

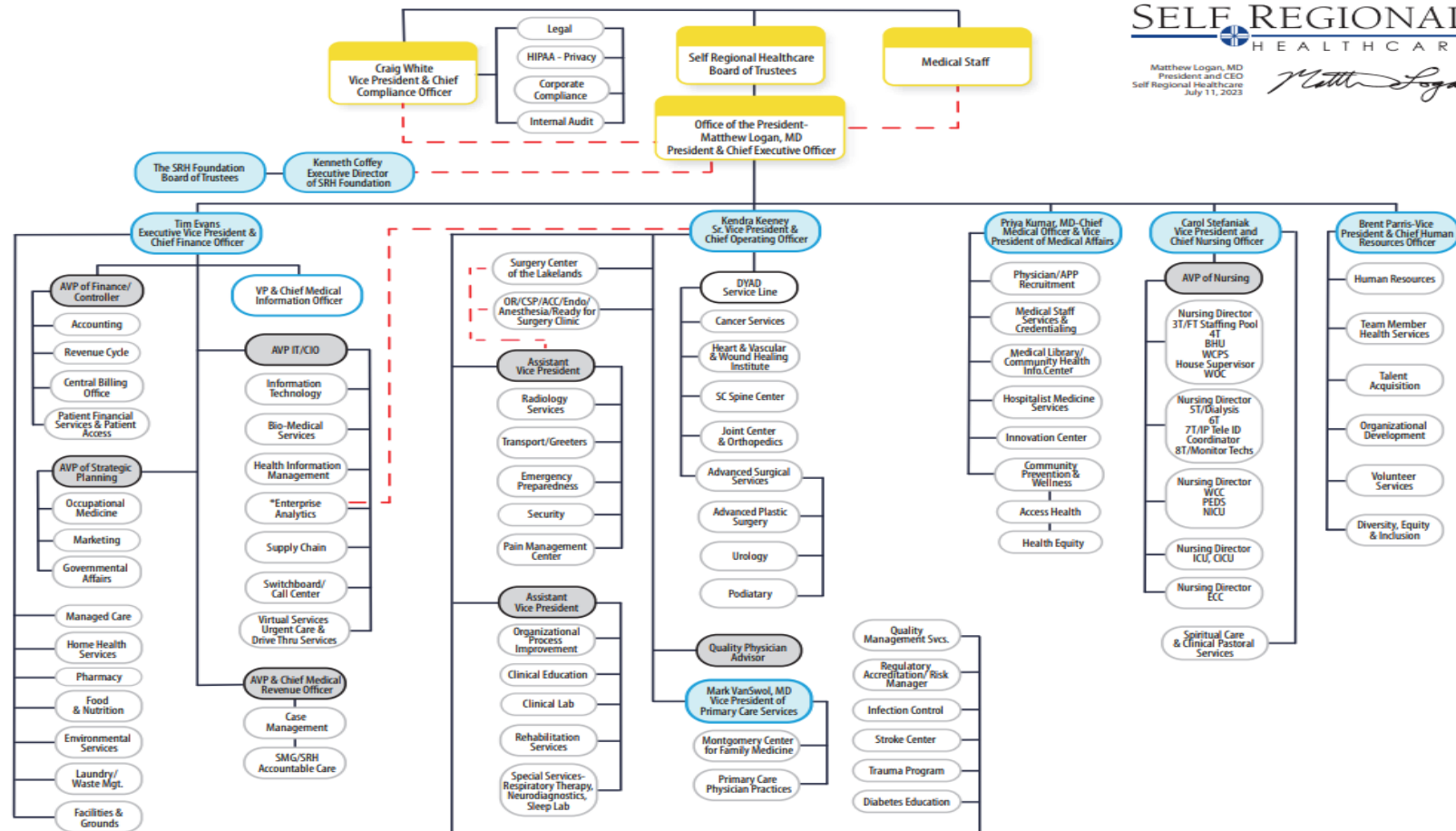
Welcome to Self Regional!

SELF REGIONAL

HEALTHCARE

Healthcare. Connected.

SRH Organizational Chart





We are...

- Regional health system serving the Lakelands of South Carolina
- Independent and not for profit
- Destination or referral hospital for advanced care
- 358 licensed beds
- Over 3200 team members
- 200+ physicians on active medical staff in over 40 specialties
- A Tobacco Free Campus at Self and all affiliates

SELF REGIONAL

HEALTHCARE





We want to be...

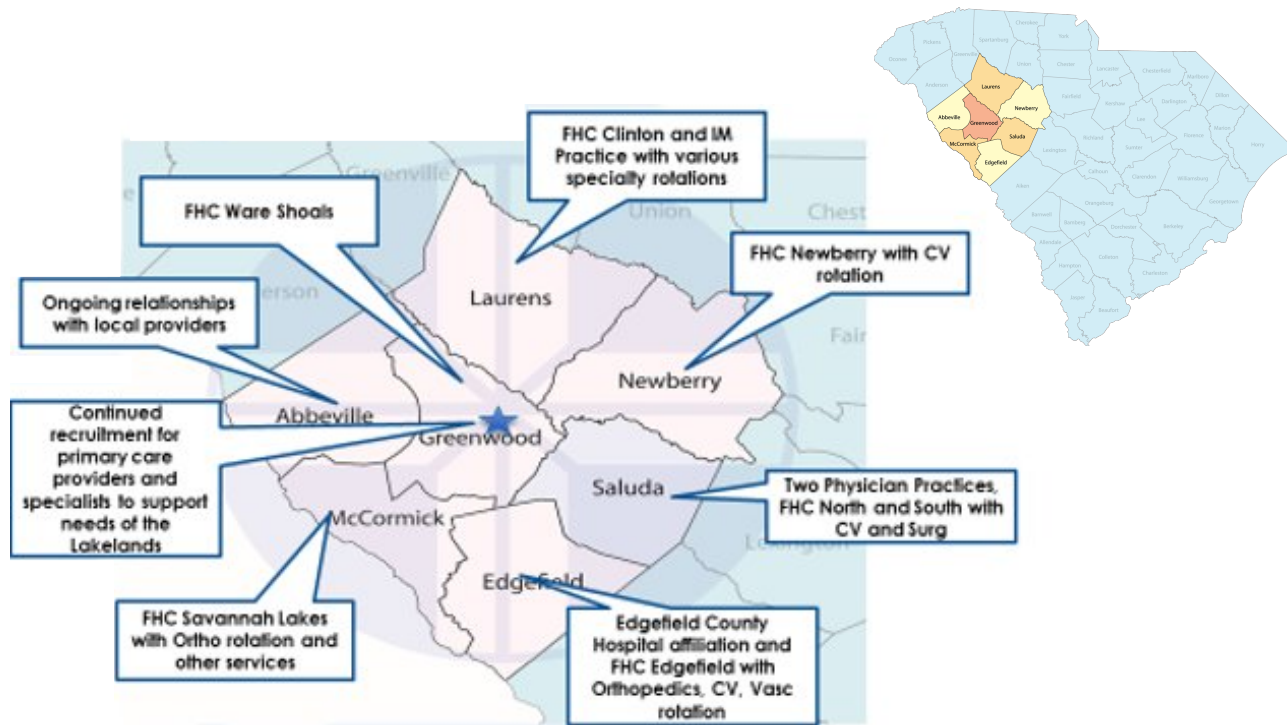


- Best Place to Get Care
- Best Place to Give Care
- Financially Strong Organization



Primary Service Area

Approximately 300,000 residents of 7-county, mostly rural region





SRH Quality Policy

Self Regional Healthcare is committed to upholding the highest standards of care as set forth by our vision and mission. SHR's team members are committed to adhering to SRH values and providing exceptional care to our patients and the communities that we serve.

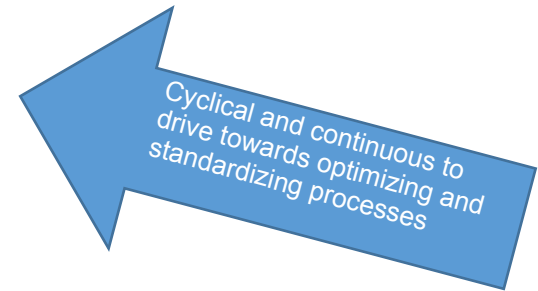
- Innovation
- Focus on customers
- Engaging and energizing our workforce
- Process improvement – PDSA
- Reliance on scientific evidence



Accreditation

Self Regional Healthcare is a DNV accredited organization

- Say what you do
 - Policies / Procedures
 - Document control
 - Important to know you have the latest version of forms, policies and procedures
 - Policies and procedures located on our intranet page
- Do what you say
- Prove it
- Improve it





Our Mission and Vision

MISSION

Our hearts, hands and minds are leading our communities to better health.

VISION

The care, experience and value we provide will be superior for all the communities we are entrusted to serve.



Our Purpose

Always Create
the
Best Experience!



Our Values

Quality

High Grade, Superior, Excellent

Integrity

Honesty, Strong moral principles, Moral uprightness

Compassion

Feelings of deep sympathy and a strong desire to alleviate suffering

Respect

Regard for feelings, wishes, rights, or traditions of another

WE WILL DELIVER QUALITY PATIENT CARE
WITH INTEGRITY, COMPASSION, AND RESPECT

Corporate Compliance and Integrity Code of Conduct

The Corporate Compliance & Integrity (CC&I) Program is designed to help Team Members treat patients and conduct business according to ethical standards and comply with all laws, regulations, policies, and rules.

