

Security & Safety Policies and Procedures

Table of Contents

1. General Security & Safety	-----	2
2. Phone Use & Emergency Codes	-----	3
3. Fire Procedures	-----	5
4. Response for Experience-related Injuries and Exposures to Blood and body Fluids	-----	7
5. Hand Hygiene	-----	8
6. Personal Protective Equipment	-----	9
7. Electrical Safety	-----	10
8. National Patient Safety Goals – 2006	-----	11
9. Do Not Use Abbreviations	-----	12
10. False Claims Act	-----	13
11. SBAR – Standard Tool for Communication	-----	14
12. Infant/Child Abduction Procedure	-----	16
13. Hazard Communication (MSDS)	-----	17
14. Emergency Preparedness/Disaster Plan	-----	19
15. Body Mechanics	-----	20

General Security and Safety

Objectives

- Introduce information regarding our security and safety programs that ensures the safety of patients, visitors and caregivers.
- Know how to locate security and safety policies and procedures.
- Describe the procedure for documenting incidents or accidents.
- Understand your role in identifying security and safety hazards.

Security

Participants should make sure to secure all personal valuables (purses, etc.) while on site. Leave valuables not required for the performance of duties at home. If you have concerns, call Security at the following:

**University District and RiverBend Central Command Center
541-222-6555**

Safety Programs

PeaceHealth has a safety program in place to ensure a safe environment for patients, visitors and caregivers. This program is in compliance with federal and state laws in addition to our national accrediting organization – Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Our Employee Safety & Health Department oversees these safety programs.

Each unit/department has a safety representative and a safety notebook that contains all region-wide and unit specific safety policies and procedures.

Phone Use and Emergency Codes

Emergency Codes

1. **Code Blue:** Cardiac/Respiratory Arrest
2. **Code Gray:** Combative Person
3. **Code Silver:** Weapon/hostage situation
4. **Code Amber:** Infant/Child Abduction
5. **Code Red:** Fire/Fire Drill
6. **Code Purple:** Bomb threat
7. **Code Orange:** Radiation/Hazmat
8. **Code APGAR:** Newborn Cardiac/Respiratory Arrest
9. **Code “R”:** Riot/Civil Disturbance
10. **Code External Triage:** Disaster/Disaster Drill, external
11. **Code Internal Triage:** Disaster/Disaster Drill, internal
12. **Code Clear:** All clear



SHMC Additional Contact Information:

1. **Call an emergency code** – 541-222-7111
2. **Place an outside call** - touch “9” first, then number
3. **Reach the hospital operator** - touch “0”
4. **Call a specific department** - touch 4-digit number from House Directory



Phone Use and Emergency Codes

The following phone numbers are designated for PeaceHealth Oregon Region use.

If you have a Code, safety, or security issue at any PH site, contact the Regional Security Communication Center:

- ◆ **Emergency: 541-222-7111**
- ◆ **Non-emergency: 541-222-6555**

SHMC Eugene Police Department (if imminent danger) **9-911**
FirePull fire alarm (don't use phone)
Security, non emergency.....541-222-6555
On site Security, UD.....541-228-6007 (cell)
RiverBend541-222-6555

Support Services Building Eugene Police Department (if imminent danger) **9-911**
Fire (first pull fire alarm)9-911 (770 East 11th Avenue)
Medical Emergency (Cardiac/respiratory arrest)9-911
Security, non emergency, onsite541-228-6007 (cell)

P&S South Eugene Police Department (if imminent danger) **9-911**
Fire (first pull fire alarm)9-911 (1200 Hilyard Street)
Security, non emergency541-222-6555

PeaceHealth Medical Group Eugene Police Department (if imminent danger) **9-911**
Fire (first pull fire alarm)9-911 (1162 Willamette Street)
In-house Security Supervisor541-228-6007 (cell)

Satellite Clinics and All Other Off-Site Facilities

Fire, Codes, Security, Danger9-911
Cottage Grove Community Hospital541-942-0511
South Lane Medical Group541-942-0511

