



Environment of Care Training

Maintaining a safe environment of care is everyone's responsibility. Be aware of your surroundings and the actions of others. Report any unusual behavior or building safety concerns as soon as possible.

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Environment of Care (E.O.C)

As per The Joint Commission, the E.O.C is made up of 3 basic elements:

1. The building or space, including how it is arranged and special features that protect patient, visitors and staff.
2. Equipment used to support patient care or to safely operate the building or space
3. People, including those who work in the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing risks.

The E.O.C program has an overall goal of keeping the environment safe.

- Reduce and control environmental hazards and risks
- Prevent accidents and injuries
- Maintain safe conditions for patients, staff, visitors, volunteers and contractors
- The EOC committee reviews the program and its outcomes
- Concentrate on the building, equipment for patient care, and for the operation of the building

Environment of Care Rounds Regulatory Agencies:

- Department of Community Affairs (DCA)
- The Joint commission (TJC)
- Department of Health (DOH)
- Center for Medicare & Medicaid Services (CMS)
- Occupational Safety & Health Administration (OSHA)
- Environmental Protection Agency (EPA)
- Center for Disease Control (CDC)



Safety and Security

ID Badges

- University Hospital issued ID badge must be worn and prominently always displayed (above the waist).
- Visitors are given a visitor's pass, which must be carried at all times.

Security

- Operates 24/7, for emergency call **1-1-1**
- Immediately report ALL violent, threatening, suspicious activity, or thefts to security.
- Panic buttons are located throughout the hospital.
- Security Officers are stationed at key entrances.
- Security Officers round through-out the hospital on a regular basis.

Safety and Security:

Important Phone Numbers & Overhead Announcements

- **1-1-1 All Medical and Non-Medical Emergency**
- **Code Red:** Fire/Smoke
- **Code Red All Clear:** Fire alarm has been cleared. Resume activities
- **Code Blue:** Cardiac Arrest
- **Code Black:** Bomb Threat
- **Code Amber:** Infant/Child Abduction. Be observant of people, call 1-1-1 if you see anything suspicious. Hospital goes into a “Lock Down Mode”.
- **Code Triage in the Command Post:** Internal disaster. Return to work area. Do not use phones. Implement department/unit responsibilities.
- **Code Triage in the ED:** External disaster. Do not release information to the media
- **Code Triage All Clear:** Disaster has ended. Resume activities.
- **Dr. Band-Aid:** Staff/visitor accidents/emergencies
- **Early Response Team(ERT):** Medical Emergency
- **Crisis Response Team(CRT):** Behavioral Emergency
- **BAT Team:** Brain Attack Team
- **Lockdown:** Institution is in Lockdown. Stay where you are.

Safety and Security: Overhead Announcements

- When an Internal Disaster is declared the overhead page operator will announce 3 times “**Code Triage in the Command Post**”, Level I, II or III.
- Once announcement is made each department should activate their Department Specific Disaster Plan.
- When an External Disaster is declared, the overhead page operator will announce “**Code Triage is in the Emergency Department**” Level I, II, III or Decontamination Event.
- Once announcement is made each department should activate their Department Specific Disaster Plan.
- When the disaster is terminated, the overhead page operator will announce “**Code Triage all Clear**”.

Emergency Preparedness

- **Emergency Operations Plan**

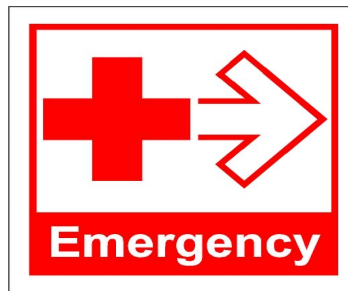
- The Hospital's Emergency Operations Plan was created to manage the consequences of a disaster that disrupts the hospital's ability to provide quality patient care.
- The plan defines the responsibilities and procedures to be implemented by staff and community organizations responding to a disaster either within the Hospital or its surrounding community.

What is a DISASTER?

- An environment or man-made event that overwhelms the ability of a Hospital to operate under normal conditions.
- Types of disasters that would initiate the implementation of the Hospital Command Center (HCC) are extensive in the nature and number, but generally fall into two categories: **Internal** and **External** Disaster.

INTERNAL DISASTER

- An event which impact the Hospital's (including Physical Plant) ability to provide adequate staffing that could require patient relocation or evacuations.
- Examples: fire, chemical release, power outage, bomb explosion, utility failure, staff shortages, etc.



