

ENVIRONMENT OF CARE

UPMC Systemwide Annual Mandatory Training





OBJECTIVES

- This program will outline Environment of Care topics such as:
 - Safety Management
 - Principles of Body Mechanics
 - Security Management
 - Hazardous Materials and Waste Management
 - Fire Safety (Life Safety)
 - Medical Equipment Management
 - Utility Management



SECTION ONE: Safety Management

SAFETY MANAGEMENT

- All UPMC employees are responsible for following established safety policies/procedures and maintaining a safe environment.
- Identification, Reporting, and Correction of Safety Hazards or Risks
- Hazard Surveillance Inspections are conducted regularly in many facilities/areas. This is a process used to identify, monitor, and implement corrective action for safety issues in the environment.
- Employees should report safety issues or hazards to their supervisor/manager.
 - Employees should document and follow the established process for reporting safety issues.

PRODUCT RECALLS AND ALERTS

- UPMC Supply Chain Management monitors product and equipment recalls and coordinates response actions.
- Departments and employees are responsible for:
 - Reporting to UPMC Supply Chain, any recalls/alerts you receive directly from manufacturers.
 - Initiating an appropriate response to recalls/alerts.

SAFETY MANAGEMENT

- Certain areas may be safety sensitive due to the materials used or stored:
 - Medical or chemical waste storage areas
 - Biological or chemical laboratories
 - Electrical, mechanical, and boiler rooms
 - Nuclear medicine



SAFETY MANAGEMENT

- Other areas may be sensitive because of the increased level of security or the protection of confidentiality needed for patient care:
 - Emergency rooms
 - Operating rooms
 - Pharmacy
 - Medical records
 - Nurseries



CORRIDOR GUIDELINES

- Corridors MUST be clear to their full width.
 - Nothing can be in a corridor that has not been used in the last 30 minutes.
 - Equipment may not be charged or plugged into outlets in corridors.

REPORTING PATIENT SAFETY ISSUES

- All UPMC employees have the responsibility and the authority to report serious patientrelated events to their direct supervisor.
- All UPMC employees have the opportunity to anonymously report serious events to the Commonwealth of Pennsylvania's Patient Safety Authority by using the <u>Serious Event</u> <u>Anonymous Report form</u> found in public areas of the hospital.
- In addition to the Commonwealth of PA, all employees, patients, and family members have the right to report any patient safety concerns directly to The Joint Commission.
 - http://www.jointcommission.org/report_a_complaint.aspx



BODY MECHANICS

- Utilizing proper body mechanics is essential for reducing injuries. To achieve proper body mechanics, the following five principles should be followed while performing job tasks:
 - Holding objects
 - Symmetry
 - Posture
 - Using a wide base of support
 - Facing objects

- Holding Objects
 - Always hold objects close to your body
 - Keep elbows close to your sides when holding an object
 - Hold objects close to your stomach
- Symmetry
 - Equally use both sides of your body.
 - Try to use both hands when possible instead of just one.

- Posture
 - Keep your chin straight and slightly tucked.
 - Keep your shoulders back and chest out.
 - Keep your stomach muscles tight.
 - Do not lock your knees.

- Using a Wide Base of Support
- When sitting:
 - Your weight should be evenly distributed in the chair.
- When standing:
 - Legs can be kept one in front of the other or side to side.
 - Use a "staggered stance"
 - Legs should be shoulder width apart.
- Facing Objects
 - Hips and shoulders should be properly aligned.

WORKSTATION DESIGN

The following diagram shows proper ergonomic posture and workstation design.



INJURY/ILLNESS REPORTING

- When an injury or illness occurs on the job, the following procedures should be followed:
 - Immediately report your injury or illness to the following:
 - your supervisor or the administrator on duty AND
 - WorkPartners at 1-800-633-1197 or online via My Hub.
 - Emergency care may be sought from the closest emergency facility for life or limb threatening conditions.
 - Non-emergency treatment and all follow-up care must be sought from a listed <u>Workers'</u> <u>Compensation Health Care Panel</u> provider.



EXCEPTION: UPMC Bedford employees should notify their **supervisor** or **Employee Health** of any incidents.

INJURY/ILLNESS REPORTING

- Your supervisor is responsible for:
 - Making sure that the injured employee receives the necessary treatment.
 - Investigating and documenting the cause of the incident, including the implementation of corrective action to prevent future occurrences.
 - Calling UPMC WorkPartners Claims Management Service at 1-800-633-1197 within 24 hours of the incident.
 - Following the Supervisor reporting requirements as outlined in the <u>UPMC Workers</u> <u>Compensation Policy</u>.



