

## Fire and Safety



### Fire and Fire Drill

In all areas of the Health system the term "Code Yellow" is used to describe both actual and fire drill events.

Remember whether responding to a real fire or a drill, it is important for everyone to remain calm.

Our fire response system is summarized by the acronym RACE (Rescue, Alarm, Contain, Evacuate)



### Fire Response System - Rescue

The patient is our #1 concern. When we say, "rescue the patient," we mean separate the patient from the source of the fire. This can be a simple matter of assisting an ambulatory patient out of a room in which there is a fire. Or, it can be more involved, requiring staff to evacuate a non-ambulatory patient in their bed, wheeling the entire bed out of the room.



### Fire Response System - Rescue

In areas outside of the main hospital buildings, outreach centers for example, this means assisting patients away from the area that is burning.

Finally, if you work in an area in which there are no patients, you would want to assist other staff members out of the area.



### Fire Response System - Alarm

You should never be afraid to pull the alarm if you have good reason to believe there might be a fire in your area

Good reasons to pull the alarm are:

- ◆ Seeing flames
- ◆ Seeing or smelling smoke
- ◆ Something smells like it's burning



### Fire Response System - Alarm

When a member of the Safety staff conducts a drill in your area, we need you to pull the fire alarm. Many people are hesitant to do this, but you must understand that it is crucial to the success of the drill. When we conduct a fire drill, we are not just testing the people on the unit. We are checking to make sure that the alarm signal is transmitted to the fire department, that the fire alarm system works properly throughout the building being drilled and that the ventilation system shuts down and goes into reverse to evacuate smoke from the area. Each of these things depends on the fire alarm system being pulled.



## Fire Response System - Alarm

If you work in a facility that does not have an installed fire alarm system, you should have a plan in place with procedures to make certain that all staff, patients and visitors are made aware of the fire, as well as having someone dial 9-1-1.



## Fire Response System - Contain

When we say, "contain the fire," we mean putting barriers between it and us. Doors are natural fire barriers. If the fire is in a patient room, the expectation is that staff from the area will rescue the patient from the room and pull the door shut. This buys time for the fire department to arrive and begin fighting the fire before it has a chance to spread.



## Fire Response System - Contain

Who should shut the door:

- ◆ Department of origin
- ◆ Adjacent departments on the same floor
- ◆ Departments directly above and below the department of origin



## Fire Response System - Contain

For example: If a Code Yellow is discovered on 4 South - the only people who have to pull doors shut are:

- ◆ Staff working on 4 South, because it is the department of origin
- ◆ Staff working on NICU, because it is on the same floor and immediately adjacent to 4 South
- ◆ Staff working on 3 and 5 South, because they are directly below and above the department of origin



## Fire Response System - Evacuate

The only people with the authority to order the evacuation of an area in the main hospital buildings (that is CFVMC, SRRC, BHC at Melrose, and HRMH) are:

- ◆ Hospital Administrator or Administrator-On-Call
- ◆ Vice President of Patient Care Services or Vice President/Administrator-On-Duty
- ◆ Appropriate Safety Director or assistant
- ◆ Fire Department officials



## Fire Response System - Evacuate

We do not automatically evacuate inpatients in the event of a fire for two primary reasons:

- ◆ To prevent injury to patients
- ◆ There are features designed into the building to limit injury and damage from fire
  - ◆ Automatic sprinkler systems
  - ◆ Fire doors and walls
  - ◆ Sealed slab-to-slab construction of floors



## Fire Response System - Evacuate

Fire Evacuation Protocols

- ◆ **Horizontal Evacuation:** In this case, patients are moved from one area of a floor to another with a set of smoke or fire doors between them and the fire. The doors are rated for at least one and a half hours.



## Fire Response System - Evacuate

Fire Evacuation Protocols

- ◆ **Vertical Evacuations:** The rule of thumb is, always down, never up. We need to move patients down the stairs closer to the ground floor, rather than up toward the roof where rescue is complicated by the requirement to use ladders. In facilities served by banks of elevators in different parts of the building, it is permissible to move patients vertically to a lower level and then horizontally to another part of the building away from the fire where there is an elevator.



## Fire Response System - Evacuate

Staff in patient care areas in the facility should meet briefly to discuss where they will evacuate patients should the need arise.

Additional information on patient evacuation procedures can be found in the Administrative Policy titled Fire Response Procedures.



## Patient Care Units

Each unit is required to have one person or position designated to move patient charts when an evacuation is ordered. It is that person's only responsibility at that time. Patient charts are our only means of accountability. We have to be certain that all patients have been evacuated and that we haven't missed anyone.



## Patient Care Units

Take a moment today, before a fire occurs, to make sure that your unit has identified someone to remove patient charts.

More importantly, make sure that person knows they are responsible for moving the charts.



