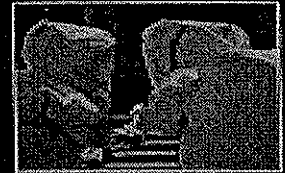# ENVIRONMENT OF CARE

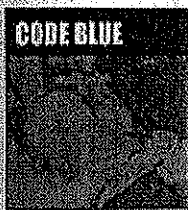# PHYSICIAN ORIENTATION

BARNABAS HEALTH
Community Medical Center

HOSPITAL EMERGENCY CODES

CODE RED — FIRE

CODE BLUE — ADULT MEDICAL EMERGENCY
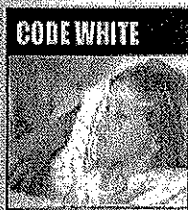
CODE WHITE — PEDIATRIC MEDICAL EMERGENCY
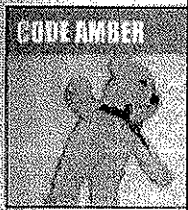
CODE AMBER — INFANT/CHILD ABDUCTION OR PATIENT ELOPEMENT

CODE YELLOW — BOMB/ BOMB THREAT

CODE GRAY — SECURITY EMERGENCY
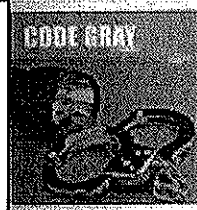
CODE SILVER — PERSON WITH A WEAPON HOSTAGE SITUATION

CODE ORANGE — HAZARDOUS MATERIALS INCIDENT
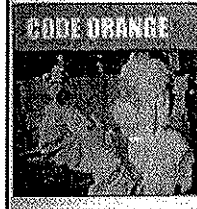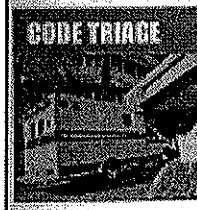
CODE TRIAGE — DISASTER

Additional Numbers
Security Control Booth - x 11995
Hospital Emergency Number - x ***111

SAFETY MANAGEMENT

Safety

The Medical Centers Board of Trustees requires that the Medical Center maintain a safe environment for patients, associates and visitors through an organizational wide program known as the Medical Center's Safety Management Program. This program is comprised of several sections: *Safety Management, Patient Safety, Security Management, Emergency Preparedness, Utility Systems, Medical Equipment, Fire Prevention, and Hazardous Materials and Waste.* Safety related issues can be confidentially reported to Safety Management at ext. 12189

Under the Safety Management Program there is a Safety Director who is responsible for the Safety Committee and for providing an ongoing organizational wide process to collect information used to identify safety issues that are addressed by the Medical Center's Safety Committee. The Safety Committee meets not less then six times a year.

The Safety Committee has representation from all areas of the Medical Center. These members include:

- Vice President of Administration
- Director of Safety
- Risk Management Director
- Director of Employee Health
- Director of Quality Resources
- Director of Plant Operations
- Manager of Biomedical Engineering
- Infection Control Practitioner
- Directors of Patient Care

- Director of Education
- Medical Staff
- Director of Security
- Director of Materials Management
- Director of Food Service
- Laboratory Safety Officer
- Radiation Safety Officer
- Director of Environmental Services
- Director of Peri-Op Services

In addition to Committee activity, the Safety Director has the responsibility of intervening whenever conditions exist that pose an immediate threat to life or health, or pose a threat of damage to equipment or building. This authority to intervene is given by the Medical Center's Executive Director and allows the Safety Director or Officer to stop any process or close any area to prevent injuries or damage.

Patient Safety

Community Medical Center is committed to improving health care safety. This commitment is inherent our mission to continuously improve the safety and quality of the care we provide to our patients.

Patient Safety (cont)

All Patient Safety related incidents are monitored through the Performance Improvement Committee. The Performance Improvement Committee is the key committee where quality issues are reported, discussed and acted upon by the Medical Centers Leadership (Administration, Board, Physicians, and Directors).

All physicians and employees are encouraged to report incidents immediately.
The Medical Center supports a non-punitive environment. This environment has been developed to encourage and improve overall patient safety through reporting actual incidents as well as the near miss. Incidents or concerns can be anonymously reported to the patient safety hotline – **15-MED** (ext. 15633).

