Protect patient records from the view of others when adding information
- Secure written records from inappropriate browsing at all times
- Use own password to enter an electronic record or to record an electronic entry
- Close the electronic record if leaving the terminal for any reason, for any length of time
- Limit faxing of patient information to authorized machines, using cover sheets that include a confidentiality notice
- Print from electronic sources only when needed and dispose of copies properly
- Place any paper with person-identifiable information in recycle bins

- Cut person-identifiable information created in plastic (wrist bands, pt. charge cards, etc.) into pieces before disposal or gives such items to the patient or a family member at the time of discharge.

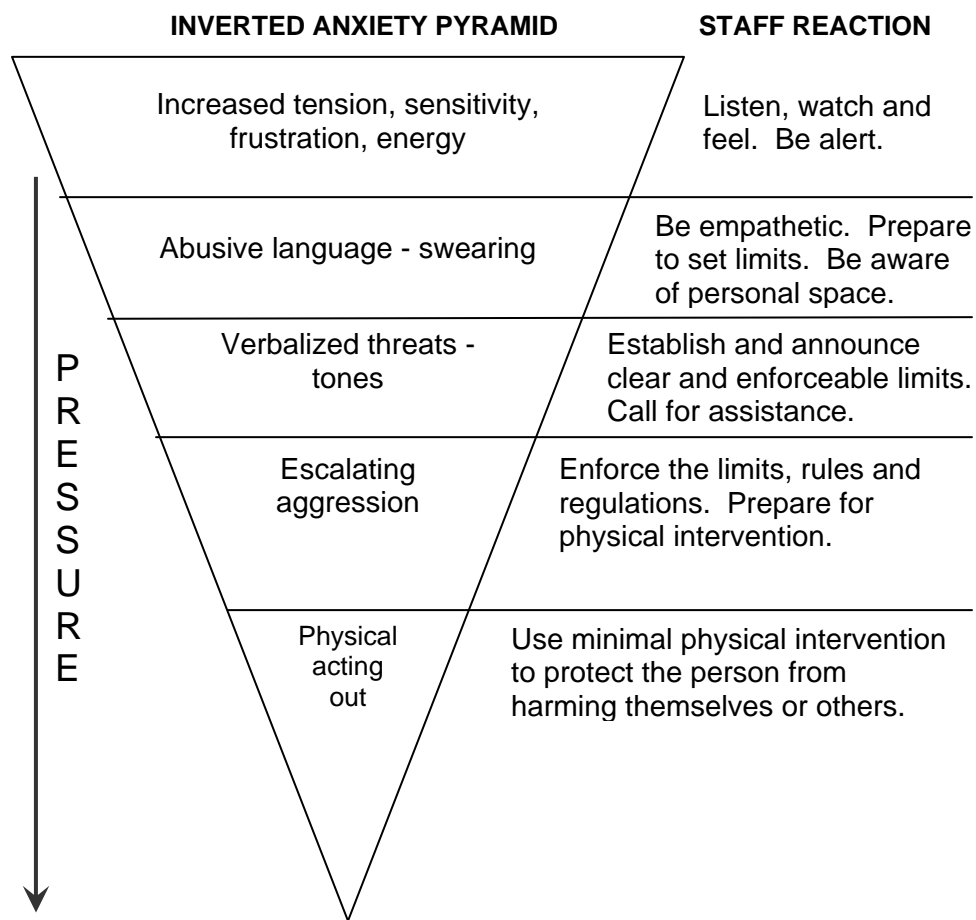
## **XIX. OFFICE SAFETY**

1. Do not use a chair, box, desk, table or unstable material in place of a ladder or step stool.
2. The drawer of desks and file cabinets should be closed when left unattended.
3. No more than one file drawer should be opened at any time.
4. File cabinets should be appropriately loaded from the bottom drawer up, to prevent tipping.
5. Office equipment and appliances should be maintained free of splinters, burrs and other conditions which might cause an accident or personal injury.
6. Do not operate office equipment without proper instructions.
7. Report all unsafe conditions to the supervisor immediately.

## XX. VIOLENCE IN THE WORKPLACE

In the past decade, there has been a dramatic rise in the incidence of violence in the workplace. It is important for employees to understand the risk and take prudent precautions to prevent or defuse violence. One of the most effective ways to accomplish this goal is to react appropriately to aggressive behavior by following the intervention process illustrated below:

