2015 Environment of Care Training

What all Woodridge employees need to know...
“Environment of Care”

Ensuring the quality and the safety of the environment to achieve the best patient care.

There are seven “elements” of the Environment of Care:

1. SAFETY
2. CLINICAL EQUIPMENT
3. UTILITIES
4. FIRE/LIFE SAFETY
5. HAZARDOUS MATERIALS
6. SECURITY
7. EMERGENCY PREPAREDNESS
How do I report a SAFETY issue?

Complete a SAFE Report

Open Internet Explorer then click on Favorites/CVMC Favorites / SAFE Report

It is the responsibility of all WNH employees to complete a SAFE report for any unsafe or potentially unsafe condition!
SAFETY

What is a “Safety Issue”? 

Safety Issues include:

• Unsafe conditions (environmental, equipment, infection control, security…)
• Any condition that has caused harm or has the potential to cause harm (“near miss”)
• Patient events, staff events, visitor events

See Event Type Quick Reference Guide

REMEMBER: Incident Reports for any staff related incident must still be done in MEDITECH by managers in addition to completing a SAFE report
How do I report a Woodridge Employee Accident or Injury?

If you get injured or have an accident at work or you are witness to an employee accident or injury:

• Report immediately to your supervisor.

• Your supervisor will complete an employee incident report with your input.
A new answering line has been set up for use by all medical center staff, physicians and patients to ask questions, report safety or security concerns, or offer feedback or comments.

The phone line can be confidential if the caller wished to remain confidential but a name or number will be needed to return a call, to solve issues or to answer questions.

The phone line will ring into voice mail and calls will be returned within two business days unless the caller has an emergent issue to report.

This line is not intended for emergency use and does not replace the Emergency Number 4333.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the powered device used for direct life support?</td>
<td>YES</td>
</tr>
<tr>
<td>Is the powered device used for direct patient treatment?</td>
<td>YES</td>
</tr>
<tr>
<td>Does the powered device provide diagnostic information used in treatment?</td>
<td>YES</td>
</tr>
<tr>
<td>Does the powered device come in contact with the patient?</td>
<td>YES</td>
</tr>
</tbody>
</table>
How do I get WNH medical equipment serviced?

Step 1: A work order should be delivered to WNH Building Services (contact #4736)

• Requestor’s Name
• Description of Problem

Step 2: Effectively take the piece of equipment “out of service”

• Take equipment out of service by labeling it as “out of service”. Contact Building Services to take the piece of equipment off the unit.
• 2nd and 3rd shift staff will deliver the “out of service” equipment to Building Services.
Remember!

- Keep all attachments/accessories with the broken equipment
- Don’t leave the equipment in the patient care area – deliver it to the Building Services

Don’t leave on the unit!

get the equipment off the unit as soon as possible and make the appropriate notifications
How do I get replacement equipment?

**Weekday Hours:**

- Notify your supervisor.
- Check with other WNH nursing units for a replacement if this is an option.
- If from an outside vendor, notify the representative (ex. wound vac) for replacement supplies/equipment.
  - Contact CVH Nursing Supervisor if like-equipment is used
- If it is medication delivery equipment, notify Kinney Pharmacy for immediate replacement. (IV pump, enteral feeding pump, etc.)

**After Hours:**

1. Notify your supervisor / on call Nurse or Technician.
2. Check with other WNH nursing units for temporary replacement.
How do I know if the equipment can be used?

There is a labeling system that shows the equipment has been properly maintained.

Look for the “Due Date”

If it is past the due date,
YOU CANNOT USE THE EQUIPMENT!
What is a Utility?

If you answer YES to the following questions, than it is considered a utility:

- Does it power life support systems?
- Is it HVAC related equipment?
- Is equipment controlling temperature, humidity or lighting?
- Does it support equipment such as coolant or water, air, gas or steam supply?
Some Examples:

- Electrical
- Emergency Electrical Power
- Plumbing
- Heating, Ventilating equipment

Refer to: *Emergency Preparedness Woodridge Rehab and Nursing Home* manual for detailed information.
Loss of Power

- Notify WDR Administrator, DNS, Building Services.
  - If off hours, additionally notify CVMC Security (452-7665) and CVMC Nursing Supervisor (452-7520)

Generator power will come on when the main power goes off.

