

# ***Safety Education 2023-2024 For Schools of Nursing***



**For more information or comments  
call the Education Department ext. 2280**

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\*\*\*\*\*EMERGENCY CODES\*\*\*\*\*

**DIAL 5555**

■ to report MOST  
EMERGENCY  
CODES



**EMERGENCY CODES**

 Code <b>Red</b> Fire	 Code <b>Blue</b> Patient Emergency	 Code <b>Green</b> Physically Acting Out Individual
 Code <b>Orange</b> Severe Weather	 Code 7 Evacuation/Shelter In Place	 Dr. Star Security



## EMERGENCY CODES



Code **Pink**  
Missing or Abducted  
Infant /Child



Code **White**  
Obstetrical/Neonatal  
Emergency



Code **Yellow**  
Chemical Spill



Code **6**  
Disaster/EOP Activation



Code **SILVER**  
Active Shooter/Individual with  
a Weapon or Hostage  
Situation



Code **10** Bomb  
Threat

## EMERGENCY CODES



Code **Black**  
Ambulance Diversion



OB Protocol Maternal  
Hemorrhage



Rapid Response  
Patient  
Deterioration

## DIAL 911 IMMEDIATELY

### If you suspect:

- Code Silver- Active Shooter/Individual with a Weapon or Hostage Situation
- Code 10- Bomb Threat

911 can be  
dialed direct  
from any  
hospital phone!



### \*\*\*\*\*EMERGENCY CODES RESPONSE\*\*\*\*\*

## CODE RED - FIRE

RESCUE	ALARM	CONTAIN	EVACUATE EXTINGUISH
<ul style="list-style-type: none"><li>• <u>R</u>escue anyone in immediate danger</li><li>• Close the door(s)</li></ul>	<ul style="list-style-type: none"><li>• <u>P</u>ull the nearest fire alarm to the fire</li><li>• Call out "CODE RED" and room location to alert staff</li><li>• Dial x5555, Report "CODE RED", and exact fire location</li></ul>	<ul style="list-style-type: none"><li>• <u>C</u>lose the doors to all rooms</li><li>• Ensure the smoke/fire doors are closed</li></ul>	<ul style="list-style-type: none"><li>• <u>E</u>vacuate the immediate area and close doors</li><li>• If event is expanding, move horizontally through fire doors to the next fire compartment</li><li>• Fire Doors have a red sign that states "<i>In case of evacuation move to next compartment</i>"</li><li>• Do not enter the evacuated area until "Code Red – ALL CLEAR" is announced</li></ul>

## CODE RED - FIRE

### BEFORE ATTEMPTING TO EXTINGUISH A FIRE:

- ☐ ALL RACE procedures are being implemented.
- ☐ Your back is toward a safe and unobstructed exit where the fire will not spread
- ☐ Your confident in using a **FIRE EXTINGUISHER**

### Extinguishing a fire

**P**ull pin

**A**im low at  
base of fire

**S**queeze  
handle

**S**weep from  
side to side  
until fire is  
out

## CODE RED: FIRE

### TEAMWORK



Alarming your coworkers when you see smoke or fire



Clearing the halls every time code red is announced



Moving carts, computers and equipment into rooms or storage rooms



Preparing for the possibility of evacuating patients



Preparing for possibly receiving patients from another area

## CODE GREEN

### **ACTIVATED WHEN:**

- ☐ When staff require the response of designated personnel for an individual who is acting out
- ☐ DIAL 5555, State "Code Green" and the location
- ☐ The Operator will overhead announce "Code Green" and location
- ☐ A Security Officer will assume the leadership role

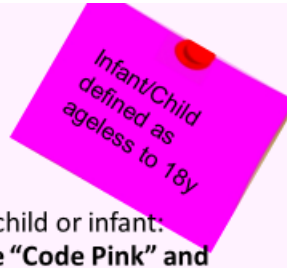


## CODE ORANGE-Severe Weather

- ☐ This policy includes severe weather procedures for the following events
  - ☐ Tornado
  - ☐ Severe Thunderstorm
  - ☐ Blizzard
  - ☐ Hurricane
  - ☐ Temperature Extremes (Hot/Cold)