### INTERVENTION PROCESS:



SOURCE: Fredrick G. Roll, CPP, CHPA & George Speliotes, CPP

**XXI. TRANSFUSIONS – Blood, Platelets, Plasma**  
(For RNs & MDs ONLY)

1. **TWO** licensed persons (only one can be an LPN) **MUST** verify ALL information between patient, requisition on blood product and actual product. Two signatures required.
2. Patient Identification that must be verified:
  - Hospital arm band
  - Blood Bank arm bandData on arm bands **MUST** agree with requisition on blood product.
3. Establish a large bore (*18 gauge or larger*) IV prior to obtaining blood product. Use **ONLY NS** in blood tubing with blood/blood product administration.
4. Vital signs taken prior to starting the transfusion, then every 15 minutes x 2, and then every one hour until one hour after the completion of the transfusion.
5. Initially, the flow of blood product should be slow. Flow can be increased after the critical 15 minute time frame.
6. Observe patient for first 15 minutes of transfusion (*The majority of severe reactions occur during this time frame*).
7. Instruct the patient to report “unusual” signs and/or symptoms (*flushing, chills, headache, nausea, difficulty breathing, hives, rash, itching, back pain, etc*).
8. Blood products requisition **MUST** remain on blood product throughout the transfusion.

(See policy # GEN.B.4.1)

**TRANSFUSION REACTION**  
(For RNs & MDs ONLY)

Reaction	Clinical Manifestations	Management	Cause	Prevention
Non-hemolytic Febrile	<ul style="list-style-type: none"> <li>• Chills</li> <li>• Fever (rise &gt;1°C/1.8°F)</li> <li>• Headache</li> <li>• Flushing</li> <li>• Myalgia</li> <li>• Anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Stop transfusion</li> <li>• Keep IV open, NS</li> <li>• Notify MD</li> <li>• Notify Blood Bank</li> <li>• Draw blood samples for Rx work-up</li> <li>• Obtain urine sample</li> </ul>	Patient sensitized to white cells, platelets or plasma	If patient reacts again, MD could consider leuko-reduced components
Hemolytic, Acute	<ul style="list-style-type: none"> <li>• Chills</li> <li>• Fever</li> <li>• Low back pain</li> <li>• Flushing</li> <li>• Hypotension</li> <li>• Vascular collapse</li> <li>• Hemoglobinuria</li> <li>• Bleeding</li> <li>• Acute renal Failure</li> <li>• Death</li> </ul>	<ul style="list-style-type: none"> <li>• Stop transfusion</li> <li>• Keep IV open with NS</li> <li>• Notify MD Stat</li> <li>• Treat shock</li> <li>• Draw blood samples</li> <li>• Notify Blood Bank</li> <li>• Give Colloid Solutions &amp; diuretics as prescribed</li> </ul>	<ol style="list-style-type: none"> <li>1. Infusion of ABO incompatible RBCs</li> <li>2. Bacterial contaminated blood component</li> </ol>	Meticulously verify patient ID & ABO compatibility
Hemolytic, Delayed	<ul style="list-style-type: none"> <li>• Decrease HCT</li> <li>• Positive DAT</li> <li>• Fever</li> <li>• Hemolysis</li> <li>• Positive antibody screen</li> </ul>	<ul style="list-style-type: none"> <li>• Usually 1-5 days after transfusion</li> <li>• Notify MD</li> <li>• Blood Bank usually aware</li> </ul>	Previous RBC antibody, (anamnestic response)	Clinical history of previous transfusions and/or pregnancies
Allergic, Dermal Urticarial	<ul style="list-style-type: none"> <li>• Flushing</li> <li>• Itching</li> <li>• Urticaria</li> <li>• Hives</li> </ul>	<ul style="list-style-type: none"> <li>• Stop transfusion</li> <li>• Keep IV open, NS</li> <li>• Notify MD</li> <li>• Give antihistamines as directed</li> <li>• Transfusion can be resumed after symptoms subside</li> </ul>	Sensitivity to foreign plasma proteins	Administer prophylactic antihistamines
Anaphylactic	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Wheezing progressing to cyanosis</li> <li>• Shock &amp; possible cardiac arrest</li> </ul>	<ul style="list-style-type: none"> <li>• Stop transfusion at hub of needle</li> <li>• Keep IV open, NS</li> <li>• Notify MD Stat</li> <li>• Initiate CPR if indicated</li> <li>• Have epinephrine ready for injection</li> </ul>	Transfusion of IgA to patient with anti-IgA antibody	Use products from IgA-deficient donors or components with all plasma removed by washing.

## XXII. KNOWLEDGE REVIEW

**PLEASE DO NOT WRITE ANSWERS IN THIS BOOKLET.** A separate answer sheet will be provided for you. Make sure your name and department are written on the answer sheet. Answer each question by circling the appropriate number.

**BE CERTAIN THE NUMBER OF THE QUESTION CORRESPONDS WITH THE NUMBER ON THE ANSWER SHEET.** You must obtain a score of 90% or above (36 out of 40) or will need to retake the exam. Give your completed answer sheet to the director.