SECURITY MANAGEMENT

GENERAL SECURITY FUNCTIONS

- General Security Functions include:
 - Protect employees, patients, and visitors from harm and reasonable fear from harm.
 - Maintain a reasonable level of order, control, and safety.
 - Protect personal and UPMC property from theft, misuse, and vandalism.
 - Enforce rules and regulations.
- Additional Security responsibilities may include:
 - Special services (escorts and unlocking of doors)
 - Emergency response (fire, disaster, and bomb threat)
 - Provide assistance to law enforcement agencies on the Federal, State and Local Levels.
 - Documentation and Notification at various levels.

UPMC SECURITY DEPARTMENT

- The UPMC Security Departments are responsible for addressing all security issues concerning patients, visitors, employees, and property. <u>See Facility Specific Information.</u>
- Employees are to report all security-related incidents to the Security Department or appropriate local authority to investigate.



If your facility does not have security officers on-site, please contact the Administrator on Duty (AOD) or the on-shift supervisor.

PROPER IDENTIFICATION

- A critical element in providing a safe/secure environment includes the identification (ID) of persons entering or working in UPMC facilities.
- All UPMC employees are provided with and MUST wear their ID badge in a visible manner.



Sensitive areas such as some inpatient floors, outpatient reception desks, and emergency departments, may be monitored by closed-circuit television cameras and/or equipped with panic alarms. Familiarize yourself with the locations of these devices.

ACCESS TO SENSITIVE AREAS

- Controlling Access to Sensitive Areas
 - Be aware of and enforce the employee and visitor management plan that may be established for your area; question anyone not wearing a valid ID in your work area.
 - Patients and visitors are provided with proper ID in designated areas, such as all inpatient units and emergency departments.
 - Be especially cautious around sensitive areas, such as patient care areas, the pharmacies, and entrances into the facility.
 - Keep your UPMC employee ID, keys, and access codes in a secure location. Notify your supervisor and/or security if you lose or misplace any of them.

SECURITY MANAGEMENT

- In some locations, visitors possessing fire arms and/or weapons MUST check them with the security department for proper storage while visiting the campus.
 - In hospital and non-hospital settings, visitors are NOT permitted to carry fire arms.
- Security is also responsible for managing the <u>Condition L</u> search process for "at risk" missing/eloped patients.
 - In non-hospital settings, the Condition L policy is managed by the administrator/supervisor on off-shifts.
 - At Children's Hospital, the Security & Safety Department is also responsible for managing the Condition Pink search process for "at risk" missing/eloped patients.

FORENSIC PATIENTS

- Patients in Custody of Law Enforcement (AKA Forensic Patients)
 - May be brought from a prison or jail
 - May have been arrested or in the process of being arrested prior to admission
 - May be arrested by law enforcement upon discharge
 - Notify Security if you become aware of a Forensic Patient in your department or unit.
 - Security will interact with police or other agencies to ensure the safety of employees, visitors, and other patients.
 - Stay out of the way of the escapee to prevent potential injury and contact Security immediately.
 - Try to provide as much information as possible to the search team.



It is NOT the responsibility of UPMC or UPMC employees to restrain these patients from leaving, unless it is imperative for their medical treatment.

WORKPLACE VIOLENCE

- Workplace violence is violence or the threat of violence against workers. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide.
- According to OSHA, assaults and violent acts were among one of the leading causes in workplace related deaths, with 808 reported in 2010.

PREVENTION TIPS

- Workplace violence prevention tips:
 - Do not confront an aggravated person/patient alone.
 - Maintain a comfortable distance between a potential aggressor and yourself.
 - Face the person at all times and position yourself with a means of escape.
 - Empathize but do not sympathize.
 - Maintain a calm but strong demeanor when speaking.
 - Watch and Listen for signs of Workplace Violence.
 - Report unusual conduct or behaviors immediately.
 - Do not place yourself in a position of danger.

WORKPLACE VIOLENCE POLICY

- UPMC has a "zero-tolerance" Workplace Violence policy.
 - The <u>Workplace Violence policy</u> is accessible on the INFONET.
 - For assistance, consult with your manager, Human Resources, Security representative, or the LifeSolutions Program.
 - LifeSolutions can be reached at 1-800-647-3327.
 - If you are injured, contact WorkPartners or the nearest emergency department.