The Program is the foundation for our commitment to ethical and legal business and patient care practices.

Compliance Officer/Compliance Committee: Craig White is VP and Chief Compliance Officer. The Compliance Committee is comprised of leaders from throughout the organization who advise CC&I and help guide compliance efforts.

Communication:

- Team Members must report any suspected unethical behavior or violations of laws or policies and may do so confidentially and without any fear of retaliation.
- Team Members should use the following methods to ask questions or report suspected issues:

- Their Supervisor
- Their Department Manager
- Their Department Director
- The CC&I Department (864) 725-5012
- The CC&I HelpLine (844) 984-1744



Corporate Compliance and Integrity Code of Conduct

Enforcing Standards:

- SRH must enforce all laws, regulations, and policies.
- SRH addresses violations in accordance with standards and policies when pursuing disciplinary action.

Patient Rights:

- SRH is committed to providing competent, compassionate, safe, skilled, honest, and professional care.
- SRH considers patients' individual needs and respect their rights to participate in their care and have it delivered in a way that respects their privacy and dignity.
- Patients have the right to enjoy full and equal visitation privileges consistent with their preferences, unless there is a well-communicated clinical reason to limit visitation (e.g., patients in critical care units or patients with highly infectious conditions).

Lewis Blackman Act:

- All Team Members must wear a name badge clearly stating name, department, and job title.
- Name badge must be clearly visible and worn on upper right side.

Corporate Compliance and Integrity Code of Conduct

Conflicts of Interest:

- Team Members are expected not to use organizational assets for personal benefit or financial gain, nor have a business that competes with the hospital.
- Any potential conflicts should be disclosed to a VP and the CC&I Department.

Business Courtesies:

Team Members should not accept gratuities or gifts, apart from items of nominal value (e.g., pens, pads, etc.). No gift or tip should ever be solicited or offered as a condition of referral or continued business. Any gifts that do not fit these guidelines should be approved by a VP or the CC&I Department.

Safeguarding Property:

Our physical, financial, intellectual, and electronic assets are essential to business and need to be protected from theft or abuse. Any theft, embezzlement, or financial misconduct involving hospital property will not be tolerated.

Corporate Compliance and Integrity Code of Conduct

The False Claims Act:

Any claim for services that are not provided or properly documented, charged, coded, or billed could be considered a False Claim.

The False Claims Act protects a whistleblower from retaliation by Self Regional Healthcare for reporting a perceived violation of the Act.

The law also encourages the reporting of suspected fraud or abuse that has already been reported internally, but not resolved appropriately.

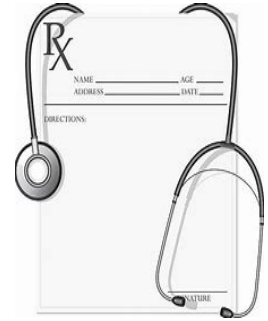
SRH has a policy, available on the SRH internet and intranet pages, demonstrating our commitment to the prevention, detection, and reporting of fraud, waste, and abuse. Specific questions can be answered by contacting the CC&I Department.



Corporate Compliance and Integrity Code of Conduct

Everyone is expected to control and handle medications in a responsible manner. The following are considered inappropriate:

- Asking for a prescription without an established patient relationship
 - You are putting yourself and fellow Team Members (including physicians) in a very difficult situation when you ask them for prescriptions. It is unethical and illegal for you to ask and for your fellow Team Member to agree
- Using samples for personal use
 - These drugs are provided by drug representatives for patient use
- Fraudulent use of prescription pads



HIPAA (Health Information Portability and Accountability Act)

Appropriate Access, Use, and Disclosure of Protected Health Information (PHI):

The HIPAA Regulations allow us to use patients' confidential information for treatment, payment, hospital operations, or as required by law.

All Team Members should help protect patient information and only access, use, or release only the minimum amount of information necessary to perform their jobs.

Patient HIPAA Rights:

The HIPAA regulations allow patients to access and restrict the use of their information, as well as request a listing of those who have received their information from SRH. All patients are given an opportunity to request limitations on how their information is used and are given a copy of our Notice of Privacy Practices that details these and other rights.



HIPAA (Health Information Portability and Accountability Act)

Improper Access and/or Use:

HIPAA Regulations require that all hospitals reasonably attempt to prevent unnecessary access to confidential health information and violations of these requirements carry criminal penalties ranging from \$50,000-\$250,000 in fines and/or 1-10 years jail time, as well as civil penalties in excess of \$1.8 Million Dollars! The organization maintains a program to monitor access of patient information and uses the HIPAA Breach Investigation, Notification and Reporting Policy to enforce any misuse.

Examples of improper access include the access of your own information or that of family members, friends, or other Team Members.

The policy includes disciplinary actions up to and including termination.

Faxing and Emailing PHI:

Always confirm the destination fax number and/or email address to make sure the information is accurate for the intended recipient.



Information Technology Acceptable Use Policy

SRH relies heavily on computer resources to conduct business. As such, the IT Acceptable Use Policy is designed to provide specific guidelines for users concerning the use of all forms of electronic media and services provided by SRH to ensure that such use is consistent with the legitimate business interests of the organization.

The IT Acceptable Use Policy applies to all forms of electronic media and services provided by SRH.

How to Prevent Theft of PHI:

- Never put PHI on your desktop or your C: drive – PHI belongs on a secure network (e.g., S:, OneDrive, etc.)
- Never email PHI to a personal device
- Never leave email with PHI in your email account folders (Inbox, Deleted, Sent, etc.)
- Never put PHI on a flash drive for any reason
- Always secure your workstation when not attended



Information Technology Acceptable Use Policy

PHISHING MESSAGES

DON'T TAKE THE BAIT –

- Phishing is a criminal attempt to obtain your access credentials through email that appears to be legitimate. The sender may appear to be someone you know (e.g., Help Desk, Human Resources, etc.)
- Always look for "**External Email**" banner. Don't take the bait - send the email to the Help Desk by clicking the 'Phish Alert' button in your Outlook Quick Access Toolbar.
- Make sure you know and trust the sender. Never provide your username and password to anyone! Avoid getting phished by thinking before you click on an email or link.
- Constantly manage your email account. Make sure that any email you send or receive containing PHI is deleted from your Inbox, Sent folder, and Deleted folder as soon as possible.
- Help Desk will never ask you for your credentials. Don't take the bait.
- Hover over the sender's name or the link to confirm its authenticity, and if it is suspicious, don't take the bait. – click the 'Phish Alert' button.
- Before you put PHI in an email, think about whether using PHI is necessary. Use the Medical Record Number if identifying information is necessary instead of the patient's name.
- Avoid attaching a spreadsheet or other lists containing PHI to an email, when possible.
- If you need assistance, contact the Help Desk.

Due to the serious damage that can be caused by successful phishing attempts, SRH has implemented a security awareness and training program to inform and assess Team Members' compliance with the above guidelines. SRH audits this compliance on an ongoing basis.

Information Technology Acceptable Use Policy

Access to social media resources from the SRH network are granted for business purposes only. Examples of social media platforms include Facebook, Twitter, YouTube, LinkedIn, blogs, podcasts, and message boards.

Users of social media platforms must not post confidential information such as patient data, financial information, or proprietary information.

Team Members, physicians, volunteers, or other associates of SRH not acting in an official capacity should make it clear in their online communications that they are speaking personally and not on behalf of the organization.

All posts to social media should always adhere to the Code of Ethics. Social media platforms are public forums, and anything posted to them can be viewed by anyone at anytime. Individuals may be held personally liable for defamatory, proprietary, or libelous commentary up to and including termination.



Wear ID Badge with picture and name visible at all times.

Check to make sure vendors and contract workers display proper ID.

SELF REGIONAL HEALTHCARE IS A HEALING ENVIRONMENT

Workplace violence is recognized as a major safety issue in hospitals and healthcare facilities across the country. Both physical and psychological contributors to workplace stress and psychological trauma that can negatively impact team member health and quality of life. Self Regional Healthcare is committed to reducing the threat of workplace violence and protecting our team members.



WE CARE ABOUT YOUR SAFETY.

- Our commitment is to provide a safe, violence-free workplace by ensuring an equal commitment to the safety and a health of our team members
- There will be zero tolerance for violence of any nature against our team members and we will address incidents seriously
- Potential sources of violence in health care facilities includes patients, visitors, intruders and even coworkers

IT'S NOT PART OF THE JOB.

- Your safety is a top priority and your duty to care shouldn't jeopardize your personal security
- Your clinical obligation to "DO NO HARM" should extend beyond the patient to your fellow team members and yourself
- Research indicates that workplace violence in health care is vastly underreported because many team members believe that it's part of the job, and that it is not the case.

Workplace Safety

SEE SOMETHING, SAY SOMETHING. YOU REPORT. WE SUPPORT.