Fire Procedures

General Instructions

- ◆ Code Red is the code used for a fire, smoke, or the smell of something burning.
- ◆ All persons must be familiar with the location of fire alarm pull boxes, indicator panels, fire fighting equipment, and medical gas control valves in their working area. Participants should also be aware of the evacuation route in their work area.
- ◆ All persons are expected to participate in monthly fire drills by closing all doors that enter corridors and familiarizing themselves with the fire procedures at their facility. Doors are to remain closed until the “**ALL CLEAR**” is given.
- ◆ The senior person takes charge until Fire Response Team or Eugene Fire Department personnel arrive.
- ◆ Avoid use of telephone and elevators.
- ◆ Do not use elevators in building where fire is suspected under any circumstance until the “**ALL CLEAR**” is given.
- ◆ Send one person with an extinguisher to assist if the fire is in a patient care area in an adjacent unit or department. If you have only one extinguisher in your department you are exempt from this support requirement. “Adjacent” includes the floors above, below, and on either side. Personnel sent should remain on the scene until the “**ALL CLEAR**” is given or the person in charge releases personnel.
- ◆ Personnel not assisting at the scene of a fire should remain in the work areas until the “**ALL CLEAR**” is announced.
- ◆ The fire alarm system will automatically page the location of an alarm. The page will contain a dual announcement tone, repeated three times and followed by a location announcement, repeated three times. The page will emanate from both the red fire alarm speaker/strobe units and the hospital paging system volume controls will affect the volume of that part of the fire announcement.

Fire Procedures for SHMC



If This Happens....	...Do This
<p>YOU Detect A Fire Or An alarm sounds in your area.</p>	<ol style="list-style-type: none"> 1. Locate the fire <ul style="list-style-type: none"> • Look for flame or smoke. • Check the fire alarm indicator panel for the alarm location. If the fire is in a patient room, the nurse call dome light will light up. 2. Follow RACEE Procedures: <ul style="list-style-type: none"> • Rescue anyone in immediate danger • Alarm (Activate Alarm) perform this step at the same time as rescue. If you cannot do both simultaneously, then activate alarm first. The fire alarm system will automatically page the location of an alarm. The page will contain a dual announcement tone, repeat three times, followed by a location announcement, repeated three times. • Contain close all doors and windows. Disconnect medical gas regulators if fire is in a patient room. Turn off/unplug all unnecessary electrical equipment. • Extinguish small fires the size of a wastebasket. Use the portable fire extinguisher and the PASS method. <ol style="list-style-type: none"> a. Pull- the metal release pin b. Aim- at the base of the fire. c. Squeeze- activator lever d. Sweep- back and forth at the base of the fire. • Evacuate the area.
<p>Alarm On Adjacent Unit</p>	<ol style="list-style-type: none"> 1. Determine if the alarm is on the unit above, below or next to your unit. 2. Dispatch one person with a fire extinguisher to the alarm location, proceed safely and assist as needed. 3. Personnel sent should remain on the scene until the “ALL CLEAR” is announced or the person in charge releases you. 4. Personnel not assisting at the scene of a fire should remain in the work areas until the “ALL CLEAR” is announced. 5. Return the fire extinguisher to originating unit. <p>***The fire extinguisher must be serviced before returning it if it was used.</p>

Response for Experience-related Injuries And Exposures to Blood and Body Fluids



If you sustain an injury or exposure, follow these steps:

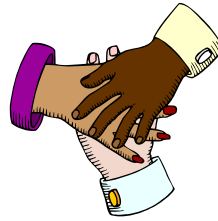
- Treat the injured area immediately. If further evaluation and treatment is needed, go to the Emergency Department or Urgent Care. Services from these departments will be delivered at established Clinical Facility charges.
- Report the injury immediately to the Center for Medical Education & Research – 541-686-7173
whether or not medical attention is required.

Participants and Instructors: Notify the Department of Learning and Development at 541-686-8527 of any injuries or incidents as soon as possible. Leave your name, school affiliation, attending physician name and number, type of injury and any treatment needed. Clinical placement coordinators will follow-up with you.



Follow-up will be directed by the Department of Learning and Development in collaboration with the participant, instructor, affiliate and others as necessary.

Hand Hygiene



The single most important measure to reduce the risk of transmitting microorganisms.

Clinical experience participants should demonstrate accurate knowledge that touching body secretions, excretions, non-intact skin and wounds of patients can contaminate their hands. They can also become contaminated by touching intact skin of patients and environmental surfaces in the immediate vicinity of the patients.

Hand washing

Required if hands are visibly contaminated, i.e. Blood, body fluids, etc.

Required after caring for patients with diarrhea.

After use of the restroom

Done before eating

Alcohol-based hand rubs

More effective in reducing number of viable bacteria and viruses*.

More accessible at the point of care, i.e. inside and outside every patient room, in hallways of patient care areas, etc.

Causes less hand irritation and dryness

****Exception: Clostridium difficile must wash with soap and water.***

Participants must use appropriate techniques when cleansing their hands. To be optimally effective, an appropriate volume of alcohol-based hand rub or soap must be applied to cover all surfaces of the hands and fingers.