The patient safety program includes:
- Leadership Commitment
- Ongoing evaluation of current patient safety practices throughout the Medical Center
- Sentinel event alerts follow-up and dissemination
- Staff support in the event of an incident (i.e. Stress debrief, EAP)
- Disclosure to patient and family
- Identifying best practices for patient safety programs through benchmarking
- Education of leadership, physicians, staff, patients and family members
- Proactive risk assessment of staff, patients and family members
- Recording and reporting suspected patient safety events
- Analysis of suspected patient safety events
- Annual report to the Board of Trustees

SECURITY MANAGEMENT

Security Emergency Codes:

Code Silver – Violent or threatening Person
Code Amber – Infant Abduction
Code Clear – All Clear

The Medical Center's Board of Trustees require that the Medical Center provide a safe and secure environment for patient's, associates, visitors and all other customers through an organizational wide program. This program is known as the Security Management Program.

The security management program is comprised of eight categories:

1. Identification
2. Access control
3. Protection of personnel and property
4. Education and orientation, emergency/ sensitive situations
5. Emergency Department (specific) protection
6. Communication of related activities
7. Parking
8. Traffic management.

As specified by the Community Medical Center Security Department, the Director of Security is responsible for Security and Transportation as well as the implementation monitoring and evaluation (annually) of the security management plan to assure that it's contents are appropriate and current with the facility's and environment's changes.

In addition to being responsible for the security management program's activities, the Director of Security has the responsibility of intervening whenever conditions or situations exist which are of a security nature that pose an immediate danger, threat to life or physical well being, and incidents/situations that are in gross violation of law. This authority to intervene is given by the Medical Center's Executive Director.

The Security Department is the Medical Centers mechanism to investigate, follow up, and report on incidents and situations related to criminal activity and violation of security related hospital policies & procedures. The Director of Security is directly responsible for the investigation of situations or incidents that impact on facility security.

EMERGENCY PREPAREDNESS (DISASTER PLAN)

Emergency Preparedness Codes:

Code Triage – Internal or External Disaster
Code Orange – Hazardous Materials/Radiological Emergency
Code Clear – All Clear

A Disaster is defined as any event that takes the Medical Center out of its normal operating condition.

The Emergency Preparedness Plan sets procedural guidelines for all personnel in the event of a mass casualty or facility disaster situation at CMC. This Plan has been developed in conjunction with key departments and coordinates with Township and County EMS and other state and community agencies.

In the event of implementation of the CMC emergency preparedness plan, the Medical Center will implement its plan which includes a system for receiving, triaging, and treating patients to make the most efficient use of available treatment resources, as well as managing facilities emergencies that impact patient care activities.

The Plan is based on several principles fundamental to emergency planning:
- Risk Mitigation
- Emergency Preparedness
- Emergency Response
- Recovery

In the event of a disaster the Medical Center utilizes the National Incident Management System (NIMS). NIMS is used to manage an emergency incident or a non-emergency event. It can be used equally well for both small and large situations. The incident command system has considerable internal flexibility. It can grow or shrink to meet different needs. This makes it a very cost effective and efficient management system. The system can be applied to a wide variety of emergency and non-emergency situations

EMERGENCY PREPAREDNESS (cont)

The disaster plan in located in all departments and nursing units in the orange manual labeled "Disaster Plan". This Plan is tabbed out into 14 sections for quick reference:

I.	ADMINISTRATIVE
II.	COMMAND CENTER ORGANIZATION - STANDARD OPERATING PROCEDURE
III.	EXTERNAL DISASTER
IV.	INTERNAL DISASTER
V.	DISASTER ASSIGNMENTS
VI.	EMERGENCY ROOM TRIAGE RESPONSIBILITIES
VII.	FIRE PLAN
VIII.	RADIATION DISASTER
IX.	WEATHER EMERGENCY
X.	UTILITY SYSTEMS
XI.	MEDICAL EQUIPMENT USER FAILURE PLANS
XII.	CONTINUITY OF SERVICE
XIII.	SPECIAL INCIDENTS
XIV.	APPEDNIX

In the event of an internal disaster the plan identifies staff notification, Bomb Threat, and disruption of utility systems such as water, electric etc.
An example of an internal disaster would be a fire or a water failure, in the event of a water failure the plan has an appendix that consists of a policy that outlines emergency sources of water and a distribution list by department for emergency water.

For external disasters the plan has guidelines for the processing of disaster casualties, personnel identification, patient and disaster victim identification, patient valuables and severe weather. An example of an External Disaster could be severe weather, a chemical spill on the Parkway or even a bus accident. In the case of a bus accident the hospital would receive a large number of patients at one time. This would require additional staffing, supplies and resources.

