



St. Elizabeth  
HEALTHCARE

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Training & Education Center



# General Hospital Safety

2024

James Batus, Assistant Director Safety

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## OBJECTIVES

- Describe the fire plan and fire extinguisher use.
- Review daily hallway maintenance related to fire safety.
- List emergency response procedures.
- Distinguish key points of disposal of regular and hazardous waste.
- Recall measures to take in the event of a utility failure.
- Explain safety measures related to oxygen and other medical gases
- Discuss Associate responsibility regarding equipment safety.
- Discuss hospital measures regarding security.
- Recognize and explain emergency codes.
- Recall 3 key points of MRI safety.
- Recognize light source dangers

## **Before fighting a fire, consider:**

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- Whether the fire is small and not spreading.
- Confirming a safe exit path.
- Fire extinguisher as first defense.
- Assisting a person in immediate danger without risk to self.

## Class A

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Wood, paper, cloth, trash, and other ordinary materials.



## Class C

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May be used on fires involving live electrical equipment without danger to the operator.



## Class B

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Gasoline, oil, paint and other flammable liquids.



## Class D

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Combustible metals and combustible metal alloys.



## COMMON FIRE EXTINGUISHERS



White or blue canisters

## WATER APW MIST (Air Pressurized Water)



### Water + Air

Filled with deionized water and pressurized air. Similar to a large squirt gun.



### Class A + C

Designed to fight wood, paper, cloth, and electrical (disconnected from outlet) fires (i.e. Class A and C fires).



### Usage

Used in operating rooms and labs.



### MRI Safe

Only mist extinguishers labeled MRI safe may be used in MRI unit due to magnet in use.

## COMMON FIRE EXTINGUISHERS



ABC fire extinguisher of choice

## ABC

### Class ABC Fires



#### Location

Red ABC fire extinguishers are used in almost all areas throughout hospital.

## FIRE PLAN

Any associate who detects smoke and/or flames of any type must take immediate action.



R

### Rescue

**Rescue/relocate** all people in immediate danger from the fire.



A

### Alert

**Activate** the nearest alarm.  
**Alert** all people in the area.



C

### Confine/Contain

**Confine/contain** fire and smoke.  
Close all doors and windows. Shut off oxygen (Nurse Manager, Respiratory Supervisor or designee).



E

### Extinguish/Evacuate

**Extinguish** the fire if possible.  
**Evacuate** the area as instructed.  
**Escape** the area.

#### All Hospitals

- Dial 22222
- Report alerting concerns
- State your name and fire location

#### Outside Facilities

- Dial 911
- State your name and fire location



## Using the Extinguisher

Stand 10 feet away and slowly walk toward fire sweeping side to side.

P

**Pull** pin.

Allows discharge.



A

**Aim** at base of fire.

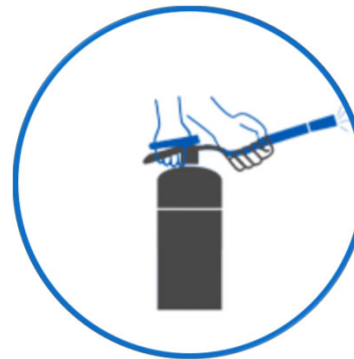
Hit the base, hit the fuel.  
Don't aim at flames.



S

**Squeeze** handle.

Release the pressure.



S

**Sweep** side to side.

Side to side from 10 ft. away  
slowly moving forward.





## FIRE SAFETY

- ▷ Fire alarm pull stations are near located exits and stairwells.
- ▷ **Never** obstruct the view of fire alarm pulls or fire extinguishers.
- ▷ Be aware of your surrounding and remove any item blocking the view of fire alarms/fire extinguishers. *Nothing can be adhered to a fire door.*
- ▷ When a fire alarm pull station is activated:
  - ▽ The fire alarm will sound.
  - ▽ Fire doors will close. *Do not block emergency/exit doors.*
  - ▽ Strobe lights are activated.

## DAILY HALLWAY MAINTENANCE



### Keep hallways clear and safe

- Do not leave things or store equipment in the hallways
- They can block the way out in case of an emergency



### Do not leave equipment alone for too long

- If you leave equipment for more than half an hour, it counts as storage



### Follow the rules for opening doors

- You can only keep doors open with a magnet hold
- Do not use door stops that go under the door



### Be careful with wall decorations

- They must not stick out more than **4 inches** from the wall
- They must have **approval** before you put them up
- They must use the **right method** to hang them





## 18 inch Clearance Rule

- ▷ Storage clearance is for proper sprinkler functioning.
- ▷ Storage must be kept at least 18 inches below the bottom of the sprinkler head.
- ▷ Perimeter Shelving...items stored on the top shelf, can be stored slightly higher if:
  - ▽ Shelving is **fixed to the wall**, and there are no sprinkler heads located directly above the shelving.
  - ▽ Contact your Safety Officer if you have concerns or these directions are unclear.  
[James.Batus@stelizabeth.com](mailto:James.Batus@stelizabeth.com)

## EVACUATION

Know your department's evacuation plan prior to need.