- Your participation in identifying and reporting incidents of violence is critical to the overall safety of our organization
- Team members are encouraged to report all incidents of physical or verbal abuse whether it is committed by a patient, visitor, or coworker. This includes intentional and unintentional acts
- Depending on the source and severity of the incident, we will help act available to seek justice and protect you from harm

WE'RE HERE TO HELP.

- We have a dedicated Threat Assessment Team that meets monthly and acts on any critical incidents that are reported. By conducting risk assessments, the team proactively addresses potentially violent situations.
- Security Department has increased its workforce and enhanced its camera coverage and surveillance.
- For emergencies, call 4000 at SRH. Call 1100 at ECH.

Prohibited behavior includes but is not limited to the following: Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior.

Workplace Safety

Keep Yourself Safe and Secure

Keep these safety tips in mind at work and while coming and going from the hospital:

- Lock your personal belongings while at work.
- Walk with co-workers when entering or leaving work.
- Call security if you would like an escort to your car.
- Use Call Boxes in parking lots when necessary.
- Lock your car and do not leave any thing valuable visible in your vehicle.

If you see this **STOP** sign on a patient's door, Report to the nurse's station before entering.



This sign will be utilized for many purposes including:

1. Patient's privacy
2. Family's request
3. Team member safety

Workplace Safety

To help ensure a safe environment for patients, team members and visitors, written safety plans are in place and safety rounds are routinely conducted in the hospital and at all SRH facilities.

The hospital Safety Management Plan is found on the hospital intranet, under Policies and Procedures tab, then Emergency Management Tab.

The departmental/unit specific Safety Management Plan is found in the Yellow Environment of Care Manual.

Document Control

It is very important to ensure you are using the most current version of forms, policies and procedures. Always validate by looking at the revision levels and dates on the documents. The most current documents are always available on the hospital intranet - Policies and Procedures.

As a team member of SRH, you are the key to safety for yourself, our patients, other team members and visitors. Notice and correct unsafe conditions or report them to your supervisor, nursing supervisor, or Risk Management immediately.



Culturally Competent Care

Inclusive Work Culture:

Although often used in tandem with diversity, inclusion is a concept of its own. Inclusion is defined separately from diversity as the achievement of a work environment in which all individuals are treated fairly and respectfully, have equal access to opportunities and resources, and can contribute fully to the organization's success.

Diversity refers to the traits and characteristics that make people unique while inclusion refers to the behaviors and social norms that ensure people feel welcome.

Above everything, inclusion is being kind and considerate. It is treating everyone with respect. Building an inclusive culture is the shared responsibility of team members, leaders, and providers. It takes intention at EVERY level to sustain an inclusive workplace.

Cultural Competence:

Cultural competency enables us to better serve and relate to our diverse patient population and to each other. It refers to the ability of health care providers and health care organizations to understand and respond effectively to the cultural and language needs brought by the patient to the health care encounter. Again, respect is at the heart of cultural competence. Patients who believe the caregivers respect their beliefs, language, and traditions are more likely to communicate freely and honestly, which can in turn, reduce disparities in healthcare and improve patient outcomes. Providing culturally and linguistically appropriate services is a way to ensure the quality of services provided. The following pages provide guidance on providing culturally and linguistically appropriate services related to:

1. Limited English Proficiency (LEP)
2. Communications for the deaf or hard of hearing
3. Sexual orientation / Gender identity

Culturally Competent Care

SRH will make accommodations for all patients with limited English proficiency (LEP)

- Interpreter and translations services
 - Translation services for Spanish speaking population are available through interpreters at both SRH/ECH.
 - SRH - Contact the hospital switchboard and ask them to page an interpreter
 - All informed consent forms include a section to document whether or not interpreter services were used. This section is to be completed by the team member consenting the patient.

Was an interpreter needed for this consent?

Yes

No

- Interpreter Call Service Utilized/Interpreter ID number _____
S _____ the Spanish version
- SRH Certified Team Member Interpreter name/Employee ID number _____
- Cyracon SRH Account Code
501013 Patient was provided interpreter call service or certified team member interpreter, but patient requested a non-certified interpreter (family member, friend, or associate). Name of interpreter _____



Culturally Competent Care

SRH/ECH will make accommodations available to those patients with hearing impairments.

SRH

- **Video relay carts for sign language are obtained by calling the IT helpdesk**
- **TDD = telecommunications device for the deaf. This device utilizes a telephone for typing messages between users. Contact Clinical Technology Services as needed to TDD equipment or for closed caption TV.**

ECH

- **Certified sign language interpreter is available on an as needed basis**



Culturally Competent Care

Sexual Orientation/Gender Identity (SOGI)

SOGI functionality was introduced in the new version of Epic

What you need to know:

1. Team Members will not be asking every patient the questions associated with SOGI functionality
2. Team members will need to be prepared to record information when presented by the patient
3. For the safety of the patient, legal name and legal sex will be used for identification and care

Why is it important:

- When patients feel comfortable discussing their medical history, and providers have the information they need to help treat their patients, everyone wins!
- If members of the care team are ‘surprised’ or ‘confused’ when the patient discloses their gender status, the team may act in an offensive way, even though unintentional
- We should all be prepared for respectful interactions and let the patient know their medical needs will be taken care of.

Best Practices for Communication:

- Interact respectfully, in a sensitive manner without gestures, expressions, or comments which would isolate, offend, or otherwise place barriers on open communication.
- This includes conversations with other team members through normal workflow

Culturally Competent Care

SOGI

For patient safety, ID will be confirmed utilizing legal name and gender

Why?

- Despite gender identify, medical care and many test results can be gender dependent, so for safety, it is important to have the legal name and gender
- There can be insurance denials due to gender mismatches

Patient Safety

Falls:

- Patient falls lead to injury, increased complications, and increased medical cost. Our organization uses a patient fall reduction program to decrease or eliminate the number of patient falls during hospitalization. Organizations must also evaluate the effectiveness of their fall reduction programs, including tracking the number of falls, identifying reasons for each fall, and exploring fall prevention methods.
- Any unplanned descent from one level to another
- Immediately assess/treat patient
 - Notify MD, Next of kin (SBAR)
 - Document
 - Occurrence report
- Visitor falls
 - Notify security and Risk
 - Occurrence report in RL6 or appropriate form at ECH
- Employee falls
 - Fill out eSREO within 24 hours
 - If injured, go to Employee Health during business hours or notify the Nursing Supervisor after hours.



Current Falls Program:

All inpatients are assessed upon admission and as indicated for their fall risk potential.

If an inpatient is determined to be a fall risk, the following precautions are taken:

- Identifying fall risk magnet on door
- Yellow slippers
- Yellow tab on ID bracelet

Patient Safety

Restraints:

All patients have the right to be free from restraint or seclusion. Restraint or seclusion may only be imposed to ensure immediate physical safety of the patient, a team member or others and must be discontinued at the earliest possible time.

Physician order:

Must be in accordance with the order of a physician who is responsible for the care of the patient. Orders for restraints for non-violent/non self-destructive behavior must be renewed every calendar day, and the patient must be assessed approximately every 2 hours.

Abuse and Neglect Reporting:

Licensed healthcare providers are mandated reporters. Licensed personnel should be a first hand report to the appropriate agency, Adult Protective Services (APS) or Child Protective Services (CPS). We do have a hospital-wide policy. Case Management does need to be contacted, and we can assist with determining the appropriate agency to call. However, it is up to the team member who took the first hand report/concern to do the actual call.

Patient Safety

Proper Patient Identification:

Please use the following process to confirm Patient ID

1. **Use active** communication
2. **Ask patients** or the patient's representative to verbalize or write down TWO acceptable identifiers
 - Full name including middle initials
 - Date of Birth
3. **Do Not say:** "Hello Mr./Mrs. Smith, is your date of birth..?"
4. **Full name, middle initials and date of birth** will be used as the primary patient identifiers.
5. **If** the name or date of birth cannot be used, the last 4 digits of the MRN number will be used.

Patient complaints or grievances:

Patients have the right to make complaints or grievances about their care or treatment.

Our goal is to resolve concerns immediately.

If you are unable to resolve the concern immediately, please manage up the concern to your supervisor.

Patients may also contact:

- Corporate Compliance at 864-725-5046 or 864-725-5012
- Department of Health & Environmental Control at 1-800-922-6735
- DNV GL at 1-866-496-9647

Patient Safety

Ligature Risk

Recognize items that may pose a potential risk to those who have behavioral or suicidal risks.

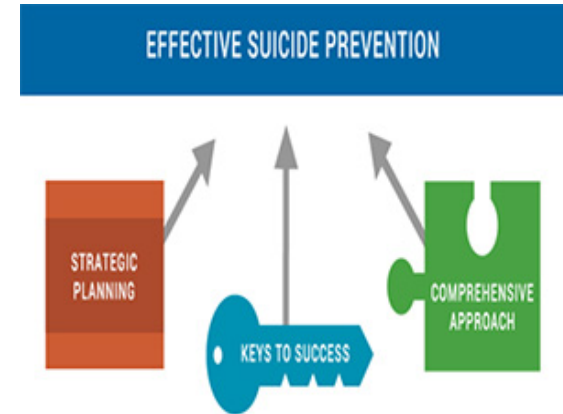
A **ligature Risk** is anything which could be used to attach a cord, rope or other material for the purpose of strangulation.