EXTERNAL DISASTER

- An event which may involve a disaster in the surrounding community that would require the hospital to provide supplemental emergency medical care at the disaster site or may precipitate an influx of patients.
- Examples: large community fire, bus crash, plane crash at Newark Liberty Int'l Airport, snow storm, flood, gas explosion, etc.

MD's Role During a Disaster

- Report to your supervisor.
- All personnel awaiting assignment will report to the Personnel Pool and await assignment.
- **You may be re-assigned to a different role/area during a disaster.**



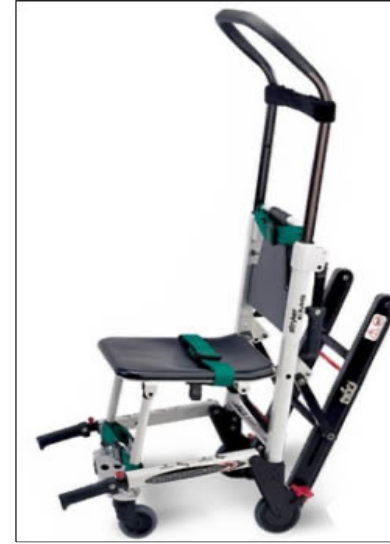
Levels of Evacuations

- **Level I**
 - **Partial Evacuation**: When someone is moved from an isolated area to another area on that same unit, ex. A patient is evacuated out of the patient room.
- **Level II**
 - **Horizontal Evacuation**: An entire department or nursing unit is affected by the disaster and requires individuals to be removed to another location on the same floor.
- **Level III**
 - **Vertical Evacuation**: an entire floor is affected by the emergency and requires that all individuals on the floor be removed to another floor. General, individuals should be moved towards C level, if possible.
- **Level IV**
 - **Complete Facility Evacuation**: the entire hospital is affected by the emergency and necessitates the removal of **ALL** occupants.

Evacuation Equipment

The hospital has evacuation equipment equipped with an alarm:

- Med Sleds (located from D-I Level)
- Stryker Chairs (located on G, H, I Level)
- Nursing staff pre-trained to use these equipment



Fire Safety

- Fire safety is designed to both reduce the risk of starting a fire and reduce the risk of injury in the event of a fire.



Fire Incident Response Protocol



- **Code Red** is the code for a fire, **NEVER** call out fire.
- In the event of a fire or smell of smoke:
 - Pull the Pull Station, call **1-1-1**
 - Clearly report the location of the fire / smoke and request a read-back from the individual to ensure proper identification of the area.
 - Close all doors to prevent spread of smoke/fire.
- Clear the corridors and elevator lobbies on all floors.
 - **NO ONE** should be walking or standing in these areas, including: patients, visitors, doctors, residents, volunteers and vendors, etc.
 - All corridors should be kept free of obstructions. Keep free of debris and boxes, etc.
 - **Never** block exits with equipment or furniture.
 - Extension cords are not permitted in the hospital especially patient care areas, unless in a state of emergency.
- Do not evacuate, unless specifically instructed to do so.

Fire Incident Response Protocol cont'd

- Be aware of the fire extinguisher in your work area.
 - Operate the pull station by pulling the handle in the down direction or, in some areas, lift the plastic case and proceed to pull the handle down.
 - Keep fire extinguishers and fire pull stations free of obstructions at all times.
- Know the location of the stairwells.
- **NEVER** use the elevators in the event of a fire. Stairs are to be used!
- Before opening a door, be sure to feel the door and latch with the back of your hand. Do not open a hot door.
- If there is a lot of smoke, stay close to the floor by crawling. Smoke and heat rise along with the toxic fumes.
- The Fire Department must come in to investigate the area and give an “All Clear”, declaring the area safe.
- You will not be penalized for activating the Pull Station, it is better to be safe than sorry, as fire spreads very quickly and in some instance can re-ignite.
- **In the event that an actual fire has occurred, the room/area is considered a forensic site and must be secured.**

Fire Incident Response Protocol cont'd



How to use a Fire Extinguisher:

- **PULL:** Pull the pin between the 2 handles
- **AIM:** Aim the nozzle at the **base** of the fire
- **SQUEEZE:** Squeeze the handles together
- **SWEEP:** Sweep the extinguisher from side to side

In the hospital, we have the following types of fire extinguishers:

- **Class A:** involves the burning of ordinary combustibles (e.g. wood, paper, cloth)
- **Class B:** involves the burning of flammable liquids (e.g. gasoline, oil, paint)
- **Class C:** involves energized electrical equipment (e.g. appliances, fans, motors)
- **Class ABC:** can extinguish A, B, and C
- **Class K:** involves cooking oils and fats (kitchen)

Fire Incident Response Protocol cont'd

RESCUE

First priority: rescue anyone in immediate danger. Teamwork is essential: one person should pull the alarm and another call 1-1-1 and announce the location of the fire.