### Types

- ▷ **Lateral** - Evacuation through smoke/fire barrier doors to a safe area on the same floor
- ▷ **Vertical** - Evacuation of all occupants on a floor to another safe floor

### Order

- ▷ Evacuate patients nearest the fire first. If leaving the floor, evacuate patients in the following order:
  - ▽ Ambulatory patients
  - ▽ Wheelchair patients
  - ▽ Bedfast patients

### Initial Procedure

In the event of a fire is to shelter in place until given *all clear* signal.

### Ordered Evacuation

Evacuation will be ordered if fire cannot be controlled, or patients, visitors, and associates are in immediate danger.

# HAZARDOUS WASTE DISPOSAL

Also referred to as **Infectious waste**. *Costs more than 10x that of general waste.*

## SDS Instructions

Review SDS for instructions on how to dispose of any chemical/chemical containers.

## Still unclear?

If not clearly outlined on the SDS, contact your supervisor and/or Safety Officer to insure proper disposal.



## Description

Biohazard symbol indicates item contains and/or is soiled with blood or body fluids.

## Exposure

- ▶ Contact your supervisor and Employee Health immediately.
- ▶ Infection Control Manual is in **PolicyStat** under *Infection Control Manuals*.

## Universal Precautions | Blue bag

All soiled linens are handled with universal precautions.

- Patient linens
- All visibly soiled linen
  - blood
  - stool

## Blood and Body Fluids | Red bag

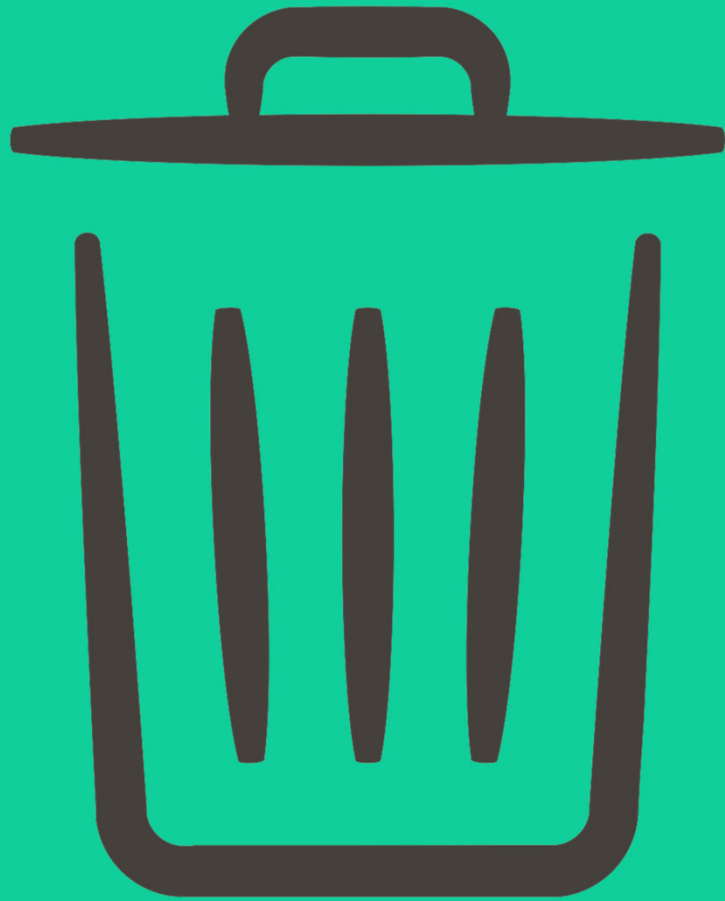
Saturated with blood/OPIM that may drip or release contents when held vertical, squeezed or compacted.

- Containers of blood/OPIM body fluids that cannot be safely emptied or are not designed to be emptied (*i.e. chest drainage systems*).
- Blood bags & tubing
- Dialysis waste containing blood/OPIM
- Unfixed human tissue or organs
- Laboratory biological waste

## CHEMO Waste Only | Yellow bag

Yellow bags are used for CHEMO waste only.

