Safety Codes & Environment of Care
Environmental Safety

Our goal is to keep people safe while at the Hospital

• Awareness of hazards:
  - Clutter in corridors
  - Medical gas shut off valves blocked
  - Fire extinguishers blocked

• Reporting of these hazards and maintaining a safe environment is everyone’s responsibility!
Environment of Care Rounds

• A multi-disciplinary team (IC, EVS, ENG) inspects areas of the Hospital; otherwise known as Environment of Care Rounds.
  • Every 6 months in patient care areas
  • Every 12 months all other departments
• All employees can report safety risks by doing one of the following:
  • Notify your Manager or Supervisor
  • Put in a work order for engineering
  • Report in Safety Huddle if a near miss or a risk in a process
Life Safety

• The hospital is built according to the Life Safety Code, which means it is literally designed so people inside the building are protected.
  - The purpose of the code is to protect life from fire and smoke
• The design includes:
  - Smoke/fire walls
  - Smoke/fire doors
  - Protected corridors
  - Fire alarm
  - Smoke detectors
  - Sprinklers to extinguish fire
  - Portable fire extinguishers
• The culmination of these features make the hospital a safe place.
“Defend in Place”

• The hospital is designed to “Defend in Place”.

• The fire alarm system closes doors automatically to provide a protected area away from fire and smoke.

  - Doors with automatic closers MUST NEVER be propped open!

• Keep corridors clear, in the event you must move to the next compartment.

  An area of Life Safety is provided by the compartment you are in and the adjacent compartments.
Interim Life Safety Measures - ILSM

• ILSMs are special fire safety precautions taken when construction and renovation activities disrupt the normal level of Life Safety; which may include:
  • Walls with openings
  • Ceilings removed
  • Exit accesses blocked or changed

• Interim Life Safety Measures may include additional training, fire drills, and daily surveillance of these areas. The Environment of Care Department is responsible for ensuring ILSM practices.
Fire Prevention

• Fire prevention measures are actions taken by the occupants to prevent combustion of products.
  
  • Do not allow an excess amount of combustibles to collect in corridors.
  
  • Be aware of these potential fire hazards:
    • Trash cans filled to excess
    • Trash cans larger than 32 gallons in corridors
    • Excessive amount of storage in rooms not designed for storage
    • Faulty electrical equipment (not electrical safety checked)
Suppression Systems

• Fire sprinkler systems disperse water in the area to extinguish fires.

• All storage must be kept at a minimum of 18” below the sprinkler head level.

• **ABC Dry Chemical** suppression systems are pressurized inert gas and dry powder-filled portable extinguishers.
  
  • These extinguishers work on types A, B & C fires, and are the most effective portable extinguishers for most fires.
  
  • These are the most common type of fire extinguishers in use at the hospital.
When in your Department....

- Know the location of fire *extinguishers, fire alarm pull stations, and medical gas shut-off valves* in your work area.
- Remember! Due to renovation and construction, these elements may have moved.
- Know how to escape in the event that a fire does occur by knowing the **primary** and **secondary** evacuation routes.
- Participate in fire extinguisher training.
- Participate in fire drills.
Electrical Safety

• Electrical equipment is the leading cause of fires in the hospital.
  • The Hospital has 2 electrical power systems; normal and emergency
    • The Emergency Power system is identified by the red outlets
  • All electrical equipment entering the hospital must be checked for electrical safety
  • Never use an extension cord or another power strip to lengthen the reach of a power strip!
    • Follow the policy on power strip and extension cord usage in PolicyStat
  • Use only “UL” listed equipment
• **Mitigation** of vulnerabilities identified in the Hazard Vulnerability Analysis.

• **Preparedness** includes defining staffing models, assets and supplies needed, utility system performance and duration, security and safety needs, communications needed internally and externally, patient clinical and support activities.

• **Response**: we activate our plan as we have defined.

• **Recovery**: we must have a plan for returning to normal operations once the event is over.
Emergency Response Drills or Real Events

- Conducted twice annually, and are designed to test our ability to respond to the effects based on our capabilities.
- Real events can be used in place of drills if they meet the criteria.
# Code Red - For Fire Alarm or Drill