- Shower rails/curtains/towel bars
- Coat hooks, door knobs
- Pipes
- Bed foot/head boards
- Window/door frames
- Fire sprinklers
- Belts/sheets/towels/cords/tubing
- Mops/brooms
- Cleaning agents
- Plastic Bags
- Silverware
- Personal belongings
- Medication

If you have any concerns for you, your patients, or a visitors safety:

Clinical Staff will:

- Notify Security
- Alert the Physician
- Notify the Nursing Supervisor
- Notify the Manager/Director as appropriate
- Remove Ligature Point Risks as possible
- Do not leave suicidal patient unattended, until further precautions can be set up





Early Heart Attack Care

- Self Regional Healthcare has a national accredited Chest Pain Center.
- This ensures our team provides the highest standard of care to every patient that presents to our facility with chest pain.

Signs and Symptoms of a Heart Attack

Chest pain is the most common term that people associate with a heart attack, but people may experience and describe their symptoms differently. Approximately 50% of individuals having a heart attack experience early chest discomfort and the other 50% may be unaware or do not act on early warning signs.

- Crushing chest pain, pressure or tightness
- Shortness of breath
- Chest pain that travels to arms, back, jaw, or neck
- Unusual tiredness or extreme fatigue
- Nausea and indigestion
- Sudden dizziness

EARLY CARE SAVES LIVES

Chest pain can be a symptom of a **HEART ATTACK**. You also can feel heart attacks in other ways. Learn the warning signs.

CHEST PAIN CAN FEEL LIKE



Chest pressure, tightness, squeezing, or burning

Discomfort in your chest, shoulders, arms, back, neck or jaw



Pain that travels down one or both arms

Shortness of breath



Heartburn-like feeling



If you think you are having a heart attack, **DON'T DELAY.** Call 911 right away.

Women have **CHEST PAIN** as often as men when having a heart attack.

But women are more likely to have **3 or more other symptoms** as well.

OTHER SYMPTOMS OF HEART ATTACK INCLUDE

- Nausea or vomiting
- Unusual tiredness
- Cold sweat
- Dizziness or weakness
- Anxiety





Early Care & Calling for Help

SURVIVE. CALL 9-1-1
DON'T DRIVE.

Heart attacks have beginnings. Symptoms can start about 2 weeks prior to a major cardiac event. We want to recognize EARLY signs and symptoms, because the earlier that a heart attack is treated the less damage is done to the heart muscle. Call 911, do not drive. Treatment starts with EMS.

If you or someone around you starts experiencing one or more of the signs and symptoms of a heart attack call 911 or if you are in the hospital call 4000!



Self Regional Healthcare is a DNV accredited Primary Stroke Center

- We are a member of the American Stroke Association Get With The Guidelines program.
- We follow best practice guidelines for the care and management of a stroke patient





KNOW HOW TO REACT

Be prepared to recognize **STROKE** and take immediate action

STROKE SYMPTOMS ARE SUDDEN AND SERIOUS.

They can be easy to miss, but you know your loved ones best—and when they're not quite themselves.

So, trust your instincts and activate emergency response if something seems off.



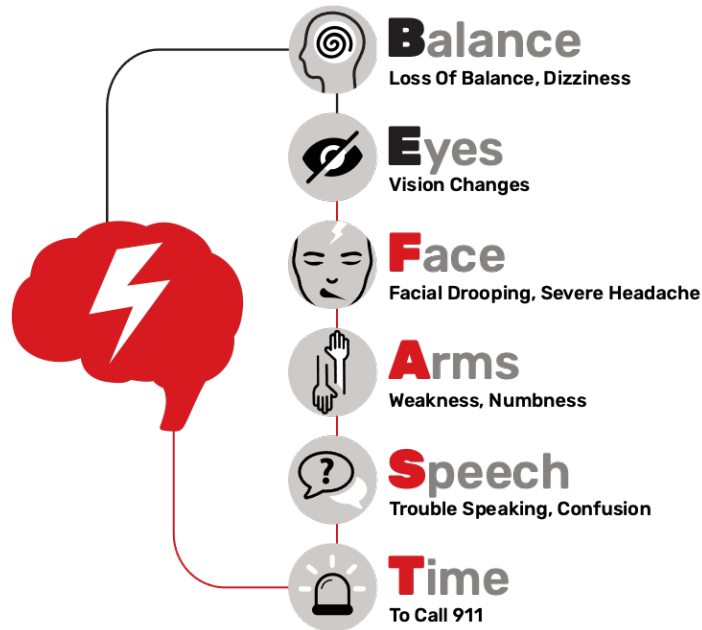
WAITING TO SEE IF SYMPTOMS GO AWAY IS NOT AN OPTION.

When it comes to stroke, time matters.
Your immediate action can help prevent brain damage
and long-term disability.



KNOW HOW TO REACT

To help you recognize signs of **STROKE**,
remember BE **FAST**



Now, learn more about these **sudden symptoms** of stroke.

BE FAST was developed by Intermountain Healthcare, as an adaptation of the FAST model implemented by the American Stroke Association. Reproduced with permission from Intermountain Healthcare. Copyright 2011, Intermountain Healthcare.



GET THE FACTS ON STROKE

TYPES OF STROKE



Ischemic stroke

This type of stroke occurs when blood flow through an artery is blocked, which accounts for 87% of all strokes.



Hemorrhagic stroke

This type of stroke occurs when an artery is ruptured, causing swelling, pressure, and damage to the brain.

REACT. DON'T REGRET.



Caring for the Stroke Patient

- A suspected stroke patient is evaluated emergently using CT scan to determine eligibility to receive a thrombolytic medication or clot buster. If they meet the criteria, the thrombolytic is given to dissolve the clot.
- Time loss is BRAIN Loss
- Patients who qualify for advanced treatment, such as clot removal, are transferred to hospitals with those capabilities.
- The patient is monitored in our designated stroke units (ICU/CCU, CICU, 8T) and is seen by a stroke coordinator to ensure appropriate care and services are provided. Other support staff include pharmacy and rehab services.
- Post discharge, the stroke support group provides resources and support services for the patient and family during their rehabilitation process.





What Do I Do?

If you or someone around you starts experiencing one or more of the signs and symptoms of a stroke call 911 or if you are in the hospital call 4000!

Time = BRAIN

“It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm.”

–Florence Nightingale

Healthcare Associated Infections(HAIs) lead to more deaths than AIDS, breast cancer and auto accidents combined

Infection Prevention

Infection Transmission & Prevention

Infections can be spread by contact with infected or colonized persons, contact with contaminated equipment or environment, or by droplets or airborne particles containing infectious germs.

Infections can be prevented by adherence to Standard Precautions every time with every patient:

- Hand Hygiene
- Environmental Cleanliness
- Cough Etiquette
- Isolation Practices
- Employee Health Requirements
- Safe Patient Care Practices

Infection Prevention

Work Practices: Hand Hygiene

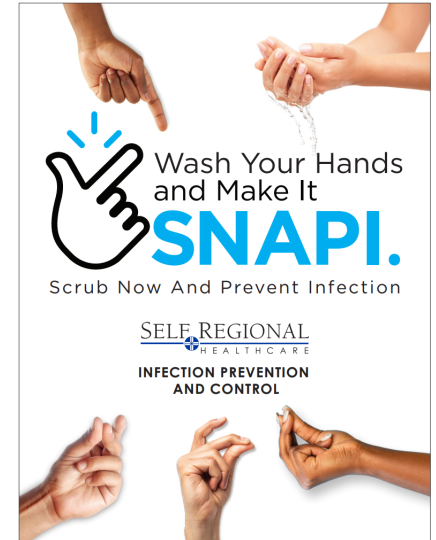
Hand hygiene should occur:

- Before and after patient contact.
- Before applying and after removing gloves.
- After contact with blood, body fluids, secretions, excretions, mucous membranes, and nonintact skin, even if gloves were worn during the contact.
- After touching environmental surfaces, equipment, or other articles that may be contaminated with blood, body fluids, secretions, or excretions.
- Before and after contact with your eyes, nose or mouth
- Anytime hands are visibly soiled.
- Employers shall provide readily accessible hand-washing facilities
- When not feasible, appropriate antiseptic hand cleansers shall be provided

A good rule of thumb is to "Wash In and Wash Out" when entering and leaving a patient room or treatment area.

Nails:

- Nails must be kept clean, neatly filed and well manicured.
- For persons involved in direct patient care or who handle patient supplies, nails should be no longer than 1/4 inch in length and covered with no more than nail polish.
- Artificial fingernails, tips, wraps, overlays or fillers can not be worn.



Infection Prevention

Cough Etiquette

- Cover your cough with a tissue or your upper sleeve (not your hands). **Do it in your sleeve!**
- Throw used tissues in a trash can (do not leave on the desk or other surfaces)
- Place a surgical mask on patients with a cough in public areas such as waiting rooms. Wear a mask around patients if you have a cough
- Wash your hands after contact with your eyes, nose or mouth or secretions



Infection Prevention

What are Multi-drug Resistant Organisms?

To survive, bacteria and viruses can over time develop resistance to the drugs (antibiotics and antivirals) used to kill them.