HAZARDOUS MATERIALS & WASTE MANAGEMENT

HAZARD COMMUNICATION PLAN

- A Hazard Communication Plan is required by the Occupational Safety and Health Administration (OSHA). The Hazard Communication Plan must include the following:
 - Departmental chemical inventories including the name and quantity of chemicals in each area. The inventory must be updated at least annually.
 - Safety Data Sheets (SDS).
 - An inventory of individual departmental SDS sheets are available via HazSoft. A link to the HazSoft website, marked "SDS", is available on the right side of the CHP Intranet.
 - Proper labeling of chemicals.
 - Please review the Written Hazard Communication Plan.
 - See Facility Specific Information

SDS SHEETS

- The SDS is organized into 16 sections and includes information such as:
 - The properties of each chemical
 - The physical, health, and environmental health hazards
 - Protective measures
 - Safety precautions for handling, storing, and transporting the chemical
- Familiarize yourself with a chemical's SDS before beginning to work with the chemical.

SDS SECTIONS

- 1. Identification
- 2. Hazard(s) identification
- 3. Ingredients
- 4. First-aid measures
- 5. Fire-fighting measures
- 6. Accidental release measures
- 7. Handling and storage
- 8. Exposure controls/personal protection

- 9. Physical and chemical properties
- 10. Stability and reactivity
- 11 .Toxicological information
- Ecological information*
- Disposal considerations*
- Transport information*
- Regulatory information*
- Other information,
- * These sections are not mandatory at this time

PRODUCT LABELING





HAZARD COMMUNICATION STANDARD

- How will you use labels?
 - When using a chemical the pictograms, signal words, hazard statements, and precautionary statements will help you understand how to safely use the product.
 - In the event of a spill or exposure the precautionary statements will guide the proper response.

- How will you use SDS ?
- SDS are in a standard format.
- Like labels SDS help you understand how to safely use the product and to respond in the event of an emergency like a spill.

- Your role in waste management is to use the correct process, waste stream, for the items that you are disposing. The categories of waste include:
 - General/Solid/Municipal Waste includes food, coffee cups, etc.
 - Regulated Medical Waste (red can liner) includes blood contaminated items.
 - Recycled Waste includes aluminum beverage cans, cardboard, pallets, etc.
 - Batteries
 - Documents containing Personal Health Information or Confidential Information
 - Hazardous Waste includes flammable liquids, lead aprons, etc.
 - Chemotherapeutic Waste Radioactive Waste Pharmaceutical Waste

- Solid (General) Waste
 - This includes items such as food waste, coffee cups, etc.
- Recyclable Waste
 - Do you know...
 - Where the recycling bins are located within your facility?
 - What items are currently being recycled within your facility?
 - The color of the can liner used in the various recycling containers?
 - Who to call if you notice a recycling bin needs emptied?
 - If it is ok to co-mingle regular waste with recycled waste?
 - If you are not sure about any of the questions above, please contact your Housekeeping or Environmental Services Director or Manager.

- Recyclable Waste
 - Practice Recycling
 - Recycling requires commitment to proper disposal.
 - Placing the wrong item in the wrong container will lead to additional costs and rejection by the Recycler.

"When in doubt, toss it out."

Recycling /Blue Bins	Confidential Document Bins	Facilities Department	Telecom Department	Local Procedures	Dictary Department
Plastic	Paper	Ught Bulbs	Cell Phones	Batteries	Grease
Paper	Nicrofiche	Cardboard		1	
Aluminum Cans	Confidential Material	Wooden Pallets			

BATTERY DISPOSAL

- For Battery Disposal within the Hospitals contact the Safety Officer
- For Battery Disposal in non-hospital sites: contact BioTronics, ISD, or Environmental Health & Safety.
- Bulk battery disposal occurs through scheduled pickups managed by various departments. The appropriate department for your business unit will indicate when internal battery collections will occur; please contact them regarding scheduling.
- All Alkaline batteries (A, AA, AAA, C, D, 9 volt) are considered general waste and may be discarded in normal trash collection. Specific business units may also recycle these batteries.

- Regulated Medical Waste (Infectious) Disposal
 - Items that are visibly contaminated with blood or body fluids are considered infectious. Diapers, masks, gloves, or gowns generally are not infectious, unless contaminated with blood or body fluids.
 - Empty blood transfusion bags and associated tubing should always be placed in RED biohazard waste bags
 - Infectious waste should be placed in RED biohazard infectious waste bags or an approved sharps container.
 - Exception: All linen, regardless of the degree of soiling, are returned to the laundry and not discarded. NEVER place linen in the red biohazard bags."
 - Non-infectious items such as regular trash, chemical, etc. should NEVER be placed into red biohazard bags.