At the time of the disaster the Operator will announce "CODE TRIAGE ". You should:

1. Report to department for instruction and remain there unless assigned by department manager to report to personnel pool.

2. See disaster manual for department specific instructions

3. Do not use telephones or elevators unless absolutely necessary

4. All questions from media should be directed to command post (Located in the Medical Library)

EMERGENCY PREPAREDNESS (cont)

Section VII covers the Fire Plan. This plan defines the RACE fire plan, fire Horn codes, personnel instruction, patient removal, emergency transport, and general instructions. In the event that a fire condition requires the evacuation of one or more individuals the Medical Centers CODE TRIAGE (Disaster Plan) is activated.

Section VII and XIII covers the steps to take in the event of a radiological or hazardous materials incident

As with a disaster this can also be internal or external to the Medical Center. This plan covers the staff responsibility, preparation of the receiving area, Staff preparation, patient arrival and restoration measures.

Section XIV covers the Medical Centers recovery from a disaster. It outlines Coordination and documentation, patient relocation, securing the building, construction, cleanup, salvage, records preservation, hazard cleanup, cleaning, utility and equipment servicing, grounds recovery, finances, supplies work schedules and reconstruction. This plan is met to be a guide for Administration and Department Heads to ensure that the hospital is brought up to full service in an orderly manner.

Section VIX of the plan also contains information on a variety of specific emergency events including but not limited to bomb threats, Emergency Room overflow, Influenza Pandemic, and Bioterrorism.

Bioterrorism is dangerous germs or chemicals put into our surroundings with the intent to cause harm, creating panic and fear everywhere. There are many Governmental Agencies and local resources available to help us to cope with bioterrorism. They include:

- CMC's Epidemiology and Infection Control
- CMC's Emergency Department
- The Saint Barnabas Health Care System Office of Disaster Preparedness
- The Government (Federal, State and Local)

To protect yourself from agents of bioterrisom:

- Use Standard Precautions (hand-washing is your best protection)
- Pay attention to Infection Control Signs
- Immediately report to your supervisor anything / anybody suspicious and avoid direct contact with suspicious items.

EMERGENCY PREPAREDNESS (cont)

Currently there are a number of bioterrorism agents that we are currently worried about. They include:

- Anthrax
- Small pox
- Plague
- Tularemia
- Chemical Agents

BOMB THREATS

The bomb threat code is   Code Yellow

In the event of a bomb threat stay calm. If you receive the call, quietly and calmly keep the caller on the phone asking questions such as:

1. When will the bomb go off?
2. Where will the bomb go off?
3. what does the bomb look like
4. What floor is the bomb on?

Attempt to determine if the caller has knowledge of the Medical Center by description. Listen for the caller's accent, type of voice, language, sex, and any background noises. Have a fellow associate notify the switchboard operator of the bomb threat.

In the event a bomb threat is received by mail, the individual receiving the letter should notify the Medical Centers Administrator or the Administrator on call. Avoid excessive handing of the package and do not discuss the incident with anyone unless instructed to do so by a member of the administrative staff.

MEDICAL EQUIPMENT

Medical Equipment is defined as any piece of equipment that is used in the treatment or diagnosis of the patient. The Biomedical Engineering Department is responsible for the maintenance and management of all Medical Equipment. This would include not only equipment owned by the hospital but also demonstration, loaner, physician owned, or patient owned equipment.

The program requires all equipment be inspected by the Medical Centers Biomedical Engineering Department prior to use. This ensures the equipment meets a minimum standard for safety and operation.

MEDICAL EQUIPMENT (cont)

Once inspected it is entered into the Medical Centers equipment inventory list. Based on a risk assessment, all equipment on the inventory is placed into the Medical Centers Computerized Preventive Maintenance Program. This program automatically schedules monthly, semi-annual or annual service on this equipment based on a risk assessment that was conducted when the equipment was entered into the inventory. This program is designed to ensure the operational reliability of the Medical Centers Medical Equipment.

The program includes indicators developed by the Biomedical Engineering Department to track and trend user, maintainer errors, and operational reliability of the medical equipment. The information from this program is correlated monthly, based on the findings, changes in the preventive maintenance schedule, system replacement or staff education will be instituted. These monthly reports along with the corrective action (s) are reported monthly to the Safety Committee.