Hand washing

Scrub with friction for 15 seconds before rinsing.

Use paper towel to turn off hand operated faucet.

Alcohol-based hand rubs

Cleanse before and after: contact with patients, contact with patients' environment, and using gloves.

Rub hands together for 15 seconds until dry.

Hand hygiene is a must to prevent infections in patients, visitors and healthcare providers 19
- including yourself!

Personal Protective Equipment

Personal Protective Equipment (PPE) protects you from contact with potentially infectious materials. The appropriate type of protective equipment for a given task depends on the degree of exposure anticipated. Under normal work conditions, PPE must not allow potentially infectious materials to contact your work clothes, street clothes, skin, or mucous membranes.

PeaceHealth will provide you with PPE and in addition, will clean, repair, replace, or dispose of PPE at no cost to you.

Types of protective gear include:

1. Gloves – wear gloves any time contact with blood, other body fluids, mucous membranes or non-intact skin is likely.
2. Masks, Face and Eye Protection – use these when splashes or sprays of blood or other body fluids are likely. Use respiratory protection when caring for patients who have or may have an infection that can spread through the air.
3. Gowns and Protective Apparel – if splashing of blood or other body fluids is likely, wear a gown and appropriate apparel, such as boots or leg coverings.

Proper Use of Personal Protective Equipment:

Be sure to use PPE correctly for maximum protection.

- You must use appropriate protective equipment each time you perform a task.
- Your gloves and other PPE must fit properly.
- Your equipment must be free of physical flaws that could compromise safety.
- If, when wearing equipment, your equipment is penetrated by blood or other potentially infectious materials, remove it as soon as possible.
- Before leaving the work area, remove all protective equipment and place it in a designated area or container for washing, decontamination, or disposal.

Electrical Safety

Bio-Med/PHMG Engineer Inspection

All electrical equipment brought into the facility by staff or patients (radios, hair dryers, fans, heaters, etc.) must be checked out by the unit Safety Representative prior to its use. When it has been approved for use, a dated and signed sticker is affixed.

Any electrical equipment purchased for patient care use must be checked out by Bio-Med or PHMG Engineering Staff.

Lock-Out Tag

If any electrical equipment malfunctions or shocks someone, Bio-Med or the PHMG Engineers will place a LOCK-OUT/tag out label on it. Do not remove a LOCK-OUT/tag out label or use any equipment that has been tagged as a LOCK-OUT.

Medical Safety Device Act (MSDA)


A medical device is broadly defined to include nearly everything that we use to care for or treat patients, for example, gauze pads, lasers, and CAT scanners.

Participant responsibilities in the event of an injury caused by a medical device:

- Remove faulty equipment from service and send it for repair **before** it can cause an injury.
- In the event of an injury, notify your immediate supervisor and instructor.
- Keep the involved device set up for further review (keep the item set up exactly as it was when the event occurred).

National Patient Safety Goals- 2010

The National Patient Safety Goals (NPSG's) were established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 2003. JCAHO-accredited organizations are surveyed on their efforts to achieve these goals. Each year, new patient safety goals are added based on assessment of evidence for and validity of recommendations published in Sentinel Event Alert. Your preceptor and/or instructor will cover specific information regarding policies and procedures related to each goal.

National Patient Safety Goals 2010
IMPROVE ACCURACY OF PATIENT IDENTIFICATION <ul style="list-style-type: none">• Use at least two Patient Identifiers (Name, DOB) when providing care or treatment• Label specimen containers in the presence of the patient• Eliminate transfusion errors related to patient identification
IMPROVE COMMUNICATION AMONG CAREGIVERS <ul style="list-style-type: none">• Reporting Critical Results of Tests and Diagnostic Procedures on a Timely Basis
IMPROVE SAFETY OF USING MEDICATIONS <ul style="list-style-type: none">• Label All Meds, Med Containers & Solutions• Reduce the Likelihood of Patient Harm Associated with Anticoagulant Therapy
REDUCE RISK OF HEALTH CARE-ASSOCIATED INFECTIONS <ul style="list-style-type: none">• Follow CDC Hand Hygiene Guidelines• Implement Evidence-Based Practices to Prevent:<ol style="list-style-type: none">1) Hospital Acquired Infections Due to Multi-Drug-Resistant Organisms2) Central Line-Associated Blood Stream Infections3) Surgical Site Infections
IDENTIFY PATIENTS AT RISK FOR SUICIDE
UNIVERSAL PROTOCOL <ul style="list-style-type: none">• Conduct a pre-procedure verification• Mark the procedure site• Time-out performed and documented immediately prior to the procedure
 PeaceHealth



Do Not Use Abbreviations

SHMC

Accurate communication between caregivers ensures safe patient care. Some abbreviations, acronyms, and symbols may cause confusion. The following is a list of abbreviations that should not be used at PHOR.

