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It is the responsibility of everyone at Saint Agnes Medical Center to understand their role regarding Safety, Infection Control and Security.

For more detailed information, please consult with your supervisor or department head, or refer to departmental policy manuals.

**ELECTRICAL & EQUIPMENT SAFETY**

**EQUIPMENT SAFETY TAGS**
All electrical equipment used in the hospital for patient care or in patient care areas should be approved by the Clinical Engineering Department. All patient care equipment verified as safe is tagged. If a piece of equipment is found without a tag or an expired tag, please call the Clinical Engineering Department at extension 3121.

**EQUIPMENT MALFUNCTIONS**
If a piece of equipment malfunctions, you should do all of the following:
- Check to see if anyone was injured and immediately inform a supervisor.
- Pull the equipment from service and place “out of order/work order” tag on it.
- Don’t touch any controls or settings.
- Save all packaging and accessories.
- Call the Clinical Engineering department (ext. 3121) or Safety Officer (ext. 3721).
- File a VOICE Report and/or call the RISK hotline at ext. 7475.

If a problem is experienced with medical air or oxygen, please call Maintenance at 779-6120.

For further information, refer to your department area specific training document.

**WORKPLACE SAFETY/INCIDENT REPORTING**

**WORKPLACE SAFETY**
The Safety Manual is available on Docushare. This includes your area specific training document that includes a department specific policy that addresses on-the-job safety precautions relevant to that department.

Workplace safety concerns can be reported by contacting a supervisor or by completing an Employee Safety Suggestion form found on InTouch or by calling the Safety Officer (ext. 3721).
ACCIDENT PROCEDURES FOR EMPLOYEES/VOLUNTEERS
If you are injured on the job, the following steps should be followed:

- Fill out the TH Unified Incident Report on the ZEWworks window. Record the occurrence number and inform your supervisor of your injury.
- If you need medical attention, report to Saint Agnes Employee Health with Occurrence number. If Saint Agnes Employee Health is closed, please go the Emergency Room (within two hours if it is a bloodborne pathogen exposure).

ACCIDENT PROCEDURES FOR PATIENTS, VISITORS, PHYSICIANS, STUDENTS and CONTRACTED EMPLOYEES

- Report the incident to your immediate supervisor, remain calm, and reassure those involved.
- Notify the patient's physician of the event and implement orders as appropriate.
- Complete a VOICE Report available on InTouch and keep your documentation accurate and honest.
- DO NOT document in the medical record that an incident report was completed.

STUDENT INJURY

- Notify the company or school of the incident.
- Ensure the practice coordinator/supervisor completes a VOICE Report.

WITNESS A VISITOR INJURY

- Report it to Security immediately by dialing 3229 or by dialing the Operator at 3300 to have Security paged. Security will take a report, regardless of whether the person requires medical attention or not.
- If the person is a visitor who requires medical treatment, Security will assist them to the Emergency Department.

INCIDENT OCCURS OUTSIDE OCCURS WHICH IS OUTSIDE THE PRESCRIBED TREATMENT OR STANDARD OF PATIENT CARE (MEDICATION ERRORS, FALLS, ETC.), YOU SHOULD DO THE FOLLOWING:

- Report the incident to your immediate supervisor, remain calm, and reassure those involved.
- Notify the patient’s physician of the event and implement orders as appropriate.
- Complete a VOICE Report available on InTouch and keep your documentation accurate and honest.
- DO NOT document in the medical record that an incident report was completed.

If you have any further questions, please contact your department supervisor or refer to your employee handbook.
EMERGENCY CODES

There are seven very important codes that you should be familiar with. You should report any code-related information directly to the Hospital Operator (dial “3300”). The information will be routed to the appropriate authority.

CODE BLUE
A “Code Blue” announced by the hospital operator indicates a patient needs resuscitation. A designated team and any available physician will respond. If you suspect that anyone is suffering cardiac or respiratory distress, call the Hospital Operator at 3300. Most employees will not have to interrupt what they are doing if a “Code Blue” is called as only a designated team is to respond.

CODE RED
A “Code Red” announced by the hospital operator indicates there is a possible fire in the building. An alarm is also given by chimes throughout the Medical Center. The alarm can be activated from any fire pull station and by calling the hospital operator at 3300. Employees are to respond by staying where they are and calling their department to report their location. Clear hallways. Horizontal evacuation would occur first, by moving to the other side of the doors with a FIRE BARRIER label above them. Building evacuation from the nearest fire exit should only be done if announced overhead. It is important to remember not to use elevators. Man elevators in your area to prevent use by visitors and other staff. Keep all doors and windows closed. (Refer to your department evacuation route maps to locate pull stations, fire extinguishers and evacuation routes.)