1. Any injury or exposure that happens to an employee while at work should be:
  - a. Reported to their Director of Designee immediately
  - b. Electronically entered into Meditech
  - c. Reported to Employee Health
  - d. All of the above
2. After which type of injury or exposure is an employee required to report to the Workers' Compensation Coordinator?
  - a. Back injury
  - b. Needle stick injury
  - c. All injuries/exposures
  - d. All illnesses
3. The Workers' Compensation Coordinator needs to receive a message at ext. 7644 regarding injury/exposure information:
  - a. Within 3 working days
  - b. When the employee returns to work
  - c. When the employee gets home
  - d. As soon as possible
4. When is drug testing required of an employee of St. Mark's Hospital?
  - a. Upon hire
  - b. For cause
  - c. Post injury
  - d. All the above
5. When lifting a heavy object, you should:
  - a. Hold the object away from you body
  - b. Keep your knees straight and bend your back
  - c. Bend your knees and keep your back straight
  - d. Twist your body as you lift
6. A stop sign on the door of a patient's room means:
  - a. The patient is asleep

- b. You must stop walking before entering
  - c. The patient has an infectious disease and special precautions should be taken before entering
  - d. No one can enter the room
7. What does MSDS stand for?
- a. Medical-Surgical Documentation System
  - b. Mini-Stay Direct Surgery
  - c. Material Safety Data Sheet
  - d. Medicare Standardized Data System
8. Information about hazardous chemicals present in the workplace is available from:
- a. HazSoft Computer Program
  - b. The Poison Control Center
  - c. Chemistry books kept in the library
  - d. Any Physician's Desk Reference (PDR)
9. Risk of injury related to radiation can be limited by:
- a. Increasing exposure time
  - b. Wearing shoes with rubber soles
  - c. Decreasing exposure time
  - d. Standing closer to the source
10. Electrical equipment with frayed or damaged power cords should be:
- a. Repaired with duct tape
  - b. Observed carefully for sparks
  - c. Taken out of use, labeled as broken and reported to Plant Operations/BioMed
  - d. Used as long as no one is shocked
11. What is the correct order of actions in response to a fire?
- a. Extinguish the fire, sound the alarm, evacuate people in danger, close the doors, run.
  - b. Rescue anyone in immediate danger, sound an alarm, contain the fire, extinguish it, relocate
  - c. Sound the alarm, remove everyone in the area, contain the fire, put out the fire, bring everyone back
  - d. Contain the fire, keep everyone calm, sound the alarm, put out the fire, take everyone with injuries to the Emergency Department
12. If using a hospital fire extinguisher, the following procedure should be used:
- a. Aim at the top of the flames, spray
  - b. Pull the pin, aim nozzle at base of flames, squeeze handle, sweep from side to side
  - c. Spray around the fire so that it will not spread
  - d. Stand back about 10 feet and hope that the spray reaches the flame
13. What should you know about waste that is in a red container?
- a. It could cause a fire

- b. It should be recycled
- c. It is considered infectious and requires special handling
- d. It is no different than other waste

14. Standard Precautions means:

- a. Treating all body substances as if infectious
- b. Walk carefully
- c. Wet floor – yield
- d. Fire extinguisher available

15. The Environment of Care/Code 61 Safety Manual contains information about:

- a. Management of emergency situations
- b. Diagnostic categories for Medicare patients
- c. New medications
- d. Employee benefits

16. Which of the following substances are considered biohazard waste?

- a. Bloody dressings and used needles
- b. Dirty linens and diapers
- c. Empty IV bags
- d. Flowers that have been in a patient's room

17. TB stands for:

- a. Total Body
- b. Tumor Board
- c. Tuberculosis
- d. Thermal Biohazard

18. Which of the following are symptoms of tuberculosis?

- a. Yellow skin, tremors, vomiting blood
- b. Hair loss, stomach pain, dry skin
- c. Chest pain, nausea, shortness of breath
- d. Cough, fever, night sweats, weight loss

19. What does AFB stand for?

- a. Airborne Fecal Bacteria
- b. Acid Fast Bacilli
- c. Acid Free Blood
- d. Arterial Frozen Blood

20. Which statement is NOT true regarding managing patients with tuberculosis?

- a. A respirator mask should be worn whenever entering the patient's room.
- b. Respirator masks require a special fit test to determine proper size.
- c. Respirator masks can be found on the supply cart in patient care areas.
- d. Hand washing is not necessary before entering the patient's room or after leaving it.