ALARM

Never hesitate to sound the alarm. Call out “Code Red”, not fire.

CONFINE

The smoke and fire doors will automatically close on the floor location of the fire and the floors directly above and below when the fire alarm is initiated . This will prevent the spread of smoke and fire.

All other doors must be manually closed throughout the entire building.

- Always keep doors clear of obstructions
- Never prop doors open
- Close all doors to limit oxygen to the fire and transfer of smoke
- Stuff wet towels under the doors to keep smoke out

EXTINGUISH OR EVACUATE

If the fire is small, extinguish it if you feel comfortable doing it.

An ALL Clear will be announced by the operator once the building has been declared safe.

Code Red – Fire Alarm Activation

- As part of The Joint Commission Standards ALL staff and Licensed Independent Practitioners are responsible to participate in Fire Alarm Activations and know the hospital's procedure. (When on a unit and not giving direct patient care, LIP's can assist the staff with the closing of doors, checking on patients, and clearing the corridors of obstructions/equipment, etc.)
- Fire Warden's directions are to be followed by all. They are trained in Fire Alarm Activations and are here to assist in the activation.
- Fire Drills held between the hours of 9 pm and 6 am do not require audible devices to be activated.
- Strobes and audible devices will be activated during all fire alarm activations.
- **Treat all Fire Alarms as actual fires.** During an alarm activation, no one should be walking or standing in the elevator lobbies or the corridors, go into the nearest room possible. This applies to Patients, Visitors, Staff, Doctors, Residents, Students, Volunteers and Vendors. Elevators are not to be used.
- **PATIENT ELEVATORS ARE RESERVED FOR PATIENTS!**

Oxygen Safety

- All oxygen tanks must be secured in their rack and have an easily identifiable tag indicating if the tank is empty or full.
- **Empty = any time an oxygen tank has been used**



Electrical Safety

All areas are equipped with emergency outlets that can be used in case of an electrical failure.

OR Main Rooms 3, 5, 7, 10 and 11 are also equipped with UPS back-ups.



Hazardous Chemicals & Waste Hazardous Communication

- **You have a Right-To-Know about hazardous chemicals in your work place!**
- A Safety Data Sheet (SDS) is provided by the manufacturer, distributor or importer of a chemical.
- SDS are accessible 24/7 on the UH intranet - my.uhnj.org and located 24/7 in A104 – Call Center & D345 – Nurse Staffing Office.
- **SDS** contain the following:
 - Information on hazards
 - Safe handling procedures
 - First Aid
 - Personal Protective Equipment to be used
 - Disposal practices (Spill Response)

Quick Tips to follow for Good Safety Habits

- Be aware of risks
- Do not engage in reckless behavior
- Use good body mechanics when moving patients or objects
- Keep environment clean & uncluttered
- Be aware of your surroundings
- Dispose of sharps in designated sharps containers **ONLY**
- Never leave sharps in linens or at the patient bedside
- Manage stress
- Communicate latex allergies
- Treat safety as an important part of your job
- Know what to do in case of an emergency
- Ensure all medical equipment has a current inspection sticker
- Outside medical equipment (brought in by a vendor) must be inspected by the Bio-Engineering department prior to use
- If broken or outdated, call **2-1500** to report it
- No personal cooking devices allowed on the units, i.e. hot plates, toaster ovens, crockpots, etc.
- Space heaters and fans are not permitted
- Report radioactive and hazardous materials spills **immediately**
- The hospital elevators are equipped with emergency call buttons if assistance is required.

Smoking/Vapor Policy

- University Hospital strives to provide a smoke/tobacco free environment both inside and outside on the hospital's grounds.
- This policy applies to all patients, employees, physicians, visitors, volunteers, and contract personnel, whether full-time, part-time, or per diem.