NOTE: When generator power comes on, all essential patient care equipment must be plugged into the RED outlets (02 concentrators, air mattresses, beds, wound vacs, etc.

Loss of Water

- Notify WDR Administrator, DNS, Building Services.
  - If off hours, additionally notify CVMC Security (452-7665) and CVMC Nursing Supervisor (452-7520)
  - If water is available but deemed unfit to drink, processed drinking water will be purchased. NFS will be responsible for supplying.
Utilities Woodridge

Carbon Monoxide Leak

- Notify WDR Administrator, DNS, Building Services.
  - Follow instructions as you would in case of fire.

- Substances which can trigger a CO2 alarm: alcohol, ammonia, heavy duty cleaning solutions, aerosols.

- CO2 detectors are located in the nurses’ stations and outside the boiler room on the ceilings.
  - If triggered, the alarm makes 3 beeps per second and the red light on the monitor will light up.
  - The fire alarm will trigger.
  - Call 911 (9 for outside line, then 911)
  - Follow instructions as you would in case of fire.
How do I report electronic medical record equipment failure?

Immediately IS x4176

Use Pager # 452-7576

AND

Contact DNS or on weekends: Evening WNH nurse supervisor or Nurse and Building Services on-call personnel
Be Prepared! Keep your patients SAFE!

Don’t wait for a failure to figure out what to do!

**YELLOW Emergency Tackle Boxes** are located in Administration, NFS, Laundry, Rehab, Nursing Units and in Activities. Emergency supplies are stored here. See the Emergency Preparedness manual section 16 for details.

**KNOW YOUR DEPARTMENT-SPECIFIC CONTINGENCY PLANS!**

The Emergency Preparedness Manual has the answers! There is a manual on each Nursing Unit and in every department.
Do you know?

• Location of the closest pull station in your department?
• Location of the closest fire extinguisher in your department?
• Any special tasks because of the type of unit/dept.?
• Where the nearest fire doors are?
FIRE / LIFE SAFETY  Woodridge

R.A.C.E.
- (Rescue, Activate/Alarm, Contain, Extinguish)
- **Rescue** (people from the danger area)
- **Activate / Alarm** (by pulling the pull station, call 911)
- **Contain** (close doors and windows)
- **Extinguish** (if possible, use extinguisher)

- **Relocate your patients!**

- We ‘defend in place’. Patients are moved HORIZONTALLY behind the fire doors
- **We will only evacuate if instructed to do so by the Incident Commander!**
Responsibilities in a Fire Woodridge

- Close all doors. Do not use elevators.
- Clear the hallways and the circle area on the nursing units.
- Account for the residents on your hallway. Ben Falls / Activities will call if residents are with them.
- MGU will announce zone and area.

- EGU will call 911 and announce the ‘all clear’ and ‘reset fire doors’.
- SCU resets the elevator doors. A nurse from SCU will meet firefighters in the lobby if possible.
- A staff person from each department will be assigned to bring a fire extinguisher to the zone where the alarm sounded. IF A FIRE/SMOKE DOOR IS HOT OR YOU SEE FIRE / SMOKE THROUGH THE GLASS WINDOW OF THE DOORS, DO NOT ATTEMPT TO ENTER!
- **PERFORM A HEAD COUNT OF YOUR PATIENTS AND REPORT**!
- If you are in the cafeteria or away from your department when the alarm sounds, you must return to your unit.
Upper Lobby Floor Plan

- Fire Safety upper floor diagram with pull stations and fire extinguishers
- Pull Stations:
- Fire Extinguishers:
- Zone 06
- Zone 07
- Zone 09
- Zone 10
- Zone 11
- Zone 12
- Zone 13
- Zone 14
- Zone 15
- Zone 16
- Zone 17
- Zone 18
- BEN FALLS
- Zone 08
- SCU NS Station
- Upper Lobby