21. Which is correct regarding a TB infection?
- You can have a positive skin test and clear chest x-ray
  - It is the exact same as TB disease
  - You will lose all your hair if you have a TB infection
  - It is highly contagious
22. How often must an employee be tested for a TB infection?
- Only once upon hire
  - Only if they have been exposed to TB on the job
  - Upon hire, two weeks later, and every year afterward
  - Every 6 months
23. What kind of room are patients who have TB put in?
- Negative pressure in TB isolation with N-95 stop sign
  - Barometric chamber with reverse isolation
  - Oxygen mist tent with no smoking
  - Continuous flotation with radioactivity precautions
24. Who can NOT read a mantoux (TB) test?
- Infection control nurse
  - Designated employees in the lab
  - Designated employees in the Emergency Department
  - Individual being tested
25. Where can the TB Prevention Control Plan be found?
- In the Environment of Care/Code 61 Safety Manual
  - On the medication chart
  - On the bathroom door in each patient room
  - In the Order Entry Training Manual
26. Which is NOT a high risk area for cellular phones?
- Cardiac cath lab
  - ICU
  - Hospital lobby, more than 12 feet from patients
  - PACU
27. Which of the following *is* considered a safety risk?
- Keeping floors clean and dry
  - Keeping traffic areas clear of clutter
  - Running through the hallways and pushing open doors
  - Reporting defective or damaged equipment
28. Which of the following is an acceptable means of carrying an oxygen cylinder?

- a. Carry it by hand
  - b. Lay it on a patient bed or gurney
  - c. Use a wheeled cart or bed/chair holder
  - d. Lay it on the floor
29. Which protective equipment should be used when there is a risk of exposure to sprayed or splashed blood?
- a. Gloves, gown, masks, goggles
  - b. Hip boots, rain coat, snorkel
  - c. Respirator mask only
  - d. Two pairs of gloves and a hair net
30. Which of the following should not be used in designated high risk patient care areas?
- a. Cellular phones and two-way radios
  - b. Electronic games
  - c. Radio receivers and televisions
  - d. Cardiac monitors and ventilators
31. What should you do if you find an adult patient unconscious/unresponsive on the floor of his/her hospital room?
- a. Dial 61 to notify the operator of a Code Blue and its location
  - b. Look for a physician
  - c. Use the phone in the room to call 911
  - d. Try to find the patient's nurse
32. Which of the following are appropriate responses to threatening behaviors in the workplace?
- a. Immediate physical restraint
  - b. Laughter or ignoring
  - c. Empathy, limit setting, physical intervention as a last resort
  - d. Setting off a fire alarm and running away
33. Upon being hired as a St. Mark's Hospital employee, you received an identification badge. The purpose of this badge is (*choose the most correct answer*):
- a. To identify you as a current employee of St. Mark's Hospital, to be used to clock in and out of work
  - b. To identify you as a current employee of St. Mark's Hospital and to be worn at all times while at work
  - c. To be worn at all times while working and identify me as an employee only during disaster drills
  - d. A fashion statement and a means of identification
34. In the unlikely event of a utilities system failure at the hospital, where could you find information pertaining to specific rules and responsibilities for your department?
- a. Rocky Mountain (Utah) Power & Light Handbook
  - b. Environment of Care/Code 61 Safety Manual
  - c. Administrative Policy and Procedure Manual
  - d. Employee Injury/Illness Prevention Handbook

35. Which organisms are placed in contact isolation?
- Hepatitis C
  - Hepatitis B
  - HIV
  - MRSA, VRE, Streptococcus, E-coli (passed in uncontrollable diarrhea)
36. Protecting patient confidentiality means (circle the most correct answer):
- Entering a patient record (written or electronic) only when there is a need to know and closing the electronic record if leaving the terminal for any reason or length of time
  - Discussing conditions of the most interesting patients with friends while eating lunch
  - Caring for the environment by discarding papers not needed in the patient chart in the recycle bin
  - Entering a patient (written or electronic) only when there is a need to know and closing the electronic record if leaving the terminal for longer than 5 minutes
37. While in the elevator, you overhear two nurses discussing the care of a patient you recognize as your neighbor, you:
- Ask how he is doing and when he is going to be discharged
  - Remind them that they are in a public area where people may overhear confidential information
  - Act like you don't hear them and exit the elevator as soon as possible
  - Call another neighbor and tell her what you overheard
38. A new employee tells you that his password to use the electronic charting system has not been given to him yet:
- You log onto the system with your password and let him chart under your name
  - Explain to him how to contact the Information Systems department to obtain his password
  - Tell him to ask around and see if someone else will give him access with his or her password
  - Tell him he might as well go home, there is nothing you can do about it
39. As an employee, I feel that I may have a latex allergy, I should:
- Go straight home
  - Report my concerns to my director or to Employee Health
  - Drink water to get rid of the allergy
  - Avoid washing my hands
40. A patient with MRSA in their urine is in Contact Precaution. Which of the following items of personal protective equipment should be in use by an individual before entering the room to check on the patient?
- Gloves
  - Gown
  - Shoe covers
  - Both a & b

If you have questions concerning any area of this booklet, please ask for help and remember:

**Teamwork is our greatest resource for Safety!**