The second component of the Medical Equipment program is Failure Planning. In the event a piece of medical equipment fails, remove the equipment from service, label or place a sign on the equipment that states "Out of Service" with a short description of the problem and notify the Biomedical Engineering Department. In addition, the user should follow their user failure plan for the appropriate piece of medical equipment. The user failure plan outlines the steps to follow in the event a piece of medical equipment fails.

Biomedical Engineering the maintainer of the medical equipment follows a maintainer failure plan for the effected piece of medical equipment. Users do not have plans for every piece of equipment but rather plans for equipment of high risk that require an action by the specific user.

UTILITY SYSTEMS

Utility systems consist of water, electric, sewer, heating and air conditioning, elevators, phones, nurse's call, MIS computer system etc. All major components of this system are identified on an inventory in the Plant Operations Department and placed on the Medical Centers Computerized Preventive Maintenance Program.

This program automatically schedules daily, weekly, monthly or annual service on this equipment based on a risk assessment that was conducted when the equipment was placed into service and entered into the inventory. This program is designed to ensure the operational reliability of the Medical Centers Utility Systems.

UTILITY SYSTEMS (cont)

Indicators have been developed by the Plant Operations Department to track and trend user, maintainer errors, and operational reliability of utility systems. The information from this program is correlated monthly and based on the findings, changes in the preventive maintenance schedule, system replacement or staff education will be instituted. These monthly reports along with the corrective action (s) are reported monthly to the Safety Committee.

The second component of the Utility Systems program is Failure Planning. In the event one or more of the Medical Centers Systems fail, Plant Operations should be notified immediately. In addition, the user should follow their user failure plan for the appropriate utility. The user failure plan outlines the steps to follow in the event of a utility system failure. Plant Operations, the maintainer of all utility systems follows a maintainer failure plan for the effected utility system. Users do not have plans for every system but rather plans for systems that require an action by the specific user.

ELECTRICAL SAFETY

Electrical safety is everyone's responsibility. It is important that you are an active participant in the Medical Centers Electrical Safety Program. This program requires that all electrical devices brought into the facility be inspected prior to use (plugging the equipment in).

To have a piece of equipment inspected you must first determine if it is Medical Equipment or General Electrical Equipment. Medical Equipment is any electrical device that is used for patient care or treatment. General use equipment includes all other electrical equipment such as radios, hair dryers, etc.

General electrical equipment is inspected by Plant Operations. You can call the Plant Operations Department to get the required electrical inspection. (One time inspection).

In addition to the required inspections, there are other steps that you can take to reduce the risk of electric shock to yourself or your patient. Follow the recommended safety procedure of the equipment's manufacture, avoid whenever possible, touching exposed metal or conductive surfaces with one hand while touching a patient with the other.

Always hold the plug cap firmly and straight when inserting or retracting it from the wall. Extension cords should not be used anywhere in the hospital except in an emergency. If you need additional electrical outlets you can have them installed by submitting a work order to the Plant Operations Department.

ELECTRICAL SAFETY(cont)

The Medical Center is equipped with emergency generators that supply emergency power to the hospital in the event of a disruption of normal service. The generators activate automatically and supply power to predesignated critical equipment, outlets and lighting throughout the Medical Center. Outlets are readily identified by their RED color. Emergency lighting is identified by a green dot on the frame of the fixture. If, during a power failure, emergency power is not restored to your unit within thirty seconds notify the Medical Centers SwitchBoard.

Fire Prevention: (Fire Plan)

Introduction

According to the National Fire Protection Association, more then 8,000 fires are reported each year. If you're a Health Care Associate, these alarming statistics mean one thing: Fire really could break out on or in your unit/department. The lives of our patients, visitors, fellow associates and your own - could depend on your response.

Fortunately, you can do something about it. Research shows that health care associates trained for fire emergencies respond to them more quickly and effectively, reducing the number of casualties.

Fire Facts

Fire is fast
- It takes only two to three minutes for a fire to go from a tiny flame to a condition called flashover. When flashover occurs all combustible objects including the gases created by the fire ignite into an all-consuming inferno.

Fire is hot
- Fire creates intense heat, this heat varies from 90 degrees F at the floor level to a lethal 600 degrees at eye level. Just one breath of the super heated gases can sear the lungs.

Smoke kills
- Fire creates smoke, which contains toxic gases. These gases are the cause of 75 percent of all fire deaths.