Lower Lobby Floor Plan

- Fire Safety ground floor diagram with pull stations and fire extinguishers
- Pull Stations:
- Fire Extinguishers:
- Laundry area
- Zone 02
- Zone 03
- Zone 01
- Lower Lobby
- Zone 04
- Kitchen
- Computer area
- Zone 01
- Zone 02
- Zone 03
- Zone 13
- EGU room 323-322
- Zone 14
- EGU room 311-322
- Zone 15
- EGU room Nursing Sta area
- Zone 16
- EGU room 123-132
- Zone 17
- EGU room 301-310
- Zone 18
- Lower Lobby
- Zone 19
- Maple Grove attic + rm 211-232
- Zone 20
- Main DR attic - MGU room 201-210
- Zone 21
- SCU attic + BOU attic 101-125
- Zone 22
- EGU attic + room 311-332
- Zone 23
- EGU attic + room 301-310
- Zone 24
- BOU attic + rm 131-132 Upper lobby
P.A.S.S.
- (Pull, Aim, Squeeze, Sweep)
- Pull the pin.
- Aim the nozzle.
- Squeeze the handle.
- Sweep at the base of the fire.
- (Stand 8 feet from the fire)
- Remember—you are not a trained fire fighter. Attempt to extinguish a fire only if you feel it is manageable.
PATIENT SAFETY

THERE ARE FOUR AEDs “AUTOMATED EXTERNAL DEFIBRILLATORS” IN THE FACILITY.

- UPPER LOBBY (SEEN ABOVE)
- BEN FALLS (OUTSIDE PRIVATE DINING ROOM)
- LOWER LOBBY (OUTSIDE ADMIN OFFICES)
- LOWER LEVEL (OUTSIDE STORAGE AREA)
When a resident who is wearing a Wander Guard opens the inner lobby door, the alarm will sound (can be heard in the lobby and on Spruce Common Unit). The outer lobby door will lock so no one will be able to exit (or enter) until the alarm is reset. Reset the alarm by punching in 12345#. The code is written on the side of the reset box (see arrow).
Hazardous Materials

- What is the MSDS?
- Where do you find information about certain chemicals?
- If you find any unlabeled chemical / liquid – get rid of it.
- Do not mix chemicals / liquids.
- Keep them in a safe place.
Central Vermont Medical Center
Waste Management

RED BAGS
Regulated Medical Waste
- Items SOAKED or DRIPPING with Blood or body fluids
- Tissues, organs, body parts
- Containers of blood or body fluids that cannot be easily emptied

CHEMOTHERAPY
Regulated Waste
- White or Yellow Containers with Chemotherapy Label
- Any item or material contaminated with a Chemotherapy agent

SHARPS
Opaque Container
- Needles and syringes
- Scalpel Blades, surgical staples, etc.
- Any contamination item that can puncture skin or the Red Bag

BLACK BAGS
Non-Regulated Waste
- General Waste
- Items with small amount of blood or body fluids
- Items contaminated with urine or fecal matter
- Food or related items
- All other items that are not recyclable

RECYCLABLES
Recycling Materials
- Blue containers
- Magazines, color or white paper, newspaper, cardboard, clean plastic containers, batteries
- Call Ext. 4172 for other recyclable items
Bloodborne Pathogens

- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)

Modes of Transmission...

Direct Person to Person

Indirect (person-to-object-to-person)
Hepatitis B Vaccine

- Safe
- Effective
- Free of charge
- Series of 3 shots
- Contact the Employee Health Nurse at x4323 if you have not had the series and would like to
What to do if an exposure occurs:

- Thoroughly wash exposed area
- Contact your nurse manager or supervisor
- Employee incident report submitted via Meditech / SAFE Report
- Visit to Emergency Department
Infection Prevention

Standard Precautions

- Everyone should use Standard Precautions when giving care to each of our residents.
- This means putting a barrier between the health care worker and the blood or body fluid of any resident.
- Key elements include:
  - **ROUTINE HAND HYGIENE!**
  - Appropriate use of mask, eye protection and face shields.
  - Routine cleaning of patient care equipment.
  - Care with bagging linen (it is not necessary to treat laundry differently)
  - Consistent, appropriate glove use.
  - Appropriate use of gowns to prevent contamination of uniform
  - Regular cleaning of environmental surfaces.
High Touch Surfaces

List of key areas where bacteria (infectious or otherwise...are likely to be found in abundance!)