## CODE PINK:

### Missing or Abducted Infant /Child



When a staff member becomes aware of a missing child or infant:

- ☐ Immediately notify the Operator at **5555**; state **"Code Pink"** and **the location**.
  - ☐ Provide the following information:
    - ☐ Age and gender
    - ☐ Visitor or patient
    - ☐ Any description, e.g., clothing height, hair color
- ☐ Search the entire area, monitor halls and look out windows
- ☐ Report any suspicious or unusual activity to the Hospital Command Center at ext. 5501
- ☐ Remember abductors may use diversion tactics, such as activating the fire alarm system to exit the building quickly

## CODE WHITE:

### NEONATAL/OBSTETRIC EMERGENCY

- ☐ A localized obstetrical or neonatal emergency that requires the attendance of a group of support staff. The Code White protocol will be initiated for ANY:
  - Emergency delivery outside of the maternity area.
  - Emergency Cesarean Section.
  - Obstetrical emergency including but not limited to abruption, prolapse cord, or loss of fetal heart.
  - Neonatal code less than 1 month of age.
- ☐ **Dial 5555**, to initiate a Code White, *report location, floor, unit and room number.*

## CODE YELLOW: Chemical Spill

### Report a Code Yellow When

- ☐ Present or imminent emergency situation involves hazardous material or waste
- ☐ Chemical spilled or released is unknown
- ☐ Clean-up protocol is unknown
- ☐ Chemical spilled or released is over approximately 500ml or 20oz (the size of a Soda Bottle)

**Dial 5555**  
**STATE CODE**  
**YELLOW AND**  
**LOCATION**

### Procedure

- ☐ Limit exposure
- ☐ Move patients and staff from immediate area
- ☐ Locate Safety Data Sheet (SDS) on the INTRANET
- ☐ Follow containment and clean-up protocol
- ☐ Notify
  - Your Manager
  - Nursing Supervisor/PFC
  - Safety Officer

## CODE 7: Evacuation/Shelter in Place

Evacuation of patients from a specific area **should occur only when absolutely necessary**. If no immediate danger, staff and patients should shelter in place and wait for instructions.

### Horizontal Evacuation:

- ☐ Move everyone in unit laterally to next compartment (same floor) protected by fire door.

### Vertical Evacuation

- ☐ Complete evacuation of a floor by moving individuals in a downward direction to the floor below if possible.

### Total Evacuation

- ☐ Complete evacuation of the facility as a last resort.

### Shelter in Place

- ☐ All staff, patients and visitors remain where they are until they receive further instructions.

## DR. STAR: SECURITY

ACTIVATED when there is an urgent need for Security assistance without the situation being known

- ☐ Dial **5555**
- ☐ Request **Dr. Star**
- ☐ Provide your name and location
- ☐ Remain calm
- ☐ The Operator will notify Security

## CODE SILVER:

Active Shooter/Individual with a Weapon or Hostage Situation

### LOCATE/NOTIFY

- ☐ **WARN:** Shout out, Give directions, Tell others what to do and where to go
- ☐ **NOTIFY:** Call **911**. When safe, call 5555 and Report "Code Silver Active Shooter/Violent Intruder"
- ☐ Assist patients and visitors with mobility/cognitive issues with sheltering or evacuating



### **RUN.**

When there is an active threat. Once you are safe, call **911**



### **HIDE.**

If escape is not possible, hide.  
1. Block the door.  
2. Avoid Windows.  
3. Silence your cell.



### **FIGHT.**

Only as a last resort and if your life is in danger.

## CODE 10 BOMB THREAT/SUSPICIOUS PACKAGE

Most bomb threats are received by phone!