Fire Prevention: (cont)

Fire Alarm System

Community Medical Center is equipped with an automatic fire alarm system. This system includes Manual Pull Stations, smoke and heat detectors, duct detectors and limited area automatic fire sprinkler systems. In the event of smoke or a fire, the alarm system will activate causing the system to go into alarm.

When the system alarms it activates the fire bells and flashing lights, closes the automatic fire doors and notifies the Fire Department. In addition to these three main functions the elevators are recalled to the first floor and if activated the HVAC system shuts down and closes fire dampers.

After the fire alarm bells sound, the Operator announces the fire CODE RED over the PA system.

As an example: The alarm sounds followed by the Operator announcing "CODE RED 3A STAIR 1 PULL STATION". This announcement will be made three times.

Once the alarm has sounded all associates are required to respond. Remember your quick and professional response will ensure the best outcome for our patients, visitors and fellow associates. The Medical Center uses the RACE fire plan. Race stands for:

R - Rescue Patients in immediate danger

A - Transmit the alarm (pull the manual pull station)

C - Confine the fire (close doors)

E - Extinguish a small fire

At the scene of the fire:
RESCUE the patient in immediate life-threatening danger. Moving the patient(s) from the room of fire origin and one room on either side, to other rooms on the floor. In addition all visitors will be placed in the patient's room.

ALARM immediately after discovering the fire. Work as a team. One person can pull the alarm while another person is rescuing the patient (s) in immediate danger.

Fire Prevention: (cont)

In the event that the **ALARM IS DISCONNECTED FOR SERVICE** use the telephone **DIAL ***111** to notify the operator of the fire and location

CONFINE the fire to the room of fire origin. Close all doors (ensure when you close the door it latches)

EXTINGUISH or Evacuate – Extinguish a small fire. If the fire is small and confined to the area where it started you can attempt to extinguish it yourself. If the fire is large evacuate individuals in the immediate area and close the door to contain the fire to the area of origin.

A trashcan a fire can be extinguished by smothering it with a pillow or extinguished with a pitcher of water.

If the patient's clothes are on fire, pull the blanket up over the patient.

If a piece of equipment is on fire pull the plug if possible.

In addition, the fire extinguishers located throughout the Medical Center can be used.

FIRE EXTINGUISHER OPERATION

In the event you need to use a Fire Extinguisher use the acronym P.A.S.S.

Pull the ring pin

Aim the extinguisher nozzle (horn, or hose) at the base of the fire.

Squeeze or press the handle

Sweep from side to side at the base of the fire until the fire goes out discharging the entire contents of the extinguisher.

Fire Prevention: (cont)

Stand by the Oxygen shut-off station. If you suspect that oxygen is feeding the fire prepare to shut down the oxygen. The Charge Nurse, Administrator on Call, Fire Chief or Safety Director can authorize initiation of the following steps to be taken when shutting down oxygen.

1. Remove the oxygen from the patient - this can be done by pulling the tubing or mask off the patient; if due to conditions you can not remove the tubing or mask:

2. Shut the oxygen off in the room at the wall outlet. If you cannot safely turn the room valve off:

3. You must then shut-off the zone (NOTE: All other patients on the affected zone using oxygen for life support must have a temporary source of oxygen prior to shutting down the zone). Once all patients using oxygen for life support are on temporary o2 shut down the zone.

All zone valves are labeled as to the rooms they serve. To operate pull the ring to remove the plastic cover. Pull the handle towards you, once the handle is a ninety-degree angle the oxygen is shutoff. Note: There is also a medical air and vacuum shut off located in the box. Make sure you are operating the valve marked oxygen.

Lastly await further instructions.

Remote from the fire:

If you are remote from the fire (not on the fire floor, unit or location) stay where you are. If you are on your unit, close all doors, post someone at the oxygen shutoff station and await further instructions. If you are in the corridors do not open the fire doors.

At the conclusion of a fire condition the all clear will be sounded The Medical Centers announcement is "Code Clear" This announcement will be made over the PA system three times. Once the announcement is made you may resume normal activities.

Evacuation:

Evacuation is used **only as a last resort**. The order to evacuate will be given by the Administrator, Nursing Supervisor, Safety Director or Officer, or the Fire Department. In the event that an evacuation is ordered patients will be evacuated horizontally into the next fire compartment.