- Gowns
- Gloves
- Googles
- Wipes
- Empty IVs & tubing
- Linen contaminated with CHEMO waste



## GENERAL WASTE DISPOSAL

vs. BIOHAZARD

- ▶ Paper, plastic, glass
- ▶ Food
- ▶ Blue pads
- ▶ Items such as diapers containing urine, feces, gastric contents
- ▶ Sanitary napkins
- ▶ Emptied urinary drainage bags
- ▶ Vials of saline/sterile water
- ▶ Emptied and rinsed containers that held any body fluids

### Waste Stream Management



Continuous



Rx



Controlled Substance

## UTILITY FAILURE

### Oxygen/Other Medical Gases

- ▶ Supplied from central locations/warehouse.
- ▶ Know where the shut offs are in your area.
  - ▼ Must not be blocked
  - ▼ Must be accessible
  - ▼ Usually near nurses station
  - ▼ It is the responsibility of the *Nurse Manager, Respiratory supervisor or designee* to see **shut off valve is turned off in a fire situation.**
- ▶ Contact Plant Engineering if failure occurs.

### Oxygen Cylinder Safety

- ▶ Should be safely stored with valves closed, in a carrier or rack (**No more than 12 full cylinders in a smoke compartment**).
- ▶ Damaged tank can act like a rocket or missile  
O2 cylinders on wheelchairs or stretchers are considers working stock.  
  
O2 cylinders must be stored in racks, not lying on
- ▶ floor, beds or hanging from hook.



## CLINICAL ENGINEERING LABELS

Clinical Engineering Department  
QA/PM Inspection Completed  
Expires: \_\_\_\_\_  
If expired, contact Clinical Engineering

Scheduled QA/PM not required.

For service, contact Clinical Engineering

*Items that are not inspected on a  
regular basis*

Electrical Safety

Testing Passed

*Indicates confirmation testing and should  
not be removed until the equipment has  
left the medical center.*

If the date on the label is expired  
**discontinue use** and contact  
Clinical Engineering.

Maintains an inventory of all  
medical equipment.

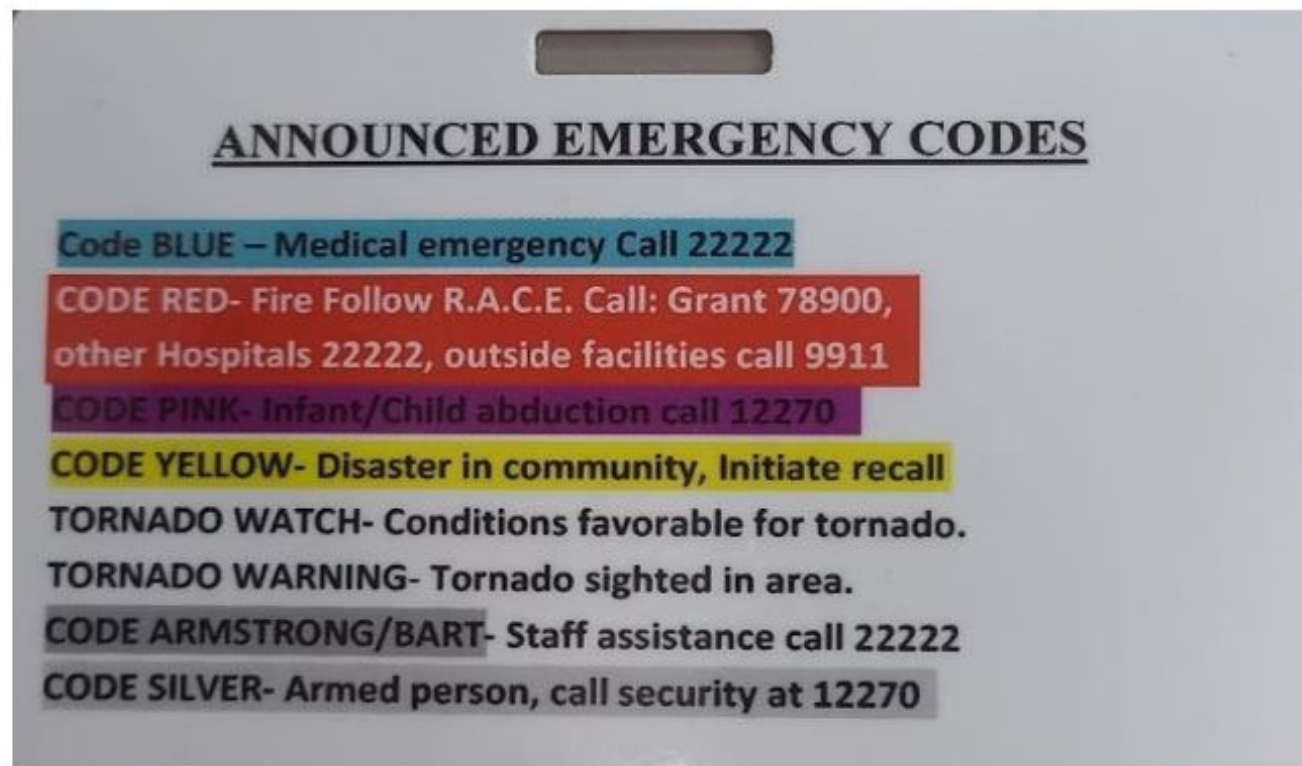
Clinical Engineering confirms the  
operational & electrical safety of  
all medical equipment (demo,  
loaner, rental).