Chair
Toilet seat
Door handles
Telephones
Support rails
Light switches
Computer keyboard
Toilet handle

Overbed tables
Sink top
Side rails
Bedside stand
Bed pan cleaner
Bed controls / Remote controls
Laundry Hampers
Use alcohol-based hand sanitizer
- For routine use
- Before and after patient care

Alcohol-based hand rubs
- Significantly reduces the number of organisms on hands
- Are fast-acting
- Causes less skin irritation than soap and water
- Saves time
Infection Prevention

Additional Precautions Woodridge

Yellow for Contact Precautions
Blue for Droplet Precautions
White for Reverse Precautions

A sign will be placed on the resident’s door (with appropriate color) asking the person wishing to enter to check with the nurse prior to entering the resident’s room.
<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>YELLOW</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>Resident must wash hands prior to leaving room.</td>
<td>Wash hands with soap and water before and after giving care and before leaving the room.</td>
<td>If the resident is in a room w/a roommate, the resident who’s NOT on precautions will use a commode and will wash at bedside.</td>
</tr>
<tr>
<td>Droplet</td>
<td>BLUE</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>Resident must wear mask when leaving the room (ie., activities, PT, etc.) and will wash hands prior to leaving room.</td>
<td>Wash hands with soap and water before and after giving care and before leaving the room.</td>
<td></td>
</tr>
<tr>
<td>Neutropenic</td>
<td>WHITE</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>Resident must wear mask when out of room. Must wash hands before leaving room and on re-entering room</td>
<td>Wash hands with soap and water before and after giving care and before leaving the room.</td>
<td></td>
</tr>
</tbody>
</table>
Respiratory Hygiene

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
Cleaning/Decontaminating surfaces

- Appropriate disinfectant
- Work surfaces, tools, equipment

SHARPS MANAGEMENT

Anything contaminated with a bio-hazardous material that potentially could puncture, inject, etc.
CVMC’s security is the responsibility of every staff member.

SECURITY AFFECTS:

- Staff
- Patients
- Visitors
- Friends
- Family
Security

Employees

• Must **visibly** wear picture I.D. badges at all times
• Are responsible for parking in designated areas
• Are responsible for knowing his/her role in the security of the facility.

**Employees are responsible for:**

**Timely reporting of security incidents:**

• Lost or stolen articles
• Aggressive behavior
• Property damage
• Suspicious or threatening behavior
• Unsecured doors and windows
• Unauthorized people in restricted areas
• Reporting suspicious packages
Security Woodridge

Weapons Policy

No patient, visitor or employee will be permitted to have or carry weapons on the campus at any time.

Code Black (bomb threat)

- On receiving phone threat, use checklist. LISTEN carefully! Don’t interrupt caller.
- find copy of checklist in the Woodridge Emergency Manual on all Nursing Units and in all departments.
- Notify WDR Administrator, DNS, Building Services, CVMC Security (452-7665) and CVMC ED (ext 4333)
- Once verified that the threat is authentic: overhead page “Code Black in effect at Woodridge” (to overhead page, dial 6000600)
- Follow instructions of Incident Commander
- Code Black is over when you hear: “Code Black all clear”
**Security Woodridge**

**Code Silver (Armed Intruder)**
- Notify CVMC ED (ext 4333) They will in turn notify Security and Berlin Police
- Find copy of checklist in the Woodridge Emergency Manual on all Nursing Units and in all departments.
- Notify WDR Administrator, DNS, Building Services, CVMC Security (452-7665) and CVMC ED (ext 4333)
- Give the thief whatever he/she wants!
- Code Silver may be overhead paged.

**Code Green (Aggressive Behavior)**
- Notify CVMC ED (ext 4333) They will in turn notify Security and Berlin Police
- Notify WDR Administrator, DNS, Building Services, CVMC Security (452-7665) and CVMC ED (ext 4333)
- Overhead page “Code Green” and give your location
  - (to overhead page, dial 6000600)
The Charge Nurse (or delegate) will notify the Administrator/or AOC (Administrator on Call) and the Director of Nursing Services and will be responsible for assigning staff to complete a room check on the resident's unit.