R.A.C.E. is an acronym to remember what you would do in the event of a fire.
Rescue those in immediate danger
Activate the alarm (activate the pull box AND call 3300)
Contain the fire
Extinguish the fire (if safe to do so, and you have been trained to use a fire extinguisher). Memorize what R.A.C.E. means.

P.A.S.S. is an acronym to remember how to operate a fire extinguisher.
Pull the pin
Aim the hose at the base of the fire
Squeeze the handles together
Sweep from side to side.
**CODE YELLOW**
A "Code Yellow" announced by the hospital operator indicates there has been a bomb threat to the Medical Center. All employees are asked to search their own area for unusual items and report them to security. A telephone call may be the only connection that the Medical Center has with either the perpetrator of a hoax, the person placing the bomb or the person having knowledge of its placement. Calls or messages with threats of a bombing should never be disregarded, no matter how casually made. You should notify Security at 3229 immediately if you have received or suspect any type of bomb threat. Do not use cell phones or two-way radios until the area has been cleared by Security or the police.

**CODE PINK**
A "Code Pink" is provided for infant safety within the perinatal unit. If you suspect that an infant has been abducted, call the hospital operator at 3300. If someone attempts to leave the 6th floor with a baby, the alarm will activate. The operator will initiate a chain of security-oriented procedures. All hospital personnel should stop, look and be aware for any suspicious person carrying an infant, large package, basket, etc. Press the door exit button at exits on 1st & 2nd floor of the main building and west wing twice if you need assistance. Check your department safety plan to locate the button closet to your department. If a child is missing you will hear Pediatric Code Pink and the description of the missing child.

**CODE ORANGE**
Code Orange, internal or external, alerts us that a hazardous materials spill has occurred. Stay clear of the area unless you have been trained in response.

**CODE SILVER**
There will be a location called with the code that indicates a hostage or weapons situation. Stay clear of this area and take cover if you can. If you are in the area, move behind a closed door immediately and stay there until you hear the ALL CLEAR.

**CODE GRAY**
"CODE GRAY" establishes a protocol when patients, visitors and/or staff are confronted by an aggressive, hostile, combative or potentially combative person.

- An employee hearing the request to initiate a CODE GRAY will request an overhead "CODE GRAY" page by dialing 3300 and giving the location.
- Only trained personnel will respond to or minimize potential acts of aggressive behavior or violence including verbal abuse or physical battery.
- The CODE GRAY team's action plan objectives may include:
  - Identify potentially violent person(s).
  - Separate potential violent person(s) to protect visitors, staff and patients.
  - De-escalate potentially violent behavior.
• Coordinate response with law enforcement, if appropriate.
• When the CODE GRAY has been resolved, the Team Leader will request an overhead page to announce "CODE GRAY, ALL CLEAR".
• Refer to Safety Manual Policy ER016 for more information.

Please refer to your particular department's policies and procedures for more details regarding each code.

EMERGENCY PREPAREDNESS

EMERGENCY OPERATIONS PLAN
The Emergency Operations Plan (EOP) is located on Docushare. The EOP lists hospital-wide plans as well as department-specific plans. See your department specific Evacuation Plan to determine your responsibility in case of a disaster or evacuation in your area. Saint Agnes Medical also has an evacuation plan and interruption/disruption of service plans.

PROCEDURE
In the event of a disaster, Medical Center personnel will be alerted by any of the following means: telephone, radio, TV, messengers, police officers, or other staff members. Upon receiving notification of a disaster in the area, staff members should take care of family obligations and report to the hospital as soon as possible. There is a Disaster Hot Line for you to access current information, 450-7235. Physicians should report to their assigned hospital and check in at the Physician Center where they will be given an assignment by medical staff leadership.

The Medical Center responds to disasters by implementing the Hospital Incident Command System (HICS). If you hear any of the codes listed below, contact your supervisor for further instruction. Always keep your personal contact phone numbers current with your supervisor and Human Resources.

CODE TRIAGE, External Phase 1: A disaster has occurred; prepare to receive patients; assess resources.
CODE TRIAGE, External Phase 2: Many disaster victims are on their way. All employees are to report to their department and check with their supervisors to see if they can be released to the Labor Pool.
CODE TRIAGE, Internal: An internal disaster has occurred. Location of disaster will also be announced.

All employees are required to wear Saint Agnes Medical Center identification badges at all times. Employee entry into the hospital during a disaster will only be permitted with a hospital identification badge. Enter through the back entrance by the Laboratory.
It is the individual responsibility of all personnel to keep the emergency telephone call-in list current.