Bomb threats are  
serious until proven  
otherwise

### PHONE THREAT:

- ☐ Remain calm and **DO NOT HANG UP**, even if the caller does
- ☐ Keep the caller on the line, if possible
- ☐ Signal another staff member to listen and/or notify 911
- ☐ Listen carefully
- ☐ Ask caller: bomb location and time of explosion.
- ☐ Copy the number and/or letters on the window display.
- ☐ Immediately report the threat upon completion of the call

### NOTIFY 911

- ☐ Identify yourself from MRMC and the department you are calling from.
- ☐ Report you have received a bomb threat.
- ☐ Provide any information obtained from the caller.
- ☐ The Operator at **5555** (or direct someone else to call and report the bomb threat and location

## CODE 10 BOMB THREAT/SUSPICIOUS PACKAGE CONT.

### SUSPICIOUS ITEM

- ☐ Is anything (e.g., package, vehicle) that is believed to contain explosives, an IED, or other hazardous material that may require a bomb technician to further evaluate it.
- ☐ Consider these specific circumstances when evaluating.
  - Package or envelope has suspicious powdery substance
  - Unexpected package sent by someone unfamiliar to you
  - Excessive tape or string, Rigid or bulky, Strange odor,
  - Protruding wires or metal, Wrong title with name, Ticking sound
- ☐ **Note:** The presence of one characteristic may not necessarily mean a package is dangerous



**CODE 10:  
BOMB THREAT /SUSPICIOUS PACKAGE CONT.**

**IF A SUSPICIOUS PACKAGE/ITEM IS FOUND**

- ☐ Remain calm
- ☐ DO NOT touch, tamper with, or move the item.
- ☐ Move yourself and others away from the package
- ☐ **Immediately notify 911** from a land line phone, if possible
- ☐ State the location of the package and provide a description
- ☐ Stay on the phone until released by the dispatcher
- ☐ Notify the Operator at 5555
- ☐ Report the suspicious package/item location to your supervisor/manager



**RAPID RESPONSE TEAM - RRT**



**Rapid Response:**

Early intervention to prevent a patient's deterioration.

**Dial 5555**  
state Rapid  
Response and  
Location

A team of  
nurses,  
physicians and  
a respiratory  
therapist will  
come to assist

**REMEMBER**  
If you're  
concerned, so  
are we!

\*\*\*\*\*STROKE RECOGNITION\*\*\*\*\*

MILFORD REGIONAL MEDICAL CENTER

## Stroke Recognition

- Stroke is a result from disease that affects the arteries leading to and within the brain.
- It is the **5th** cause of death and a **leading** cause of disability in the United States.
- It occurs quickly, often without warning, and **must be treated quickly** to prevent or reduce the disability that can result.

MILFORD REGIONAL MEDICAL CENTER

## Stroke Recognition

- According to the American Heart Association:
- About 795,000 Americans each year suffer a new or recurrent stroke. That means, on average, a stroke occurs every 40 seconds.
- Stroke kills nearly 130,000 people a year.
- Modifiable risk factors include high blood pressure, tobacco use, high cholesterol, diabetes, physical inactivity, obesity, and arrhythmias like atrial fibrillation.
- On average, someone dies from a stroke every 4 minutes.

• [http://www.strokeassociation.org/STROKEORG/aboutStroke/Impact-of-Stroke-Stroke-Statistics\\_UCM\\_310728\\_Article.jsp](http://www.strokeassociation.org/STROKEORG/aboutStroke/Impact-of-Stroke-Stroke-Statistics_UCM_310728_Article.jsp)

## Stroke Recognition

- The warning signs of stroke are:
  - **Sudden numbness or weakness** of the face, arm or leg
  - **Sudden confusion, trouble speaking or understanding**
  - **Sudden trouble seeing** in one or both eyes
  - **Sudden trouble walking, dizziness, loss of balance or coordination**
  - **Sudden severe headache** with no known cause