## Fire Extinguisher

We do not expect staff to use an extinguisher on a fire. Maintenance, Security, and other key staff in our facilities have received hands-on fire extinguisher training and respond to every Code Yellow, drill or the real thing. If, however, you feel comfortable using a fire extinguisher feel free to do so. Be sure to pick your targets carefully.



## **Fire Extinguisher**

If a patient room is fully involved in smoke and flames, that little ten-pound, dry chemical fire extinguisher probably isn't going to do you much good. Evacuate the patient if possible, pull the door closed and leave this for the fire department.



## **Chemical Safety**

It is important for you to realize that everyone works with chemicals. The problem is that we have become so accustomed to these substances, that we forget that they are chemicals and they can cause injury. We need to think of these as chemicals and treat them with the respect they deserve.



## **Hazardous Information and Training System (HITS) Manual**

All of the policies and procedures for selecting, storing, handling, and receiving chemical substances are contained in the HITS manual. Each department should have a copy of the HITS manual.

A key part of the chemical safety program is training. Your supervisor should train you on the hazards of the chemicals you work with before you begin working with them. They should use a Material Safety Data Sheet (MSDS) to provide that training. There is a MSDS prepared for each chemical used in the workplace.



## **Material Safety Data Sheet (MSDS)**

The MSDS has all sorts of information about chemicals, including health hazards, first aid precautions, types of protective clothing and equipment to be used when working with the chemical and so on.

MSDS's are kept in 2 places:

- ◆ There should be a binder or folder in your department with the MSDS for the chemicals used in your department.
- ◆ They are also kept in Employee Health, where the master library of all two thousand sheets for the entire Health System are maintained.



## **For Additional Information**

For additional information, contact the Fire and Safety office or your safety representative:

- ◆ Corporate Safety at extension 6170
- ◆ BHC Safety at extension 7914
- ◆ HRMH at extension 1184

## Fire and Safety

Code Pink



### Code Pink

The abduction of an infant or child may occur for a variety of reasons.

Some of these reasons are:

- ◆ The abductor is attempting to fill a perceived void in their life
- ◆ Custody issues
- ◆ Suspected abuse cases



### Code Pink

Prior to the actual abduction, the abductor may visit the facility to learn the routines of the unit—how the staff dress, what they say, the layout of the unit, etc. Many times, the abductor befriends the parents or staff, or may pose as a staff member in order to carry out their plan.



### Code Pink

Code Pink is the Code called for a missing infant or child. While a Code Pink is mostly likely to occur on the Family Centered Care Unit (FCCU), or The Children's Center (TCC), **any area in which children—patients or visitors—may be present may have a Code Pink occur in their area.** Examples are diagnostic departments where children may be taken for procedures, administrative areas that children may accompany their parents to, or a physician's office operated by the Health System. The response to a Code Pink requires facility-wide action.



### Code Pink

The prevention of abduction is paramount. Many layers of security are in place to prevent abduction. One of these measures is an infant/child security tag system is in place for the FCCU and TCC. This system has the capability to automatically activate the overhead message with the computer voice that may say, for example, "Code Pink, Family Centered Care" or "Code Pink, Children's Center".



### Code Pink

In addition, the staff of the involved unit phones the emergency switchboard number "22" to report additional information to include the age, sex, and race of the involved infant/child. The operator will communicate this information overhead. For example, you may hear, "Code Pink, Children's Center, Hispanic, six year old male."



## Code Pink

Unit specific policies are enacted on the FCCU and Children's Center. However, the response involves other hospital departments.



## Code Pink

What should you do?

- ◆ Be aware of persons who visit the unit
- ◆ Listen to a patient who may talk about a "stranger" coming in to visit



## Code Pink

If a Code pink is called:

- ◆ Be observant for suspicious activity especially near stairwells and exits.
- ◆ Phone "20"—the direct line to security to report any suspicious activity/persons to security.
- ◆ Listen to the description of the infant/child communicated overhead.
- ◆ Cooperate with staff if you are asked not to enter or exit an involved area.
- ◆ Follow a suspected abductor—allow law enforcement to directly intervene.



## Code Pink

Abduction is a devastating event for the parents and staff of the facility. Keen observation and adherence to procedures will help prevent one from occurring.

## Fire and Safety

### Reporting Broken or Unusable Equipment



## Don't Use Broken Equipment!

Sounds simple enough, doesn't it? Yet staff sometimes continue to use equipment that they know or suspect is not in proper working order are reported.

*Everyone (including all physicians and Allied Health Professionals) is responsible for reporting broken equipment and removing it from service.*

If something breaks while you're using it, STOP!!  
Remove it and get a replacement.

Mechanisms for reporting broken or non- functioning equipment are shown on the next few slides.