For more information, refer to the safety manual located on Docushare.

**RADIOLOGICAL SAFETY**

**GENERAL SAFETY**
The rules to radiation exposure prevention are shielding, increasing the distance between you and the source, and decreasing the time of exposure. Staff members and physicians working in areas where radiology equipment is used must wear the proper shielding and detection badges at all times.

**RADIOACTIVE MATERIALS**
Radioactive materials are routinely used in Nuclear Medicine (located in the main hospital, first floor), but may also be used in any of the patient care areas of the hospital.

The presence of radioactive materials will always be indicated by the three-bladed radiation symbol, as a sign on the door to a patient room, or as a label on a package or container. The presence of liquid on the floor in any area where there is a radiation sign or label present should be considered as a possible radioactive spill. (See below for appropriate response.)

In the event of a radioactive spill or a suspected radioactive spill, the following action should be taken:
- Avoid spreading the contamination, and stop all traffic through the area.
- Call for help to evaluate and clean up the spill: During day hours (Monday - Friday from 6 AM - 9 PM), call Nuclear Medicine at ext. 3109. During all other hours, call the hospital operator ("0") and have the on-call nuclear medicine technologist paged.

Radioactive spill cleanup kits are kept in two locations, in the Nuclear Medicine Hot Lab, and in the Fire Pump Room off the ED ambulance bay. Radiation survey meters are available in the Nuclear Medicine suite and the Emergency Room.

For more information, contact nuclear medicine at ext. 3109.
MRI SAFETY
All metal objects are not safe near the MRI machine. The magnetic field is on even when the machine is not in use. Never take oxygen tanks, housekeeping buffers, and engineering tools into the MRI treatment room. When responding to a fire in MRI, use only extinguishers mounted in the area and labeled with a green “MRI SAFE” label.

For more information, contact imaging at ext. 3839

HAZARDOUS MATERIALS

It is your right to know what you are working with! It’s the LAW!

Hazardous materials can be found in almost every department. Locate the Chemical Inventory List on InTouch, Department Resources, Safety & Security Page.

If you are exposed to a hazardous material, you must inform your supervisor, complete an on-line OSHA Occurrence report, and if needed, report to Employee Health or the Emergency Room immediately.

The Safety Officer holds separate disaster drills for mock hazardous material spills. Through the Safety Survey process we assure that all containers used for hazardous materials are labeled correctly. Secondary container labeling MUST contain the name of the product, manufacturer name, address & phone number, as well as the hazardous characteristics.

HAZARDOUS SPILLS
If a hazardous material spill incident occurs, notify a supervisor immediately. Clear the area and call 3300.

All hazardous waste spills are to be reported on the VOICE Reporting process. Also complete a Hazardous Materials Spill Report and an on-line OSHA Occurrence Report if staff exposure occurs.

Every department has an inventory list of all hazardous materials contained within the department. Lists are available on Docushare.

MATERIAL SAFETY DATA SHEETS (MSDS)
A master M.S.D.S. Manual is located in the Environmental Services Department. M.S.D.S. forms tell you everything you need to know about a hazardous material, storage requirements, personal protective equipment requirements, spills/leaks, procedures, etc.
To obtain an MSDS:
- For non-emergent requests call Environmental Services at ext. 3128.
- For emergent requests, spill response or poison information, call the 3E Company at 1-800-451-8346, account is “SAMC”. Be prepared to provide the name of the product and the manufacturer and your fax number.

For more information, refer to the hazardous materials & waste management program outlined in your department safety manual, or call the environmental services at ext. 3128.

**INFECTION CONTROL**

**MEDICAL WASTE**  
Medical waste consists of the following: 1) needles (sharps) and syringes which are to be placed in sharps disposal containers located in every patient room, and 2) biohazard waste which is to be placed in red bags. Biohazardous waste is any item that drips with blood/body fluids freely or when compressed.

**PHARMACY WASTE**  
Pharmacy waste are placed in a beige and purple container.

**SHARPS DEVICES**  
Both federal and state laws now require that employers identify, evaluate and use effective safety devices. This directive from Cal-OSHA (California Occupational Safety and Health Administration) and National Institute for Occupational Safety and Health (NIOSH) is to help minimize serious health risks faced by workers exposed to blood and other potentially infectious materials. Among the health risks are HIV, Hepatitis B and Hepatitis C.

Examples of safety devices are needleless devices, shielded needle devices (safety syringes), Point Lok, transfer devices, plastic capillary tubes and safety scalpels.