- Regulated Medical Waste Sharps Disposal
 - Sharps include needles, scalpels, razors, broken contaminated glass, used and unused syringes with or without needles, etc.
 - Safety devices should ALWAYS be activated before disposing of the sharp.
 - All sharps, regardless of whether or not they are contaminated, must be disposed of in a sharps container.
 - Needles should NEVER be removed from syringes. OSHA prohibits the manipulation of needles.
 - Sharps containers should be emptied when 3/4 full to avoid exposure injuries related to overfilled containers.

- Pathological Waste
 - This includes items such as tissue specimens, organs, animal carcasses used in research, etc.
 - Pathological waste can be placed in red biohazard boxes; however, the outer cardboard box must be marked "Pathological Waste."

- Hazardous Waste
 - Hazardous wastes are chemicals which are considered flammable, toxic, reactive, or corrosive.
 - This includes mercury and mercury containing equipment, used oil, paint thinner, alcohol, xylene, lead & lead aprons, collodion, hydrochloric acid, batteries, fluorescent lamp bulbs, etc.
 - Hazardous waste should NEVER be placed in RED BAGS!!!
 - Environmental Health and Safety (EH&S) has procedures for the disposal of Hazardous Waste. The procedures are outlined in the Waste Management Policy.

- Chemotherapeutic Waste
 - This includes items contaminated with antineoplastic agents
 - These materials should always be placed in a yellow bag or yellow sharps container.
- Radioactive Waste
 - This includes items contaminated with radioactive materials.

- Compressed Gas Cylinders
 - Cylinders should be labeled to identify the contents.
 - Gas cylinders must be properly secured at all times to prevent tipping, falling, or rolling.
 - All compressed gas storage areas must be segregated as "full," "partially full" or "empty." See Facility Specific Information.
 - Quantities of stored gas cylinders (full and empty) should be as small as possible.
 - The storage areas should be properly labeled to indicate the storage of oxygen.



FIRE SAFETY MANAGEMENT

GENERAL PRECAUTIONS

- CHP uses the code "CONDITION F" for fire emergencies.
- The emergency phone number for CHP is 412-692-5191. Off-site facilities should dial 9-1-1.
- Fire alarms will be announced in the "fire zone." The fire zone is defined as the floor affected, floor above, and floor below.
- Employees should refrain from using elevators in areas where a fire emergency has been reported.
- During a fire emergency, employees should follow the RACE procedure.



IN CASE OF FIRE

Rescue

everyone from immediate danger.

Pull the nearest pull station **Alarm** and dial the emergency number for your location to report the fire. Some non-hospital locations may dial 911. **Contain** the fire/smoke by closing doors and windows.

Extinguish the fire if it is safe to do so. It may also stand for **Evacuation** in certain facilities.







OXYGEN SHUTOFF

• In the event of a fire, it may be necessary to shut off supplied oxygen. To do this, follow the directions for your facility.



For CHP In-patient Units

 During any Fire Alarm Activation, staff must close all doors and nurse servers. When closing the nurse servers, please make sure the door latches. The nurse servers as well as the main door to the patient room acts as a smoke barrier around the patient's room.



EVACUATION PROCEDURES

- Hospital buildings follow the "defend in place" principle when a fire emergency occurs. Evacuation of the hospital typically occurs only when instruction is given by the Fire Marshal or local Fire Department.
- Most non-hospital buildings evacuate upon activation of the fire alarm. <u>See Facility Specific</u> <u>Information.</u>

SMOKING AND OPEN FLAMES

- Smoking is prohibited in all UPMC facilities and near hazardous areas such as exterior oxygen storage. See the <u>Clean Air/Smoke-Free Campus Policy</u> for further details.
- Open flames (candles, displays, etc.) are prohibited.



TYPES OF FIRES

CLASS A

ORDINARY COMBUSTIBLES

Fires involving paper, cloth, wood, rubber, and many plastics



CLASS B

FLAMMABLE LIQUIDS

Fires involving oils, gasoline, kerosene, and common organic solvents used in laboratories



CLASS C

ELECTRIC EQUIPMENT

Fires involving wiring, fuse boxes, and other energized electrical equipment



FIRE EXTINGUISHERS

- Most extinguishers utilized at UPMC are multipurpose, Class ABC extinguishers. This type of extinguisher is good on all three classes of fires.
- ABC extinguishers are red in color and contain dry chemical as the extinguishing agent.





NEVER use a Class A (Water) extinguisher on a Class B or Class C fire!!!