**For a fire in YOUR WORK AREA of the hospital**

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R</strong>escue:</td>
<td>Get everyone out of the danger area</td>
</tr>
<tr>
<td><strong>A</strong>larm:</td>
<td>Pull alarm, call the Operator to report the exact location</td>
</tr>
<tr>
<td><strong>C</strong>ontain:</td>
<td>Close all doors &amp; windows</td>
</tr>
<tr>
<td><strong>E</strong>xtinguish:</td>
<td>Only if can be done safely</td>
</tr>
<tr>
<td><strong>P</strong>ull:</td>
<td>Pull the pin at the top of the extinguisher</td>
</tr>
<tr>
<td><strong>A</strong>im:</td>
<td>Aim the nozzle at the base of the flame</td>
</tr>
<tr>
<td><strong>S</strong>queeze:</td>
<td>Squeeze the trigger slowly</td>
</tr>
<tr>
<td><strong>S</strong>weep:</td>
<td>Sweep from side to side of the flame (operate from a safe distance)</td>
</tr>
</tbody>
</table>

**For a fire in ANOTHER AREA of the hospital**

- Stay clear of the affected area
- Close doors & windows in your own area
- Clear corridors of carts, beds, etc.
Code Pink – Missing Child

• Call **operator** and request announcement:
  “**Code Pink + Adult/Child + Floor/Unit/Department**”
  - Immediately notify security and provide them with a description of the missing patient
  - Employees should secure doors, stairs, elevators or any point of entry/exit from their respective areas
  - Notify the floor/department calling the code when a search of your area has been completed
  - Security and Administration will determine if the police should be notified
  - Once the missing patient is located, Security will notify the switchboard operator to announce, "**Code Pink + Adult/Child + All Clear**".
Code *Orange* Internal – Hazardous Materials Spill or Release

- If an employee finds a hazardous spill, call the operator and ask the operator to announce “*Code Orange – Internal*”
- Rapid Response Team will report to the scene of the spill to determine actions
- Access the Material Safety Data Sheet (MSDS) on the intranet for reference on spill/exposure clean-up protocols
- It is important that all employees stay out of the area of the spill or release and do not return until the “All Clear” has been given
Operator will announce: “Code Orange - External”

- May consider Sheltering-in-Place
- If shelter-in-place is implemented, entrances to the facility will be restricted to one access point for decontamination
- The Hospital Incident Command System will be implemented, and the Hospital Command Center will be activated
- The decontamination team will prepare for the arrival of contaminated patients
“Code Yellow – Internal”

- If situation **does not** directly impact your ability to provide patient care or do your job, continue working and remain alert for additional information.
- If situation **does** impact your ability to provide patient care or do your job, work with your manager to take emergency action or implement back-up plans.
- If situation presents immediate danger to patients, visitors or Employees, take immediate action to remove them from the area.
- Report any disruption of normal operations to your supervisor immediately, who should report this to Administration.
Code **Yellow** External – External Disaster

- Operator will announce “**Code Yellow** – External”
- The Hospital Emergency Operations Plan will be utilized to prepare for a possible influx of patients into the facility
- Continue work routine, remain alert for additional information
- Manager will assess staff/resources at unit level
- If directed by the Manager, report to Labor Pool for further assignment

A disaster external to the organization has occurred in the community
Code Blue – Medical Emergency, Cardiac Arrest. (London – Code 700)

• Call the Operator, and ask the operator to announce “Code Blue + Floor + Department” where the code is occurring
• Bring crash cart to the scene
• Code Team responds to the area to provide medical assistance
• Call the Operator and request announcement of “Code Gray + Floor + Department”
• Remove patients/visitors/employees from harm if possible
• Attempt to de-escalate the situation by agreeing with the individual, making no sudden movements, not arguing, etc.

• Call the Operator and request “Code Silver + Floor + Department” where immediate assistance is needed

• Provide the following information:
  • Location of the incident or direction of travel of the shooter
  • Description of the individual(s): sex, race, stature, clothing, type of weapon(s), etc

• Lock/barricade doors & windows

• Remain in locked or barricaded areas until the “All Clear” is announced
Code Black – Possible Explosive Device on Campus

• Operator will announce: “Code Black”

• If you take a bomb threat call try to gather as much information as possible, such as:
  • Where is the bomb located
  • When is the bomb going to explode
  • What kind of bomb is it
  • What does the bomb look like
  • Characteristics of caller (male/female, young/old, accent, tone, background noise, does voice sound familiar, etc.)

• Departments/units should initiate a pre-planned search in coordination with security and/or emergency personnel

• DO NOT MOVE ANYTHING
Tornado Warning (London – Code Black)

• Use only when there is an actual TORNADO WARNING

• The operator will announce “The National Weather Service has issued a tornado warning for Fayette County (or other county as appropriate) until XXX time (time will be announced by The National Weather Service)”.

• All areas should implement the Tornado Warning Policy, which includes moving visitors, patients and staff to interior locations.