Overhead page “Code Amber” and give the location. (to overhead page, dial 6000600)

All departments including other nursing units are notified and directed to check their areas if the resident's location remains unknown or to determine the last time the resident was seen.

Two nursing assistants or one valet and one LNA will check the grounds around the facility.

Call the local police department after completing the search of the grounds and upon the direction of the administrator or DNS.

Unexplained or unaccounted for absence of a resident for a period longer than 30 minutes is reported promptly to the licensing agency. A written report is submitted by the close of the next business day.
If the Emergency Preparedness Plan is activated due to a disaster...

**Code White** (Internal/External Disaster; Lockdown)

Disasters could be a result of different scenarios such as;
- mass casualties
- bomb threats
- biological terrorism
- dangerous weapons on campus grounds
- emergency involving chemical contamination
- multi-vehicle accident
- plane crash

WDR staff will notify the Administrator on call and the CVMC ED with the problem report and wait for instructions from the Command Center.
- The decision to lockdown will be made by the Administrator or Supervisor in collaboration with the Berlin Fire Department.
How is a response to a disaster organized?

Command Center = Hub of the decision process

ER
Clinical Depts.
Facility Dept.
Admissions
HIS Dept.
Admin.
Finance Dept.
Introduction to Incident Command System 100

To familiarize you with how ICS works to management emergency/disaster events
What is the Incident Command System (ICS)?

- ICS is a standardized approach to emergency & disaster management
- It coordinates responses from multiple agencies
- It establishes common processes for planning and managing resources

What is the Incident Command System used for?

- Natural Hazards such as weather events, earthquakes, etc.
- Technological Hazards such as loss of communications, power, etc.
- Human-Caused Hazards such as terrorism, mass casualty motor vehicle accidents, etc.

ICS is a nationwide approach that includes:

- Preparedness
- Communications and Information Management
- Resource Management
- Command and Control
- Ongoing Management and Maintenance
Communication, Cultural Competence and Patient / Family Centered Care

Objectives:
To understand:
- effective communication
- cultural competence
- patient and family centered care

What is Effective Communication?

- Patients and providers exchange information, enabling patients to participate actively in their care from admission through discharge
- Ensuring responsibilities of both patients and providers are understood
- Two-way process
- Patients comprehend accurate, timely, complete and unambiguous messages from providers enabling them to participate in their care.
What is Cultural Competence?

Ability of health care providers and organizations to understand and respond effectively to the cultural and language needs of the patient.

Requires organizations and providers to:

• Value diversity
• Assess themselves
• Manage the dynamics of difference
• Acquire and institutionalize cultural knowledge
• Adapt to diversity and the cultural contexts of individuals and communities

What is Patient and Family-Centered Care?

• Innovative approach to plan, deliver, and evaluate health care grounded in mutually beneficial partnerships among providers, patients and families.
• Applies to patients of all ages
• Practiced in any health care setting
Diversity in the U.S.

- Nearly 1 in 9 residents is foreign-born
- 19.6% of the total populations speaks a language other than English at home
- U.S. Census Bureau Projections for 2050
  - Hispanic populations expected to grow from 35.6 million to 102.6 million – 188% increase
  - Asian population projected to increase 213% from 10.7 million to 33.4 million
Federal Law Requirements – 
Discrimination Based on “Limited English Proficient” Status

Denial of services of opportunity to participate in services
- Delay in delivery of services
- Less effective services

Services that do not meet the standard of care:
- “Hospitals are required to provide language assistance services to the deaf and hard of hearing patients at no cost – includes physician offices owned by the hospital as well as programs sponsored by the hospital.”
Public Entities:

- May not require an individual with a disability to bring another person to interpret.
- May not rely on someone accompanying the individual to interpret.
- May not rely on a minor child to interpret.
- May not rely on untrained translators.
Congratulations, you have completed your review of the 2015 Annual Training Presentation!

You now need to complete the 2015 Annual Training Exam to demonstrate competency on the material that you just covered. In order to successfully pass, you must receive a score of 80% or greater.