## Stroke Recognition

**MRMC** has been designated by the state of Massachusetts as a  
**Primary Stroke Center**

- For **inpatient stroke** emergencies:
  - Dial **x5555 Rapid Response Team (RRT)** and ask the operator to initiate stroke protocol.
- For **anyone else on the property** who appears to be having a **stroke**:
  - Dial **x5555 Code Blue** and tell them your location

\*\*\*\*\*PREVENTING PATIENT FALLS\*\*\*\*\*


## Awareness

*A Fall Prevention Program has been developed to bring awareness to all staff, patients and families*



## High Risk Patient Communication

*For inpatients- **Yellow** is the identified, universal color for recognizing a patient at high risk for falling.*

- **Yellow** wrist band 
- **Yellow** indicator placed outside patient room
- **Yellow** indicator placed on unit board

ABCs

## ABCs of Decreasing Fall Risk

- **ASSIST** with ambulation
- Initiate **BATHROOM** routine
- Remind patient to **CALL** for assistance

**CALL, DON'T FALL**

Responsibility



## No Pass Zone

- Care of the patient is everyone's responsibility
- YOU are expected to respond to alarms and patient call lights when walking through the hallways
- If you are unable to help the patient or visitor, find someone who can help

## NO PASS ZONE

Whenever you see a call light, follow these simple rules:

**N** – Never pass them by  
**O** – Observe patient privacy

**P** – Provide what they are asking for, OR  
**A** – Access someone who can  
**S** – Safety First, never put patients at risk  
**S** – Smile & use AIDET

Acknowledge  
Introduce  
Duration  
Explanation  
Thank you

## \*\*\*\*\*PREVENTING EMPLOYEE INJURY\*\*\*\*\*

### Preventing Employee Injuries: Back Injuries



- ▶ Evaluate the size & weight of the item
  - ▶ Is it safe for me to lift this on my own?
  - ▶ If not, use a team to lift
- ▶ Lift close to the body, "hugging" the item
- ▶ Feet should be shoulder-width apart
- ▶ Bend knees & squat, keeping your back straight
- ▶ Tighten your stomach muscles
- ▶ Securely grip the item
- ▶ Use your leg muscles to lift, not your back
- ▶ Avoid twisting

## Preventing Employee Injuries: Safe Patient Handling

- ▶ Teamwork makes the dream work!
  - ▶ Seek assistance from co-workers whenever possible
- ▶ Utilize patient transfer devices & ambulatory aids:
  - ▶ Gait belts, walkers, canes, crutches
  - ▶ Lifting & transfer devices may vary by department
    - ▶ Ceiling lifts & Hoyer lifts
    - ▶ Slide boards
    - ▶ Lateral transfer devices
    - ▶ Sheets
- ▶ If you are unsure of what devices are available in your work area or how to properly use a device, ask your manager/supervisor.
  - ▶ You should **not** use a device that you are unfamiliar with without the appropriate training



## Preventing Employee Injuries: Slips, Trips & Falls

- ▶ Proper foot wear
  - ▶ Non-slip soles, avoid slip-on and open toe shoes
- ▶ Clean up or report spills immediately
  - ▶ Use caution in areas marked with "wet floor" sign
- ▶ Keep work areas clear of clutter and well lit
- ▶ Plug equipment into the nearest outlet
- ▶ Reduce slack in cord lengths



\*\*\*\*\*SAFETY NEEDLES\*\*\*\*\*

## Preventing Employee Injuries: Safety Needles & Needlestick Prevention

- ▶ Use needles with a safety device whenever possible
- ▶ Safety needles have been shown to decrease exposure risk to blood and body fluids
- ▶ **Take your time and do not rush when using sharp devices!**
- ▶ MRMC has several safety needles available for use:
  - ▶ **BD Safety Glide™**
    - ▶ Use when injecting a medication directly into a patient
  - ▶ **BD Blunt Tip™**
    - ▶ Use when drawing up a medication and injecting medication into an IV port
  - ▶ **BD Blunt Tip with Filter™**
    - ▶ Use when drawing up a medication from a glass ampule