Multi-drug Resistant Organisms (MDRO) include:

- MRSA - Methicillin Resistant Staph aureus
- VRE – Vancomycin Resistant Enterococcus
- C diff - Clostridium difficile
- New! MDR-GNR – Multidrug resistant gram negative rods

MDROs are Usually – Spread by Contact with: Hands, Environmental surfaces, Equipment

MDROs Can Survive for a Long Time on Surfaces:

MRSA:	VRE:
Plastic charts = 11 days	Upholstery, furniture = 7 days
Laminated table top = 12 days	
Cloth curtains = 9 days	

MDROs Can Be Prevented By:

- Hand Hygiene
- Environmental & Equipment cleaning / disinfection between patients
- Routine environmental cleaning of all surfaces (carts/stretchers down to the wheels, privacy curtains, keyboards, etc.)
- Correct use of antibiotics – right drug for right length of time
- Screening and Contact Isolation of high risk patients



Infection Prevention

Environmental Cleanliness

Environmental Cleanliness is everyone's responsibility.

Involves 3 major areas:

- The building surfaces, furnishings, infrastructure (HVAC, Plumbing, Electrical)
- Equipment and Instruments
- Supplies

Points to follow:

- Use only **approved** disinfectants and cleaners
- Follow manufacturer's instructions for use and contact time of disinfectants and cleaners (IFUs)
- Maintain IFUs on equipment and supplies
- Know what EVS cleans and what the department cleans
- Report any building issues to Facilities
- Clean visible soiling prior to disinfection of surfaces or instruments
- Follow your department's schedule (don't forget the desks and counters)
- Clean high touch surfaces daily and when soiled
- Disinfect all patient care equipment between patients
- Consider how the equipment will be disinfected prior to purchase. Consult Infection Prevention
- Maintain separation of clean and dirty in all areas



Infection Prevention

Patient Care Supplies and Meds

Keep supplies clean

- Cleanse Hands before contact
- Store in a clean, dry area at least 2 feet from a water source, 18 inches below the sprinkler heads and at least 8 inches off the floor
- Storage racks for patient care supplies must have a solid bottom shelf
- Store nonsterile patient care supplies below sterile supplies on shelves
- Store covered or in cabinets if not in a designated room used only for that purpose
- Store linens in a linen room or covered on carts or in cabinets. Do not leave linens where they can contact supplies, equipment or traffic
- Do not allow food or drink in storage areas, on carts, in areas where there may be soiled items. EAT AND DRINK IN DESIGNATED AREAS ONLY!
- Do not use single patient equipment on multiple patients. Roles of tape are single patient use only



Infection Prevention

Work Practices: General Trash

Dispose of General Trash in a Regular Bag **unless** visibly contaminated with blood:

- feces, urine
- respiratory secretions, saliva
- vomitus
- sweat, tears

Bulk Fluids

- Do not put bulk body fluids or drinks into trash bags.
- Wear PPE and pour fluids down the sanitary sewer system
- Dispose of empty container in the trash bag.

Dispose of Bags

- After sealing tightly
- Place in the blue trash cart or down the trash chute.
- Keep cart doors closed.



Infection Prevention

Work Practices: Infectious/Regulated Waste

Infectious/Regulated waste disposal is governed by OSHA and SC-DHEC regulations.

It must be placed in closeable, leak-proof containers built to contain all contents during handling, storing, transporting or shipping and be appropriately labeled or color-coded.

Place infectious/regulated waste in a **Red Bag** if:

- Blood, bloody material, tissue, amniotic, synovial, pericardial, thoracic, peritoneal, and CS fluids.
- Lab waste
- Disposable vaginal speculums
- Items soaked or caked with "potentially infectious materials." If it drips when squeezed or flakes when dried, it is soaked or caked.

Dispose of Bulk Blood or Bloody Liquids Safely

- Solidify/Decontaminate bloody fluids in the canister and discard as general waste, or
- Wear appropriate PPE & Pour carefully into commode or hopper after beginning the flush

Dispose of Sealed Red Bags

- Place in red carts. Doors must be kept closed.
- Do not place in a chute.
- Red bags from the OR may be placed in a chute if they do not contain any heavy rigid items, such as drainage canisters.



Infection Prevention

Work Practices: Laundry

- Handle contaminated laundry as little as possible and use PPE
- Must be bagged or containerized at location where used
- No sorting or rinsing at location where used
- Must be placed and transported in labeled or color-coded containers

Manage ALL soiled linen as the same, according to policy

- Place all soiled linen into [BLUE](#) leak-proof bags
- Loosely fill bags
- Tie the bag securely at the top when 2/3 full (or less)
- Do not throw bags of soiled linen in the floor or store in the same container, or next to trash.
- DO NOT LEAVE SHARPS IN THE LINEN!!
- If the outside of the bag becomes soiled, place it in an additional clean blue bag.

Dispose of Linen

- In sealed bags. Never place loose linen in a cart or chute.
- Place bags in blue linen cart or down the linen chute.

Maintain separation of regular trash, infectious/regulated waste and soiled linen.



Infection Prevention

Isolation Practices

Transmission-Based Precautions

Transmission-Based Precautions are used in addition to Standard Precautions for patients known or suspected to have communicable infections.

Transmission-Based precautions include:

- Contact
- Droplet
- Airborne

Abide by all precautions listed on the isolation sign posted outside of patient rooms.



Infection Prevention

Initiating Transmission-Based Precautions:

1. Place correct isolation sign on the door
2. Obtain any needed supplies/PPE
3. Educate patient and family on precautions
4. An order must be placed in Epic by either the nurse or provider for the specific type of isolation required
5. Follow any additional required steps specific to the type isolation, such as performing the tissue test for airborne precautions.

Contact Precautions

Patients with known C. diff or who have a pending test for C. diff should be placed on contact precautions and the brown stop sign should be utilized to alert staff to the need for some additional precautions, that include:

- Only bleach based disinfectants should be used for cleaning room surfaces and anything leaving the room. If you can't disinfect it, don't take it into the room
- Use soap and water to wash hands instead of alcohol-based hand sanitizer.

Infection Prevention

Respirator Fit Testing

What is Respirator Fit Testing?

- Testing is designed to provide an effective facial fit as part of a comprehensive Respirator Protection Program (OSHA 29 CFR 1910.134)
- Its purpose is to aid in the protection of team members from airborne pathogens

Who Should Be Fit Tested?

All team members, contract workers, and students who are required to wear respiratory protection due to the nature of their work at Self Regional Healthcare. Some infectious diseases that require airborne precautions are:

- COVID
- TB/rule out TB
- Measles
- Varicella (Chicken Pox)
- Disseminated Herpes Zoster
- SARS/MERS/COVID

When Should You Be Fit Tested?

- New hires will present to EH upon hire for fit testing, if applicable
- Prior to initial use, if you require respiratory protection and have not been fit tested previously
- Annually as part of your Annual Health Assessment with EH and as needed for the following:
 - Weight change +/- 20 lbs
 - Medical condition change
 - Whenever any event occurs that can alter facial structure or size, including facial surgery
 - Before use of a different respirator model for which you have been fit tested

Infection Prevention

Using N95 Respirator

Donning Respirator

1. Wash hands.
2. Be sure to fully open respirator
3. Using index fingers and thumbs, separate two headbands
4. While holding headbands with index fingers and thumbs, cup respirator under chin
5. Pull headbands up over head
6. Release lower headband and position at base of the neck
7. Position remaining headband on crown of the head
8. Conform nosepiece across bridge of the nose
9. Adjust respirator and secure edges until good facial fit obtained
10. Proceed with user seal check

User Seal Check

- Inhale and exhale somewhat forcefully several times. The respirator should collapse slightly when inhaling and expand slightly when exhaling.
- The wearer should not feel air leaking between the face and mask. Do NOT proceed into precaution room if able to feel air leaking.
- Always perform a user seal check each time you don an N-95 mask.

If the wearer is having a problem successfully completing a user seal check:

- Make sure headbands are properly positioned, especially the top headband. It is designed to hold the bottom of the respirator snugly in place.
- Continue to adjust nose piece until good facial fit is achieved.

Questions? Please contact Employee Health.

Blood Borne Pathogens

What are Bloodborne Pathogens (BBP)

Bloodborne pathogens are usually viruses or bacteria that are present in human blood or blood products and other potentially infectious materials (OPIM). Bloodborne pathogens can cause disease or death when transmitted from an infected person to another person.

BBP can be in blood and Other Potentially Infectious Materials (OPIMs) such as:

- Semen, Vaginal secretions, Cerebrospinal fluid, Synovial fluid, Pleural fluid, Pericardial fluid, Peritoneal fluid, Amniotic fluid, Saliva in dental procedures
- Any body fluid visibly contaminated with blood
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids should be considered potentially infectious

Most Common Bloodborne Pathogens are:

- HIV – Human Immunodeficiency Virus
- HBV – Hepatitis B Virus
- HCV – Hepatitis C Virus

Other BBPs include:

Malaria	Arboviral infections
Syphilis	Relapsing fever
Babesiosis	Creutzfeld-Jakob Disease
Brucellosis	Human T-Lymphotropic Virus Type 1 and 2
Leptospirosis	Viral hemorrhagic fever

Blood Borne Pathogens

The biggest risk of BBP infection in the workplace is through exposure to blood or blood products and other potentially infectious materials (OPIMs)

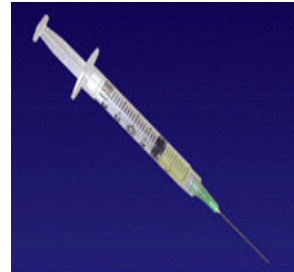
How does exposure occur?