Fire Prevention: (cont)

Fire Compartments are identified by small signs located on the doorframe, these signs read "Control Door", Smoke Door", and "**Fire Door**". When you evacuate you must go through the doors marked "**Fire Door**" into the next compartment. If, due to conditions horizontal evacuation becomes impossible use the stairway located in each unit. When using the stair evacuate to the floor below the fire.

HAZARDOUS MATERIALS AND WASTE
(WORKER RIGHT TO KNOW)

Introduction

The Medical Center maintains a Hazardous Materials and Waste Program for the safety of the Medical Centers patients, staff, visitors, and the community. This program is commonly referred to as the Hazardous Communication or Right to Know program.

The Medical Centers program identifies three specific waste streams. These waste streams include:

- Chemical
- Radioactive
- Regulated Medical Waste

Chemical Waste is managed through the Medical Centers Hazardous Communication Program.

This program is broken into two specific parts the first is the proper handling, use and disposal of materials. The second is the proper procedure to follow in the event of a spill or discharge of a material.

Right to Know Program (Hazardous Communications)

The Director of Employee Health is the program director. The Director ensures that all departments and units maintain a complete inventory of all chemical products stored or in use on the unit or department along with a copy of the Material Safety Data Sheets MSDS. This information is located in the Hazardous Communication Manual in each unit or department. In addition to the Department, the Employee Health Department maintains a complete inventory and file of all material safety data sheets.

All new chemical product (s) are introduced into the medical center must be entered into the Medical Center must have a MSDS on file at the department or unit and the Employee Health Department.

A material safety data sheet is provide to the Medical Center by the manufacture for each of it products. The purpose of the MSDS is to communicate information on the recommended safe use and handling for that chemical. If followed, it is a powerful means of controlling chemical exposures. All MSDS provide certain categories of information about a chemical substance or mixture including:

- Manufacturer's name address and phone number
- Hazardous Ingredients
- Identification (physical and chemical)
- Fire and Explosion Hazard Data
- Reactivity Data
- Physical and Health Hazards (first aid procedures)
- Safe Handling Procedures
- Control Measures (Personal Protective Equipment, etc.)

In the event of a spill or release the Medical Centers Spill Procedure should be followed.

Spill Procedure

In the event that a dangerous substance is located at or near the premises of Community Medical Center and poses a threat to associates, patients, and visitors, the Dangerous substances (CHEMICAL OR HAZARDOUS WASTE SPILL) plan shall be immediately implemented.

This plan requires that in the event of a spill of uncontrolled release of a hazardous Chemical, clean up shall not be attempted by Community Medical Center Associates unless they have been specifically trained in the procedures outlined in the appropriate material safety data sheet. If possible the spill should be contained, access to the area controlled, and associates should leave the area, if necessary, to avoid exposure. You should immediately contact Plant Operations and the Safety Department. They will notify the Administrator on call and assess the clean-up action to be taken, i.e. notify the local fire dept., EPA, etc. As with all incidents, a Medical Center Incident Report form shall be completed in full and sent to the Employee Health Department.

HAZARDOUS MATERIALS AND WASTE (cont)

Radiological Waste

All radioactive wastes are handled on accordance with the Nuclear Regulatory Commission and New Jersey Department of Environmental Protection guidelines. Any hospital waste found to be radioactive will be handled by licensed personnel only. This waste is stored in the Nuclear Medicine Hot Lab until such time that it reaches background level (The level of normal radioactivity on the earth). Once the waste has reached background level, it will be documented by Nuclear Medicine and disposed of as Regulated Medical Waste. In the event that you suspect radioactive contamination or waste is present in an area, the area should be closed off and the **Radiation** Safety Officer and the Nuclear Medicine Department should be notified immediately for clean up and follow up.

Regulated Medical Waste

In accordance with the State of New Jerseys Regulated Medical Waste Law, the Medical Center segregates all Medical Waste into its' own waste stream for disposal. The Medical Center's Program requires that all sharps (needles, scalpels etc.) are disposed of in the Bio Systems disposal containers located throughout the hospital, and that all other medical waste with the exception of Pathological waste is disposed of in the large Medical

Pathological Waste and Chemo (Cytotoxic) wastes are to be disposed of separately. You dispose of pathological waste by notifying Environmental Services and Chemo (Cytotoxic) waste in the yellow buckets identified as Chemotherapy Waste.

All associates are required to follow the Medical Centers Regulated Medical Waste Policy located in the Infection Control Manual.