## Emergency Codes

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In the event of an emergency, do you know what to do?

Most emergency codes and directives are listed on associate badge attachment.



## Code Pink

### Infant/Child Abduction

- St. Elizabeth has installed an infant alarm system to prevent infant/child abductions.
- Should a confirmed abduction occur, a **code pink** announcement will be made over the PA system.
- During code pink, all available staff need to secure doors to exits and stairways and stay alert.
- Staff will follow the department plan as specified in their department section of the disaster plan.
- Non-critical departments should have staff report any suspicious person/persons with infants/children or suspicious activity to security (12270) immediately.

## Code Blue

### Medical Emergency

Cardiac or Respiratory Arrest (adult/child).

- Somewhere within hospital.
- Dial 22222 - activate Code Blue button.
- The location is sent via pager and phone message the code team. Code not announced.
- The code management is addressed under Clinical Skills (formerly called Mosby Skills) - Code management.
- Assist the code team.
- In non-hospital sites call 911.

## Code Red

An announcement that indicates a **possible fire, smoke** or **condition** exist that requires *immediate action*.

- Dial 22222 - Report **code red**. The location is announced with the code.
  - Grant dial 78900
  - Outside facilities dial 9911
- When a fire alarm is activated, this signals the switchboard & the Fire Department dispatcher.
- Follow R.A.C.E.

## Code Orange

Describes a **hazardous spill** of *known or unknown substance*.

- Each product that is hazardous must have a SDS supplied by the manufacturer.
- Should a spill occur, the **SPIL** plan should be followed:
  - > **S** - Secure the Area.
  - > **P** - Protect those in the immediate area from exposure.
  - > **I** - Dial 22222 - Inform others of the spill.
  - > **L** - Leave the clean-up to trained personnel.
- The department using the spilled substance will clean it up. *SEH handles spills **under** 5 gallon. **Over** 5 gallon, call the FD Hazmat team.*

## Code Yellow

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A large **influx of casualties from community**.

- Security verifies information by contacting official agencies of the area.
- A Control Center for coordination of activity within the facilities will be activated which includes:
  - > Contact with other area hospitals/community agencies within the disaster site if possible.
- All personnel should respond to their assigned hospital. Nursing staff may be recalled/called in as needed.
- **Cancellation** *announced by PBX operator as all clear*.

## Code Silver

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**Armed persons** have been sighted.

- Employees identifying the situation should immediately go to a safe area.
- **Do not** attempt or approach to disarm - contact security 12270.
- **Follow instructions provided by Security.**
- If Code Silver is inside Hospital, security will instruct operator to announce location of Incident.
- If evacuation of patients and visitors can be done safely by using the fire evacuation route, then every attempt should be made to do so.
- If patients & visitors cannot be safely evacuated, it will be necessary for staff to lock or close doors and shelter in place. ( Remember **Run-Hide-Fight**).
- Employees not in the immediate area shall shelter in place.
- When police arrive, staff will assist under their direction.
- If a *patient requires movement*, **notify police**.

## Code Armstrong

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*Staff is needed to respond to a **hostile situation**.*

- Dial 22222 - **activated in any area needing assistance**.
- A security officer and other assigned staff will respond to the area and provide needed support.
- **Only** security and trained personnel will respond.
- Non-trained associates **should not respond to a Code Armstrong** should not attempt to intervene. *This could escalate the situation and cause harm to self & others.*
- When situation is under control an **all clear** will be announced.

## Code BART

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Staff is needed to respond to provide support and assist associates in de-escalating (before Code Armstrong needed) and providing stabilization in situations involving patients or visitors that are experiencing inappropriate sexual behavior, or disruptive emotional, verbal, nonverbal, or physical behaviors.