## Needlesticks & Blood Borne Pathogen Exposures (BBPE)

- ▶ **Time is critical!**
  - ▶ **Do not delay treatment**
- ▶ Immediately clean area with soap and water (needlestick) or proceed to the closest eye wash station (eye splash)
- ▶ Report the incident to your supervisor/manager
- ▶ Complete the *Employee Incident Report* and *Supervisor's Investigative Report*
- ▶ **You will require evaluation and treatment as soon as possible in the Emergency Department**
  - ▶ Contact Employee Health at x 2079 for follow-up
- ▶ Source patient testing: this needs to be done right away to ensure that the patient is not discharged prior to testing
- ▶ Employee and source patient testing: Hepatitis B, Hepatitis C, HIV



\*\*\*\*\*Safe Transport of Oxygen Tanks\*\*\*\*\*



**\*\*\*\*\*MRI Safety\*\*\*\*\***

## MRI SAFETY ZONES: know your boundaries

**Zone I:** General Public (outside the center)

**Zone II:** Unscreened MRI patients (public waiting rm.)

**Zone III:** Screened MRI patients and personnel (screen rm.)

**Zone IV:** Screened MRI patients under constant direct supervision of trained MRI personnel (magnet rm.)

Metal MUST NOT enter the scan room without the technologist's prior knowledge.

- MRI Technologists have the responsibility to ensure safety for anyone who enters the MRI environment.
- The Technologists have authority to limit access to the MRI Suite any time/for any reason without screening and approval.



## Risks to be aware of in the MRI

- THE MAGNET IS ALWAYS ON, even when not scanning patients.

- TURNING OFF THE POWER DOES NOT SHUT IT DOWN.

It can only be shut down by releasing the liquid cooling gases.

This takes about 30 minutes and it will take several days to get the magnet up and running again if we have to shut it down in an emergency

AT A COST OF APPROX. \$46,000.00

- Even during a code, DO NOT rush into the MRI scan room!

## **CAUTION...O2 TANKS**

Any equipment entering magnet room must be approved by MRI Tech



ALUMINUM



STEEL

 **ALLIANCE IMAGING**  
A Division of Alliance HealthCare Services

## **NEVER ASSUME**

**NEVER ASSUME SOMETHING IS SAFE.**

**ANY OBJECT CAN BE A POTENTIAL  
DANGER IF NOT CHECKED.**

**ALWAYS ASK THE TECHNOLOGIST  
BEFORE BRINGING ANYTHING INTO  
THE ROOM.**

 **ALLIANCE IMAGING**  
A Division of Alliance HealthCare Services

## ***Infection Prevention and Control Tips and Reminders***

**MRMC targets zero for Healthcare Associated Infection (HAI) rates.** We need your help to achieve this goal. Use Standard Precautions for all patients in healthcare settings as well as following any Transmission-based Precautions.

**Clean your hands with soap and water or an alcohol-based hand hygiene product before and after contact with each patient and objects in their environment.**

- Show and tell patients that you are cleaning your hands.
- Teach patients and visitors how to clean their hands and assist patients as needed.

**Coronavirus is a virus which can be spread through respiratory droplets.**

If a patient is suspected or known to be positive for Coronavirus, follow **Droplet Plus Precautions**.

**C-Diff (Clostridium Difficile) and Norovirus are infectious diarrheas**

- **Follow Standard and Contact Precautions Plus guidelines** (use gown and gloves for these illnesses).
- Wash your hands with soap and water after you remove your gown and gloves when leaving the room of a patient with known or suspected C-Diff, Norovirus, Candida auris, Enterovirus D68, or nausea/vomiting/diarrhea.
- Clean then disinfect any piece of equipment with a bleach-based product before it is moved from patient to patient. After the patient is transferred or discharged, the room should be cleaned with the Xenex UV disinfecting robots, or bleach-based cleaning/disinfectant products will be used to help reduce or eliminate C-Diff spores and Norovirus from the environment.