- Most common: needlesticks
- Cuts from other contaminated sharps (scalpels, broken glass, etc.)
- Contact of mucous membranes (for example – the eye, nose, mouth) or broken (cut or abraded) skin with contaminated blood

To Prevent Exposures, We Must Have an Exposure Control Plan: Identifies jobs and tasks where occupational exposure to blood or other potentially infectious material occurs

Describes how the employer will:

- Ensure use of personal protective equipment
- Provide training
- Provide medical surveillance
- Provide hepatitis B vaccinations
- Use signs and labels



Blood Borne Pathogens

Standard / Universal Precautions

Exposure to BBP can be prevented by the use of Standard or Universal Precautions and the SRH Exposure Control Plan.

Standard / Universal Precautions Plan includes:

- Treat all human blood and certain body fluids as if they are infectious. Do not touch the wet stuff without the appropriate precautions
- Must be observed in all situations where there is a potential for contact with blood or other potentially infectious materials

In other words, whether or not you think a person's blood or body fluid is infected with bloodborne pathogens, treat it as if it is.

Do not touch the wet stuff without the appropriate precautions.

Blood Borne Pathogens

Personal Protective Equipment (PPE)

When it is reasonably anticipated that you will have contact with blood/body fluids or potentially infectious substances, you must first wear personal protective equipment (PPE) which is appropriate to protect you during the performance of your job duties.

PPE is:

- Specialized clothing or equipment worn by an employee for protection against infectious materials
- Must be properly cleaned, laundered, repaired, and disposed of at no cost to employees
- Must be removed when leaving area or upon contamination

Types of PPE

- Respiratory (masks, respirators)
- Head (bonnets, hard hats)
- Face & Eyes (face shield, mask, goggles)
- Hand & Foot (gloves, booties)
- Body (water proof gown, bunny suit)
- Hearing (ear plugs, ear muffs)

Choose the Right PPE

- Correct type for the job or isolation category
- Correct size
- Correct application and removal technique

PPE must not be worn in hallways or outside the work site unless duties are performed there.



Blood Borne Pathogens

Work Practices: Glove Choices

- Exam gloves (latex, nitrile, vinyl) – non-sterile and used for contact with blood, body fluids, mucous membranes, nonintact skin, contaminated surfaces, contact isolation environment, food contact and light cleaning.
- Utility gloves (heavy fluid proof material) – used in maintenance & repair involving contaminated surfaces and heavy housekeeping tasks that might tear exam gloves.

Use Gloves.....

- When your skin is cut or chapped
- When there is reasonably anticipated contact with blood, other potentially infectious materials, or mucous membranes
- When examining abraded or nonintact skin or patients with active bleeding
- When touching contaminated surfaces or equipment
- During housekeeping and cleaning involving body fluids
- During decontamination procedures
- During food handling

Do Not Use Gloves...

- For contact with intact skin (except in Contact Precautions)
- As a replacement for hand hygiene
- To touch elevator buttons, door knobs or keyboards others may touch without gloves



Blood Borne Pathogens

Work Practices: Sharps

- Sharps are considered any item that can puncture your skin. Use and dispose of sharps safely.
- Needles and sharps are not recapped, bent, broken, or cut.
- Safety devices are activated immediately after use and are disposed of in a puncture-resistant container near the location of use.
- Broken glass is never picked up by hand. Tongs, forceps, or another mechanical device should be used and the glass discarded in a puncture-resistant container
- **Never leave a sharp in linens.**

Place anything that can cut skin in a sharps container



Beginning April 15, 2010

SELF REGIONAL HEALTHCARE

IS IMPLEMENTING THE STERICYCLE SHARPS MANAGEMENT SERVICE.
THIS FULL SERVICE UTILIZES THE BIO SYSTEMS REUSABLE SHARPS CONTAINERS.

SHARPS DISPOSAL PROTOCOL

ONLY DEPOSIT:

- Needles
- Syringes
- Scalpels
- Broken glass
- Broken capillary tubes
- Broken rigid plastic
- Lancets
- Needle counters

DO NOT DEPOSIT:

- Chemotherapeutic products
- Tape
- Paper
- Bandages/gauze
- Exam gloves
- Alcohol preps
- Liquids
- Batteries
- Hazardous waste
- Pharmaceutical waste

Sharps are any objects that are contaminated or have the potential to be contaminated with an infectious substance and are capable of penetrating skin or packaging materials.

Bio Systems™
Reusable Sharps Containers

**Any questions
or service requests
should be directed to:**

ON APRIL 15th STERICYCLE WILL
CONDUCT A PRE-INSTALL SURVEY.
* IN SERVICE TRAINING WILL BE

GIVEN UNIT TO UNIT ON HOW THE
PROCESS WORKS. INSTALL DATE
TO BE DETERMINED, PLEASE SEE

THE BENEFITS REFERENCED BE-
LOW

Blood Borne Pathogens

Work Practices: Blood and Body Fluid Spills

Blood and body fluid spills are removed using an approved disinfectant according to SRH policy. The healthcare worker should wear personal protective equipment (PPE) appropriate to the procedure when dealing with spills. Liquids contaminated with blood or body fluids can be discarded in a drain connected to a sanitary sewer.

Disinfect Blood Spills Immediately!

Use

- Hospital approved intermediate level disinfectant
- 1:10 dilution of bleach freshly mixed (1 part bleach to 9 parts water)

Procedure

- Protect yourself.
 - Put on gloves and any additional PPD needed.
- Clean up spill.
 - Lay a paper towel over the spill and saturate it with disinfectant
 - Wipe up all visible spill with paper towels
 - Discard towels in appropriate receptacle (if saturated and will drip, place in red biohazard bag)
- Disinfect surface.
 - Spray or wet surface with disinfectant and allow to decontaminate for **1 minute**
 - Remove PPE & WASH HANDS

For small splatters on equipment or surfaces:

- Wipe up splatter with one wipe
- Wipe cleaned surface with second wipe and let contact the surface for 3 minutes

Blood Borne Pathogens

Exposure Incident Is

A specific contact with:

- Blood or OPIM
- Results from the performance of an employee's duties
- Contact with Eye, mouth, or other mucous membrane, non-intact skin, parenteral contact

Treat Exposures Quickly –

What to do if an exposure occurs?

- Wash exposed area with soap and water
- Flush splashes to nose, mouth, or skin with water
- Irrigate eyes with water or saline
- Report the exposure
- Direct the worker to a healthcare professional

Report Your Exposures

- Notify your instructor

DO NOT ATTEMPT TO TREAT YOURSELF!

Hazard Materials and Safety Data Sheets

Safety Data Sheet (SDS)

What is a Safety Data Sheet (SDS)?

Have you ever bought something new that was unfamiliar to you, like a Bar B-Q grill, a VCR or an appliance?

The first thing you probably did was read the instructions. In most cases, instructions include information and warnings about how to use your new purchase safely.

Safety Data Sheets (SDS) contain information that will help you to safely use the potentially hazardous chemical that you may come into contact with on the job.

There is a SDS available for each hazardous chemical in your work area. It tells you how to use, handle, and store the substance safely. It also lists emergency and first aid procedures. There is a pictogram on the label to alert users of chemical hazards to which they may be exposed.

To obtain an SDS, call the hotline at 1-800-451-8346

The SDS hotline number is on the telephone face plate or a bright yellow and black sticker.



SDS hotline number

Hazard Materials and Safety Data Sheets

All hazardous chemicals or materials must have a label that will specify at least:

1. The chemical name
2. Any specific warning or other hazard information
3. Identification of the manufacturer or supplier and address

These labels provide information about hazards to workers using chemicals under normal conditions of use.

The labels include pictograms. Each pictogram consists of a symbol on a white background framed in a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

<p>Health Hazard</p>  <ul style="list-style-type: none">• Carcinogen• Mutagenicity• Reproductive Toxicity• Respiratory Sensitizer• Target Organ Toxicity• Aspiration Toxicity	<p>Flame</p>  <ul style="list-style-type: none">• Flammables• Pyrophorics• Self-Heating• Emits Flammable Gas• Self-Reactives• Organic Peroxides	<p>Exclamation Mark</p>  <ul style="list-style-type: none">• Irritant (skin and eye)• Skin Sensitizer• Acute Toxicity (harmful)• Narcotic Effects• Respiratory Tract Irritant• Hazardous to Ozone Layer (Non-Mandatory)
<p>Gas Cylinder</p>  <ul style="list-style-type: none">• Gases Under Pressure	<p>Corrosion</p>  <ul style="list-style-type: none">• Skin Corrosion/ Burns• Eye Damage• Corrosive to Metals	<p>Exploding Bomb</p>  <ul style="list-style-type: none">• Explosives• Self-Reactives• Organic Peroxides
<p>Flame Over Circle</p>  <ul style="list-style-type: none">• Oxidizers	<p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none">• Aquatic Toxicity	<p>Skull and Crossbones</p>  <ul style="list-style-type: none">• Acute Toxicity (fatal or toxic)

Hazard Materials and Safety Data Sheets

Guidelines for Handling Hazardous Material Spills

In the event that a hazardous material is spilled, there are several factors that would determine what should be done, such as quantity spilled, characteristics of chemical (toxic, corrosive, flammable), location, exposure and contamination.