**Staff responsibilities:**
- Be sure you are adequately trained to use the selected devices.
- Know what safety devices are available and when to use them.
- **Always use safety devices** while performing activities at risk for exposure.
- Notify your supervisor if there are no safety devices immediately available.
- Evaluate safety-engineered devices and communicate with the SAMC Safety Officer and Coordinator, Infection Control or your safety leader or educator with constructive criticism or ideas.
• Report all needlesticks and exposures to bloodborne pathogens to your supervisors and fill out an on-line OSHA Occurrence Form within two hours of occurrence (including physicians exposed to blood and body fluids).

HAND HYGIENE:
Hand cleansing before and after patient care procedures is the most important factor in the prevention and control of infections in the hospital setting. The proper procedure for staff members to clean their hands is as follows:
• Alcohol based hand rub when there is no visible soil (not effective for C.Diff).
  ▪ Apply sufficient product to thoroughly wet hands.
  ▪ Rub hands together, covering entire finger and hand surfaces, including nails.
  ▪ Allow to dry completely.
• Soap and water when hands are visibly soiled (effective for C.Diff)
  ▪ Turn on water.
  ▪ Wet hands.
  ▪ Apply soap and wash hands using friction for a minimum of 15 seconds (20 seconds for Nutrition Resources).
  ▪ Rinse hands.
  ▪ Obtain towel and turn off the faucet. Throw paper towel in trash can. Obtain second paper towel and dry hands thoroughly.

PERSONAL PROTECTIVE EQUIPMENT
Personal Protective Equipment (PPE) is what health care workers wear to prevent body fluid splashes to the skin, mucous membranes and clothing. Examples are gloves, masks, masks/shields, goggles, side shields for glasses, aprons, cover gowns, and shoe covers. PPE can be found in nurse servers on patient floors and in various areas within clinical departments. All patient care providers are responsible to know where to find these supplies, how and when to use them, and how to dispose of them.

STANDARD PRECAUTIONS (Previously Universal Precautions & Body Substance Precautions)
Standard Precautions reduce a health care worker's risk for exposure to communicable diseases because a barrier method is used when dealing with any body fluids, mucous membranes, or non-intact skin. Apply Standard Precautions to all patients regardless of presumed infectious status.

FOR ALL PATIENTS
Consider blood and body fluids from all persons as potentially infectious regardless of the diagnosis. Provide a consistent approach for managing body substances from all persons and prevent the spread of germs. Recommended by the Centers for Disease Control (CDC) and have been the standard of care in hospitals since the mid 1980's.
• Careful hand washing before and after patient care.
• Wearing personal protective equipment such as gloves, masks or protective gowns as needed to prevent contact with blood or body fluids.

Most of the time our “Standard” precautions are enough. Sometimes isolation precautions are needed in addition to Standard Precautions. There are three additional types of Isolation Precautions.

*** WHEN ISOLATION PRECAUTIONS ARE INSTITUTED, PLEASE LIMIT PATIENT ROOM CHANGES!***

ISOLATION PRECAUTIONS

What is Isolation? Isolation is a set of precautions that we take to prevent the spread of infection from a patient to staff members, visitors and other patients. Infections are spread by a chain of actions.

There are three types of isolation to control infections within the medical center: airborne, droplet and contact. The procedure for identifying and isolating patients with confirmed or suspected TB is as follows:

• Identify patients through proper history/physical.
• Know signs/symptoms (cough > two weeks, low-grade fever, night sweats, weight loss).
• Know groups at risk for TB (foreign-born, immunocompromised - especially HIV +, chronic diseases, recent exposure to active TB case, on immunosuppressive therapy (i.e. high doses of corticosteroid, s/p gastrectomy, malignancies).
• Other clues to possible active TB case: physician writes order for “sputum for AFB” or patient has a PPD skin test conversion with a respiratory syndrome.

AIRBORNE:
For patients with active or suspect TB, measles, varicella (chickenpox, active shingles, Novel influenza):

• The patient is placed in a Negative airflow room with an Airborne Precaution sign on the door. The door to the patient’s room must be closed at ALL TIMES. Negative Airflow monitor is ON.
• A special mask, N95, must be worn by everyone entering the room. Employees must be fit tested to the mask they wear.
• The patient travels outside the room for essential purposes ONLY and wears a surgical mask. Visitors are limited to two per day. Redon masks per protocol. No children or adults that are immunocompromised should be allowed in the room.
DROPLET:
For patients with Haemophilus influenza, including meningitis, pneumonia, sepsis; Neisseria Meningitides, including meningitis, pneumonia, sepsis; some respiratory infections (pertussis, pneumocystis carinii); viral infections including influenza, mumps, rubella.
- A Droplet Precaution sign is placed on the patient's door to alert staff and visitors.
- The patient is usually in a private room.
- The patient travels outside the room for essential purposes ONLY and wears a surgical mask. Visitors are limited, especially children and those who are immunocompromised.
- Wear regular surgical mask upon entering the room.