FIRE HOSES

- Fire Hoses installed in UPMC buildings are for use by municipal firefighters ONLY .
- UPMC staff should NEVER use a fire hose.

FIRE PREVENTION TIPS

- Keep the work area clean and free of clutter and trash.
- Keep all storage a minimum of 18 inches below the ceiling.
- Eliminate all corridor storage. Electrical equipment must not be charged in the corridor.

- Identify location of fire systems and equipment and review how to use/activate them.
- Review responsibilities for shutting off oxygen during an emergency.
- Use and store only the minimal amounts of flammable and combustible materials in your area.

DECORATIONS

- The use of decorations at UPMC hospitals and other facilities is detailed in the <u>Decorating</u> <u>Guidelines Policy</u>.
- Decorations
 - Non-combustible artificial trees and decorations (must have UL or similar label)
 - May not be hung from ceilings, ceiling light fixtures, sprinkler heads, or on doors of storage rooms, fire or smoke doors, offices, or patient rooms.
 - Should be arranged so they do not interfere with corridors, exit doors, fire alarm pull stations, fire extinguishers, fire hoses, oxygen shutoff valves, or electric outlets.
 - Must be placed away from heat sources and/or electrical equipment.
 - Are prohibited in contaminated areas such as soiled utility rooms.
- Questions on adherence to these guidelines should be presented to your facility's safety officer.



MEDICAL EQUIPMENT MANAGEMENT

MALFUNCTIONING EQUIPMENT

- Malfunctioning equipment should be removed from service immediately, red-tagged, if appropriate, and the Clinical Engineering (BioTronics) department should be notified.
- Never use medical equipment that has been removed from service.
- Never use medical equipment that you have not been properly trained to operate.
- Never use new medical equipment that has not obtained an incoming inspection by Clinical Engineering (BioTronics)
- Carefully inspect equipment before each use.

SAFE MEDICAL DEVICE ACT

Requires that anyone who witnesses, discovers, or otherwise becomes aware of information that a piece of medical equipment has, may cause, or contributes to the injury or death of a patient is responsible for immediately assessing the patient, removing the equipment from service, and notifying the proper manager.

REMOVING EQUIPMENT FROM SERVICE

- Remove the equipment from service and place in a secure area
- Report the incident to your supervisor
- Fill out the Red Tag with requested information, date; time, problem, etc.
- Attach the Red Tag to equipment.
- Contact Clinical Engineering (BioTronics) as soon as possible to assess the equipment. for an assessment of the equipment
- Clinical Engineering (BioTronics) provides the following equipment management services:
 - On-site repair of biomedical, radiology, surgical, laboratory and sterilization equipment.
 - Preventative maintenance on patient care equipment.
 - Network integration of medical equipment.
 - Regulatory and compliance
 - Lifecycle Asset Management
- Monitoring of equipment errors and malfunctions.
- Clinical Engineering (BioTronics) provides 24x7 coverage.
 <u>See Facility Specific Information.</u>





UTILITY MANAGEMENT

GENERAL INFORMATION

- Utility systems include power, water, medical gases, air/HVAC, elevators, tube systems, etc.
- Regularly scheduled preventive maintenance and routine testing on all facility-supported equipment is performed. Preventive maintenance protocols and intervals are based on manufacturers' recommendations, regulatory requirements, and institutional experience.

ELECTRICAL POWER OUTLETS

- In hospital facilities these are to be used for non-critical equipment such as office computers, printers, etc.
- Ground Fault Interrupters (GFI) may be found near sinks and in other wet environments. GFI outlets are equipped with a reset button.



EMERGENCY POWER OUTLETS

- Emergency Power Outlets (Hospitals and Other Designated Buildings)
 - Red in color
 - Connected to the emergency generator
 - Will experience a momentary (approx.8-10 sec.) power interruption during the transfer over to generator power
 - Should be used for critical equipment with internal or external batteries (ex. Ventilators, IV pumps, etc.)



UTILITY MANAGEMENT

 Extension cords and multi-plug adaptors are prohibited within the hospitals and community settings.



- May not be used for appliances and patient-care equipment.
- May only be used for computers.
- Daisy chaining (connecting multiple strips) is prohibited.

SPACE HEATERS

Oil filled electric radiator or ceramic heaters (which do not exceed 212°F) are permitted in non-patient care areas, but must be plugged directly into a wall outlet.







Open element space heaters with exposed coils are **prohibited**.



These items are NOT permitted in any UPMC Senior Communities facility or the US Steel Building.