- Dial 22222 – activated in any area needing assistance.
- BART Trained Members will respond to the area and provide necessary support (this includes the Nursing Supervisor, Security, Pastoral Care, and a BART Trained RN).
- Non-BART trained staff should not respond to a CODE BART in attempts to intervene.
- BART member will assist in completing required documentation and follow-up within 4 hours of BART resolution.
- All other members will return to normal duties when CODE BART is complete.
- If Code Armstrong is required, 1 BART trained RN will respond to provide de-escalation, BART reporting, and follow-up to evaluate effectiveness and assess risk of future events.

## External Disaster



An external event involves an incident beyond immediate boundaries of the hospital. **Emergency Operations Plan** located in *Compliance 360*

- Sudden arrival of a large number of casualties
- Contaminated or contagious victims seek emergency treatment.
- External emergencies (i.e. snowstorms, power outages, and tornadoes) that may not impact the hospital directly, but the facility.

### 1) Tornado Watch

National weather service and/or local TV station information *indicates conditions in Kenton, Campbell, Boone or Grant County are capable of producing a tornado.*

- Security will notify operator to make the announcement to activate the tornado watch. **pop-up notification on all SEH desktop computers** will alert to the weather conditions.
- Monitor weather conditions for updates.
- Keep patients and visitors updated.
- Remain calm & alert for further information.

### 2) Tornado Warning

National weather service and/or local TV station information *indicates conditions in Kenton, Campbell, Boone or Grant County. A tornado has been sighted.*

- Return to your department.
  - Close blinds and drapes for protection.
  - Cover patient with blankets/Turn bed away from windows.
  - Instruct ambulatory patients and visitors to take shelter in the bathroom.
  - Close all fire doors and unit doors.
  - If visitors seek shelter in lower level hallway, keep them away from windows.
  - For personal safety, seek cover in areas such as med rooms, kitchen or interior spaces.
  - **Do not transport patients** to other areas during a tornado warning.
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- Speech traits
  - Location of device
  - Detonation time & type
  - Background noises if discernible
  - Look at display and write down phone number on screen/ask for help to retrieve phone number when caller hangs up.

#### Notification

Person receiving the threat **informs the security department** who notifies operator to call the following:

- Call 22222. Offsite call 911.



# Bomb Threat

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Information received from any source that an **explosive device may be/or is placed in a facility.**

## Information Gathering

Person receiving the threat should *record as much data as possible*:

- Exact words of caller & time
- Sex of caller
- Speech traits
- Location of device
- Detonation time & type
- Background noises if discernible
- Look at display and write down phone number on screen/ask for help to retrieve phone number when caller hangs up.

## Notification

Person receiving the threat **informs the security department** who notifies operator to call the following:

- Call 22222. Offsite call 911.
- Local police & fire, administrator on call, Director of Plant Engineering.
- Other administrative personnel.

## Security

- Notifies Nursing Supervisor who notifies all nursing units.

*This information is not announced over the public address system, nor is any information given to an unauthorized person.*

## All Clear

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- *All Clear* is announced to notify staff the emergency is over.
- *All Clear* announcements **are not** utilized for code blue.



# Light Source Safety

- Light sources used for laparoscopic or arthroscopic procedures have the potential to cause burns.
- Burns from these types of light sources can go **unnoticed** by the surgical team because they typically do not produce smoke or charring.
- Greater than 50% of fires/burns sentinel events reported to The Joint Commission since 2019 were associated with surgical or invasive procedures, and **nearly 15%** of those were related to light sources.



- Any of the heat minimizing devices fail within the light source.
- The light source or light cable is defective.
- Different connectors or components are used. For example, if a 10 mm cable is used with a 5 mm scope, or a 5 mm connection is used instead of the required 10 mm one.
- Detached light cables resting against surgical drapes - Even momentary proximity between a light source/cable and a surgical drape can cause a full-thickness burn to the patient's skin without generating any smoke or fire.

## Potential Burn Causes

# PREVENTION MEASURES



- Label light sources with the following: **"Warning: High-intensity light sources and cables can ignite drapes and other materials. Complete all cable connections before activating the light source."** (All light sources in the operating rooms at St. Elizabeth Healthcare are labeled)
- Do not turn on the light source before the cable is connected to the scope.
- If the cable is disconnected from the scope during surgery, hold the cable end away from the drapes or place it on a moist towel.
- Keep illuminated light cords away from drapes, patient's skin, personnel's skin, and any flammable material.
- Inspect all instruments and equipment before use to ensure the equipment is in good working order.

## **Attestation Statement**

I have read this module and agree to abide by the expectations of this module.