CONTACT:
For patients MRSA & VRE, clostridium difficile; diapered or incontinent patients with E. Coli 0157, shigella, hepatitis A or rotavirus; skin infections that are highly contagious (Herpes simplex, impetigo, MRSA, VRE); major abscess, cellulitis or decub, lice, scabies, shingles (disseminated or in the immunocompromised host), viral conjunctivitis.
- A Contact Precautions sign is placed on the patient's door to alert staff and visitors.
- The patient is usually placed in a private room.
- The patient travels outside the room for essential purposes ONLY. Visitors are limited, especially children and those who are immunocompromised.
- Wear gloves when entering the room; perform careful and frequent hand washing. Wear gloves and gown each time there is contact with the patient and surfaces in the room.
- Regular mask as needed for oral care and suctioning.
- A blue dot on the contact isolation sign indicates C. Diff. Remove alcohol gel and use bleach wipes to clean surfaces and equipment before it leaves the room.

Remember these precautions are to protect you and your patient. For more detailed instructions and disease listing, see Infection Control Policy C - 1 & C - 3 and Attachment 1 (available on Docushare). If you have questions, please call Infection Control ext. 3029 or ext. 3129. THANK YOU, for your cooperation.

ERGONOMICS

Ergonomics is designing the work place to fit the worker. If you feel it is necessary to have an ergonomic evaluation done in your work area, please request one by calling the Safety Office at extension 3721.

- Maintaining proper posture reduces muscle strain. When moving an object, it is not advisable to twist your back. Carrying objects close to your body reduces strain, reduces fatigue, and aides in maintaining proper posture.
• When using the computer the position of the arms should be comfortably at the side of the body with shoulders relaxed, and elbows flexed approximately 90 degrees.
• When standing, you should keep your knees slightly bent to act as a "shock absorber." Maintaining proper posture is important when sitting, standing, or lifting.
• When picking up an object, you should keep your back straight and bend at the knees. (You should be using your leg muscles to lift rather than your back.)
• When lifting heavy items, it is important to do the following in order to reduce the strain to the lower back:
  ▪ Hold the object close to your body.
  ▪ Squat while maintaining the curve of the lower back.
  ▪ Stand with feet approximately hip distance apart.
  ▪ Use the strongest muscles of the body, the hips and the legs, to lift.

Patient caregivers who are going to move a patient in bed should do the following:
• Get assistance
• Raise the bed to waist level.
• Use a draw sheet.
• Have the patient do as much as possible themselves.
• Get assistance for heavy patients or for ones who are not alert.
• Utilize assistance equipment (i.e. lift equipment, transfer boards, plastic under the draw sheet, patient rollers).
• Limit force to 35 pounds.
• Use mechanical lift to raise patients from floor. Manual lifting is prohibited.

A variety of safety products are available for the workplace, including office settings: gait belts, back supports, wrist supports, wrist rests, mechanical lifts, slider boards, roller boards, etc. Please contact your supervisor to inquire about safety products.

*Working safely is a part of your job description and a part of job performance expectations. In addition to practicing proper posture and body mechanics at work, they should be practiced outside of work. Studies show that injuries can occur from prolonged habits of bad posture and poor lifting techniques.*

For more information, refer to the "back tips for health care providers" pamphlet which is obtainable by calling the physical therapy department (outpatient) at ext. 3595.
CULTURAL DIVERSITY

Cultural Diversity includes addressing: values, beliefs, customs and practices of everyone around us. We will interact with a number of people, patients and their families, visitors, fellow staff members and physicians. Some examples of cultures found at Saint Agnes Medical Center include: African-American, Arab, Armenian, Asian, European, Hispanic and Indian, Vietnamese/Laotian.

Besides the obvious cultural differences, being aware cultural diversity can also include: religious affiliation, language, physical size, gender, sexual orientation, age, disability, political orientation, and socio-economic status. Awareness of cultural diversity is important in order to provide better patient care and more effective communication.

If you require assistance with your culture, please consult with department manager or use the Multicultural Resource Guide which is available in all departments.

ORGANIZATIONAL ETHICS

Quality or safety issues that have not been appropriately addressed by leadership within the organization may be reported directly to The Joint Commission. Staff members or contracted personnel are encouraged to follow a process similar to the Organization Integrity Four-Step Process. Individuals who report quality or safety issues to The Joint Commission will not be reprimanded or punished in any way.