Minimal actions to be taken:

- Clear people away from the area of the spill.
- Attend to anyone that is contaminated. Clothing needs to be removed, skin and eye(s) flushed for a minimum of 15 minutes.
- Remove ignition sources, turn off all power sources when flammable liquids are Involved.
- Contain spill in as small an area as possible.
- Follow appropriate guideline procedures obtained from [SDS on Demand @ 1-800-451-8346](#) for containing and cleaning up spill.

For SRH:

- Call Safety & Security and report the spill.
- If no answer, call the operator at 4000. Operator will announce "Facility Alert + Type of Spill/Release + Location + Directions".
- If a mercury spill, call the Environmental Services Department.

Hazard Materials and Safety Data Sheets

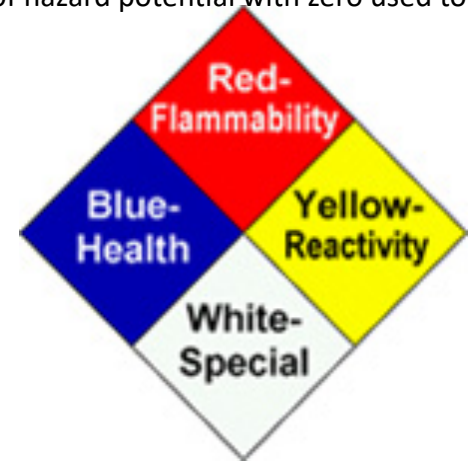
NFPA :

The National Fire Protection Association used the NFPA 704 system which provides basic information about hazards for emergency personnel responding to a fire or spill and those planning for emergency response.

This system uses a diamond-shaped diagram of symbol numbers to indicate the degree of hazard associated with a particular chemical or material. These diamond shaped symbols are placed on containers of chemicals or materials to identify the degree of hazard associated with the chemical or material. Each category is divided into five levels (0-4) of hazard potential with zero used to indicate no special hazard and four used for severe or extreme hazard.

Chemical Safety

- Chemicals used in any organization must always be labeled correctly.
- When the chemicals are poured into smaller containers for use, the container must have the correct label.
- One must never mix chemicals; this can lead to harmful fumes or other hazards.
- Chemicals must be safely stored because some may be flammable.
- Personal protective equipment should be worn as needed according to the SDS recommendations.



Hazard Materials and Safety Data Sheets

Radiation Safety

Self Regional Healthcare and ECH both have policies/procedures that address safety related to the use of radiation from radioactive sources and from radiation-producing machines for diagnostic and therapeutic purposes. It has guidelines that address radiation safety for personnel and patients to avoid unnecessary radiation exposure. Staff and personnel are monitored to assess the amount of radiation to which they may be exposed. These guidelines include provisions for assuring protection of healthy tissues in patients undergoing radiation therapy.

Protection is accomplished through the use of:

- Shielding blocks
- Molds
- Masks
- Measuring actual doses of radiation delivered
- Using lead aprons and gloves under specified conditions
- Film badges



Ring badges are required when handling sealed and unsealed sources of radioactivity.

Written safety procedures for the safe handling of radioactive materials are prominently displayed in radioactive source storage areas, where trained staff members load applicators with sealed sources or measure unsealed radioactive sources for diagnosis or therapy.

Documentation is also important when dealing with radioactive materials. Documentation indicates that department staff members have received adequate training in the use of the guidelines.

Magnetic Resonance Imaging (MRI) Safety

- The MRI Scanner is a machine that is used to take images of all parts of the body.
- It is similar to a CT (Cat Scan) machine but it uses a magnet instead of radiation.
- The magnet is very powerful and can even affect areas outside the room it is located in.
THE MAGNET IS ALWAYS ON.
- MRI is NOT safe for everyone.
- Everyone must be screened before entering the MRI Department by MRI personnel.
- Only approved oxygen tanks are allowed.
- "Code Blue" will not be conducted inside the magnet room.

THE MAGNET IS ALWAYS ON



Hospital Emergency Preparedness

Prepare for the unexpected. It is everyone's responsibility here at Self Regional to be prepared! Your response is in your Departmental/Unit Specific Disaster Plan. Read it, and know it. The types of emergencies we have include:

Intercom Message	Reason	General Team Member Response
Facility Alert + Fire Alarm + Location + Directions	Fire Alarm Triggered	Fire alarm(s) have been triggered Fire alarm(s) are being investigated If confirmed to be actual fire/smoke event; a Facility Alert + Fire + Location + Activate Incident Command will be announced.
Facility Alert + Fire + Location + Activate Incident Command	Actual Fire/Smoke Event	Rescue anyone in immediate danger Activate nearest fire alarm pull station. Contain the fire by closing doors, etc. Extinguish if able to do so. Evacuate if there is immediate danger.
Code BLUE + Location	Adult Cardiac Respiratory Arrest	Immediate response from team members in affected area.
CODE 99 + Location	Pediatric Cardiac Arrest	Immediate response from team members in affected area.
VISITOR EVENT + Location	SRH hospital building only for visitor in distress	For SRH hospital building only - Any team member can call 4000 to activate. <u>Decision Point: Code Blue vs. Visitor Event:</u> <ul style="list-style-type: none"> Can the visitor verbally communicate what is wrong? <ul style="list-style-type: none"> Yes – Call VISITOR EVENT NO – Call CODE BLUE
Security Alert + Missing Person Description + Location + Directions	Missing Person to include infants, children and adults	Activate Hospital Access Control Procedures
Security Alert + Immediate Threat + Location + Directions	Bomb Threat	Activate Bomb Threat Policy/Procedure; If in receipt of call use form QSF-EM-0035; DO NOT touch / move any unusual item- isolate area and notify Security at 4000.
Facility Alert + External Disaster + Location + Directions	External Disaster	Activate individual specific department plans
Facility Alert + Decontamination + Location + Directions	Decontamination	Activate SERT Decon Team, Prepare Ambulance Bay for influx of patients needing Decontamination.
Facility Alert + Evacuation + Location + Directions	Evacuation	Activate individual department specific disaster plan
Facility Alert + Type of Spill/Release + Location + Directions	Hazardous Material Spill/Release	Do not enter area. Identify substance if possible- Notify Safety/Security at 4000.
Facility Alert + Weather Event + Location + Directions	Weather Emergency	Instruction and direction given over intercom for all team members.
Facility Alert + Utility/Technology Interruption + Location + Directions	Utility/Technology Interruption	If electrical loss- ensure essential equipment plugged into red outlets. Appropriate team members will respond. Refer to the departmental specific disaster plans.
Security Alert + Assistance + Location + Directions	Potentially Violent Situation or Person *Does NOT include Active Shooter*	To obtain additional assistance immediately to ensure control of an escalating situation involving a patient, visitor, or team member that has the potential for violence at Self Regional Healthcare, and to prevent or minimize loss or injury to patients, team members, visitors and SRH property.
Security Alert + Civil Disturbance + Location + Directions	External Disturbance	Team Member Response: Hospital will be on modified or full access control, team members should practice situational awareness.
Security Alert + Active Shooter + Location + Directions	Person or persons who appear to be actively engaged in killing or attempting to kill people on any SRH or SMG properties	Remember to Accept, Assess and ACT (Run-Hide-Fight) <ul style="list-style-type: none"> Accept that the emergency is occurring and respond immediately Assess what to do next so that you can save as many lives as possible, which depends on your location Act! Remember <u>Run – Hide – Fight</u> <ul style="list-style-type: none"> RUN: IMMEDIATELY EVACUATE the area and move far away until in a safe location HIDE: Seek a secure place where you can hide and deny the shooter access

Fire and Life Safety

Fire is always a concern in any location. However, it is a special concern in a health care facility. As you know, many patients are very sick and cannot easily move away from a fire. Also, there are many flammable chemicals that can cause a fire to quickly get out of control.

Centers for Medicare and Medicaid Services ([CMS](#)) and Occupational Safety and Health Administration ([OSHA](#)) require all health care team members to know what to do in case of a fire.

Basic Life Safety:

- Basic Life Safety is a set of code requirements designed to provide a reasonable degree of safety from fire and smoke.
- The design elements consist of fire and smoke barriers, as well as notification and suppression systems, i.e. fire walls, fire doors, decks between floors, exits and egress paths, fire alarms, sprinklers, extinguishers, components of mechanical and electrical systems.
- Participants in the Medicare and Medicaid programs are required to be compliant with the current CMS adopted version of NFPA 101 Life Safety Code.
- Barrier management is everyone's responsibility.



Fire and Life Safety

If You Discover a Fire

If you discover a fire, there are four steps you must take. A good way to remember these steps in the right order is to remember the word "RACE." Each letter in RACE stands for one of the steps.



RESCUE patients and visitors immediately from the fire and smoke area.

ACTIVATE the alarm. Call 4000 for and notify the operator of the fire. Give the exact location of the fire and pull the nearest fire alarm. For ECH call the operator to notify. For Satellite facilities call 911.