Remind staff to wear PPE before they cross the threshold in a precaution room, and to wash their hand with soap and water after working with a patient with known or suspected C-diff or other infectious diarrhea.

**Basic elements of cleaning and surface disinfection include:**

- Contact time
- Temperature
- Concentration
- Mechanical action

## *Milford Regional Medical Center*

### **Appropriate use of cleaning/disinfectant products:**

- **Keep the covers of cleaning and disinfectant products closed to maximize effectiveness.**
- One step products actually require two steps if there is visible soil or contamination of the surface. When visible soil, blood or body fluids or other suspected contaminants are present, surfaces must be thoroughly cleaned first before it can be disinfected.
- The object must stay wet for amount of time specified by the manufacturer; this information is available on the label.
- Wear gloves and any other piece of PPE needed while using disinfectant products.
- Transmission-based precautions signs remain in place after a patient is discharged.
- The EVS staff will remove these when cleaning and disinfection are completed.
  - The signs help them to know which products to use and which pieces of personal protective equipment (PPE) to wear to keep them safe.

***Make it a habit to disinfect computer keyboards, stethoscopes and phones at the beginning of each shift and more often, if needed! How clean is your stethoscope, phone or beeper?***






**A patient that is admitted with suspected bacterial meningitis** should be placed on Droplet and Standard precautions until 24 hours after initiation of effective therapy.

### **Flu Season:**

- MRMC requires that all individuals working within the facility to be immunized against flu each year. So get your flu shot and keep you and your patients safe!
- You can spread the flu to others one to two days before you have symptoms.
- The flu is typically spread through coughs and/or sneezes, so remember to “Cover Your Cough”.
- Sanitize your hands often with soap and water or alcohol-based hand sanitizer.
- Stay home if you are sick.
- A fever of 100° F or greater and cough and/or sore throat is considered to be influenza-like illness (ILI).

MRMC’s flu immunization rates for patients and staff are publically reported; **our goal is 100%!**

Milford Regional Medical Center

Sharps Container	Red Bag	Blue Plastic Bag	Trash Bags	Chemo Container
				
<p>Needles and syringes Lancets and scalpels Sutures and scissors Used Vaccine Vials Broken glass ampules IV catheters, stylets, Butterflies and Needles Vacutainers</p>	<p>Blood Bags and Tubing Hemodialysis Tubing Dialysis waste Suction canisters (Capped) Tubes: NG Sump (with visible blood) Cultures and stocks of Infectious agents and associated biologicals Laboratory waste Pathologic waste Placentas Surgical sponges that are saturated  OB Pads  Note: Any article that is dripping/saturated with blood or OPIM* (other potentially infectious materials)</p>	<p>Used Cloth/Linen Items  Towels Sheets Pillowcases Washcloths Gowns</p>	<p>IV Tubing and Bags (With no visible blood) Bedpans Urinals Emesis Basins (empty) Foley Catheters and Bags (Empty or with clear urine) Gauze or Dressings (Lightly soiled/stained with blood of OPIM*) Incontinence Pads or Diapers Guaiac Cards ET Tubes and Suction Catheters Gloves, Gowns (disposable paper or plastic), Masks Food and Food Packaging including Plates, Cups and Disposable Utensils Tissues and Paper Towels</p>	<p>Chemotherapy: (<u>Use yellow Hazardous Waste Bag</u>) Emesis Basins Bedpans Urinal Foley Bag Chemo Contaminated: Medication, Urine, Emesis, or Stool  <u>Use Yellow Chemo Sharps Disposal Container:</u> Sharps Syringes IV Bags</p>

## Designated Disposal Containers

This chart offers suggestions for waste disposal. Please contact your Department Manager or the Infection Prevention and Control Department if you have questions about disposal of specific items.