## Reporting Broken or Unusable Equipment

To report patient care equipment:

- Remove from service (if possible)
- Mark "Do Not Use"
- Report to Clinical Technology Services
  - By calling ext. 6077
  - Or report on-line:

InfoWeb → Departments →  
Clinical Technology Services →  
Submit a Work Order



## Reporting Broken or Unusable Equipment

To report communication equipment  
(Telephones, Computers, etc.), call the Help  
Desk @ ext 5555

To report facilities equipment, complete an  
Engineering Work Request via the InfoWeb.

InfoWeb →  
Forms →  
Maintenance Engineering Work Request

## Fire and Safety

Body Mechanics



## Back Injury and Repetitive Motion Injury Statistics

- 2 million injuries occur per year
- Estimated industry expense is 120 to 200 billion dollars per year
- Repetitive motion injuries result from overuse of various body parts



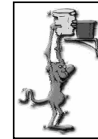
## Common Causes of Back/Neck Injuries

- Poor posture
- Stressful living and working conditions
- Poor body mechanics
- Poor overall conditioning and endurance/personal risk factors
- If you spend too much time in a forward bent position



## Body Mechanics Pointers

- Keep your back in a neutral position
- Bring the object up to you or bring yourself down to the object by using a stool or chair
- Don't lift objects or remove objects over your head



## Consider Variables

- Plan the move:
  - ◆ No objects in your path to trip or fall over
  - ◆ Assess whether you are going to need help and make sure you have that help before starting
- When bending down to get an object, maintain lower back arch
- Lower back should not round out
- The most important thing to remember is to keep object as close to your body as possible. This helps decrease stress on the lower back during the lift.



## Consider Variables

- Keep your head and shoulders-up as the lift begins.
- Maintain a neutral arch and tighten your stomach muscles as the lifting begins. This helps give additional bracing to the lower back to provide support and decrease injury.
- Pivot your feet as necessary, you should never twist when lifting.





## Pushing vs Pulling

Pushing will help maintain a neutral back position. It allows the body to produce a greater force to move the object.



## Body Conditioning

- Athletes always warm up, workers should do the same.
- It is a good idea to do preventative stretching exercises several times a day.
- Take time during the day to change positions. This helps reduce stress, tension and injury to the lower back.



## Repetitive Motion Injury

- Make sure your work is close to the body and at the proper height.
- You don't want to have to bend over or arch your back while you are working.
- Standing in the same position causes a lot of stress to the body.
- If your job requires that you stand all day, make sure that you are wearing good supportive shoes. You may also want to wear inserts to help cushion and absorb the forces related to standing.



## Keyboard and Input Devices

- Ensure wrists are in a neutral position when typing.
- There should be a straight line from the middle finger to the forearm.
- Avoid angling the wrist while keying or using the mouse.
- Avoid the lazy wrist
  - ◆ This is when you keep your wrist on the wrist pad while typing.
  - ◆ Instead, you should use your hands to float over the keyboard. Use your wrist rest for that purpose only, to rest your wrists.

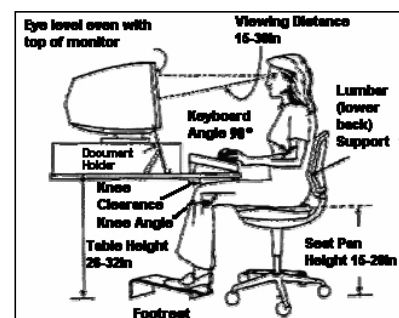


## Keyboard and Input Devices

- Make sure you keep the mouse as close to the keyboard as possible.
- You should not have to reach forward or have your arm extended to reach the mouse.
- Shake out your hands regularly to relax and promote blood flow.
- Break up your computer task during the day, if possible. File or do other work to allow time in between time on the computer.



## Keyboard, Input Devices, and Your Workstation





## **Adjusting Your Workstation**

- Adjust your seat height so that your feet are flat on the floor.
- Elbows should be bent vertically at approximately 90° to the work surface.
- Remember to change the position of your feet periodically through out the day. Use a foot rest if possible.
- Position the monitor approximately an arm length away and directly in front of you.
- You should not be turning your head to look at the monitor.



## **Adjusting Your Workstation**

- Adjust your chair properly. Make sure that the back part of the chair fits into the curve in the lower back.
- The video screen should be level with your eyes. If you need to, you can place items underneath the monitor or take items away to reach the proper height.
- You should not have to extend your neck to look up at the monitor.
- Use a document holder next to the screen rather than laying items flat. This will help keep your head in a more neutral position.



## **If You Have An Injury**

- Talk with your supervisor
- If appropriate, you and your supervisor will fill out the correct forms.
- You will be directed to go to the Employee Health nurse or call the CFV Employee Health service if it is after normal working hours.
- The Employee Health nurse will then direct any continuing care.