CONTAIN the fire and/or smoke by closing all doors to rooms and corridors.

EXTINGUISH the fire if you have the proper training to do so.

Fire and Life Safety

If You Hear the Fire Alarm Go Off:

- Move all patients and visitors from the hallways to a safe area, i.e., their rooms, waiting room.
- Check all rooms for smoke and fire, closing each door as you exit.
- Clear the hallways of objects as you go (i.e., carts, beds).
- If a fire is discovered, follow the fire safety procedures.



Fire and Life Safety

There are several different types of portable fire extinguishers. These are the A water, BC chemical, and ABC fire extinguishers. Kitchen areas are also equipped with K type extinguishers. Fire suppression sprinkler systems are installed in most all areas and serve as secondary fire extinguishment.



Type A Large and heavy weight silver body with flexible hose found in designated areas. Use on ordinary combustibles such as wood, cloth, paper, rubber and many plastics. The A water fire extinguisher is located in the corridors and stairwells in all patient care areas.



BC CO2 chemical fire extinguisher used for flammable liquids, live electrical and electronic fires. It is used in the laboratory, clean locations, computer and data processing areas.



The ABC chemical fire extinguisher is the most common type. It can aid in putting out several different types of fires. The letters ABC are codes for the types of fires it puts out:

- A. Wood and Paper Fires
- B. Liquid Fires
- C. Electrical Fires

Fire and Life Safety

Operation of a Fire Extinguisher

It is very important to know how to use a fire extinguisher. It can help you save someone else's life, or even your own!

To use a fire extinguisher stand 6 to 8 feet away from the fire and:

- Pull the pin.
- Release the hose.
- Squeeze the handle, moving the hose in a side-to-side sweeping motion at the base of the fire.



A way to remember how to use a fire extinguisher is PASS:



Pull the pin



Aim LOW



Squeeze the handle



Sweep from side to side.

Fire and Life Safety

Evacuation

In some instances it may be necessary to evacuate patients from a given area. Partial evacuation involves moving patients from a single dangerous room or unit to another area or floor. A total evacuation is moving all patients from a wing or building to the outside grounds or an adjacent protected area.

Evacuation procedures may need to be initiated as determined by Administration, Senior Nursing Shift Supervisor, or responding Fire Department Official and communicated through Incident Command Center as necessary. There are three levels of evacuation in specific order that affected staff, visitors and patients will follow:

- Horizontal Evacuation - relocation into adjoining fire/smoke compartments on same floor of event. These compartments are designed to provide not more than one hour of fire/smoke protection.
- Vertical Evacuation - use of stairwells (and/or elevators in adjacent buildings) for relocation onto a lower floor beneath the event. Each floor separation is designed to provide not more than two hours of protection from fire/smoke.
- Full Building Evacuation - In the hospital, will be announced as "Facility Alert Evacuation" and all occupants will use stairwells and follow exit signage to the determined safe zone outside the building. Satellite offices and ECH should evacuate to predetermined locations outside of the building.



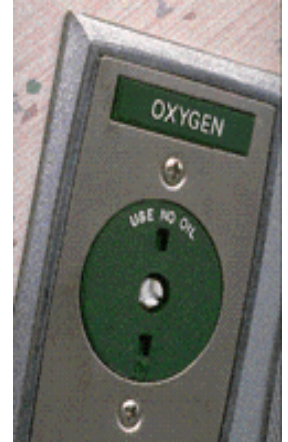
Fire and Life Safety

Oxygen Shutoff Valves

OXYGEN + HEAT + FUEL = FIRE

In the event of a fire:

1. Upon hearing the fire alarm announcement, Respiratory Therapy will respond to impacted patient care location(s) to assess patients who are on oxygen and supply them with portable oxygen.
2. The Charge Nurse or local Fire Department are the only two entities who can authorize shutting off the oxygen zone valve(s).



Active Shooter Response

An active shooter is defined as a person or persons who appear to be actively engaged in killing or attempting to kill people in the hospital or on the campus. In most cases active shooters use a firearm(s) and display no pattern or method for selection of their victims. In some cases, active shooters use other weapons and/or improvised explosive devices to cause additional victims and act as an impediment to police and emergency responders.

Each team member carries a **three-fold responsibility**:

- **First:** Learn the signs of a potentially volatile situation and ways to prevent an incident
- **Second:** Learn the best steps for survival when faced with an active shooter situation
- **Third:** Be prepared to work with law enforcement during and after the response

If an active shooter(s) comes into your area or enters your unit, office, or meeting room you should (**3 A's**):

- **Accept** that the emergency is occurring and respond immediately
- **Assess** what to do next so that you can save as many lives as possible, which depends on your location
- **Act!** Remember *Run – Hide – Fight*

HOW TO PREPARE FOR AND RESPOND DURING AND AFTER AN ACTIVE SHOOTER INCIDENT

Recent national tragedies remind us that the risk is real: an active shooter incident can happen in any place at any time. The best ways to make sure you and your loved ones stay safe are to prepare ahead of time and be ready. Taking a few steps now and mentally rehearsing what to do can help you react quickly when every second counts.

TAKE AN ACTIVE ROLE IN YOUR OWN SAFETY

NOW PREPARE	DURING SURVIVE	AFTER BE SAFE
<ul style="list-style-type: none">• Sign up for active shooter training• If you see something suspicious, say something• Know community response plans• Identify the exits and good places to hide• Learn and practice first aid skills and use of tourniquets	<ul style="list-style-type: none">• Run • Hide • Fight  <p>You may need to use more than one option.</p>	<ul style="list-style-type: none">• Help law enforcement• Seek out medical help• Help others survive• Seek help to cope with psychological trauma

Active Shooter Response

Act! Remember Run – Hide – Fight

1. Run – if it is safe to do so, the first course of action is to run out of the building and move far away until you are in a safe location.

- Leave personal belongings behind
- Visualize possible escape routes, including physically accessible routes for patients, visitors, or staff with access and functional need;
- Avoid elevators
- Take others with you but do not stay behind because others will not go
- Call 911 and 4000 when safe to do so



2. Hide – If running is not a safe option, hide in as safe a place as possible (and run when it becomes safe to do so). Deny the shooter access to your hiding place using any means necessary

- Hide in locations where the walls might be thicker, have fewer windows, and contain the least amount of piping for medical gases and vacuums.
- Lock the doors if door locks are available
- Barricade the doors with heavy furniture
- If you are in a specialty care unit, secure the unit entrance(s) by locking doors and/or securing the doors by any means available (furniture, cabinets, beds, equipment, etc.)
- Close and lock windows and close blinds or cover windows
- Turn off lights
- Look for other possibilities of escapes
- Silence all electronic devices
- Remain silent
- Use strategies to silently communicate with first responders if possible
- Hide along the wall closest to the exit but out of the view from the hallway
- Remain in place until given an all clear by identifiable law enforcement

3. Fight – *where your life or the lives of others are at risk, you may make the personal decision to try to attack and incapacitate the shooter to survive.*

- If there is no possibility of running or hiding, only as a last resort when your life and the lives of others are in imminent danger should you make the personal choice to attempt to distract and/or overpower the shooter.
- You could use items in your environment to incapacitate the shooter such as fire extinguishers, chairs, supplies, hot coffee, etc.
- You could make noise and/or movement.
- You could swarm the shooter to overpower.
- **If you disarm the shooter, never pick up the gun**

Remember 3 A's for Active Shooter Response are Accept, Assess and ACT immediately

Medical Equipment Management & Electrical Safety

What is medical equipment?

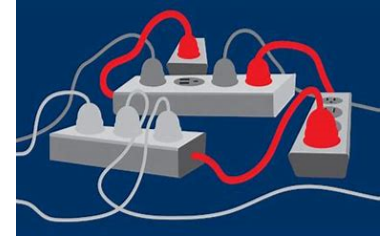
Medical equipment is used everywhere in the health system. Medical equipment is defined as equipment used for the diagnosis, care, monitoring, or treatment of a patient. It includes devices such as ventilators, heart monitors, thermometers, MRI scanners, sterilizers, laboratory analyzers, and patient beds.

1. All electrical medical equipment must be inspected for safety before it can be used on a patient or for patient care.
2. Preventative Maintenance (PM) is the scheduled maintenance plan for equipment.
3. Medical equipment must have an inspection sticker that is in date before being used in clinical care or Approved For Use sticker.
4. **Always look for a valid sticker.** The last day of the month on the sticker serves as the expiration date.

Medical Equipment Management & Electrical Safety

Electrical Safety Tips:

1. Surge protectors (power strips) may not be plugged into another surge protector; that is, no "daisy chains"
2. When unplugging electrical equipment, pull the plug, not the cord.
3. Do not use an electrical device if it throws sparks, has had liquid spilled onto/into it, has evidence of overheating by smell or touch, or controls do not work properly.
4. Personal electrical equipment must be visually inspected by department staff before use and re-inspected periodically for any changes that may make it unsafe to use.
5. **RED** outlets are on emergency power. Ensure all critical patient care equipment is plugged into the **RED** outlets. No other equipment is to be plugged into these outlets.





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- Best Place to Get Care
- Best Place to Give Care
- Financially Strong Organization