(12/03)

Abbreviation	Potential Problem	Preferred Term
U (for unit)	Mistaken as zero, four or cc.	Write “unit”
IU (for international unit)	Mistaken as IV (intravenous) or 10 (ten).	Write “international unit”
Q.D., or Q.O.D. (Latin abbreviation for once daily and every other day)	Mistaken for each other. The period after the Q can be mistaken for an “I” and the “O” can be mistaken for “I”.	Write “daily” and “every other day”
Trailing zero (X.0 mg), Lack of leading zero (.X mg)	Decimal point is missed.	X mg 0.X mg
MS MSO ₄ MgSO ₄	Confused for one another. Can mean morphine sulfate or magnesium sulfate.	Write “morphine sulfate” or “magnesium sulfate”
µg (for microgram)	Mistaken for mg (milligrams) resulting in one thousand-fold dosing overdose.	Write “mcg”
T.I.W. (for three times a week)	Mistaken for three times a day or twice weekly resulting in an overdose	Write “3 times weekly” or “three times weekly”
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears) O.S., O.D., O.U. (Latin abbreviation for left, right, or both eyes)	Mistaken for each other (e.g., AS for OS, AD for OD, AU for OU, etc.).	Write: “left ear,” “right ear” or “both ears;” “left eye,” “right eye,” or “both eyes” .

PeaceHealth is required by federal law to provide information to all its Employees, Volunteers, Contractors and Medical Staff regarding the federal false claims act, administrative remedies for false claims and statements, the state false claims act and whistleblower protections under these laws. The federal and state false claims acts play an important role in detecting fraud, waste and abuse in federal health care programs.

The False Claims Act – A Federal Law That Protects Whistleblowers

The law. The federal False Claims Act (31 USC 3729-33) makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. “Knowing” means that the person or organization:

- knows the record or claim is false, or
- seeks payment while ignoring whether or not the record or claim is false, or
- seeks payment recklessly without caring whether or not the record or claim is false.

Under certain circumstances, an inaccurate Medicare, Medicaid, VA, Federal Employee Health Plan or Workers’ Compensation claim could become a False Claim. Examples of possible False Claims include someone knowingly billing Medicare for services that were not provided, or for services that were not ordered by a physician, or for services that were provided at sub-standard quality where the government would not pay.

A person who knows a False Claim was filed for payment can file a lawsuit in Federal Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government’s attention. Some states have a False Claims Act that allows a similar lawsuit in state court if a False Claim is filed with the state for payment, such as under Medicaid or Workers’ Compensation. Penalties are severe for violating the federal False Claims Act. The penalty can be up to three times the value of the False Claim, plus from \$5,500 to \$11,000 in fines, per claim.

Whistleblower protections. The federal False Claims Act protects anyone who files a False Claim lawsuit from being fired, demoted, threatened or harassed by their employer for filing the suit. An employee who was harmed by their employer for filing a False Claims lawsuit must file a lawsuit against their employer in Federal Court. If the employer retaliated, the court can order the employer to re-hire the employee, and to pay the employee twice the amount of back pay that is owed, plus interest and attorney’s fees.

Our Policy. PeaceHealth’s Organizational Integrity Program includes monitoring and auditing for compliance that helps prevent or detect errors in coding or billing.

- PH expects that our employees who are involved with creating and filing claims for payment for services that we provide will only use true, complete and accurate information to make the claim.
- PH expects that anyone with a concern about a possible False Claim at a PH facility will use the OI Reporting Process *immediately* so that PH can investigate and correct any errors.
- PH’s policy on non-retaliation protects our employees from adverse action when they do the right thing and report any genuine concern via the OI Reporting Process.
- PH will investigate any allegation of retaliation against an associate for speaking up, and will protect and/or restore rights to anyone who raised a genuine concern.

Our Promise. Our employees work hard to ensure that every claim for payment for the care we provide is correct and accurate, so that we do not violate the law, or break the trust we maintain with our patients and communities.

If you have any questions about this information or wish to report a concern or view policies related to our Organizational Integrity Program, please contact Carol Barnett, System Director of Organizational Integrity at 541-686-3771 or e-mail: cbarnett@peacehealth.org

SBAR Standard Tool for Communication

Before Report/Call (see reverse)

- Assess the patient • Review the chart • Know the admitting/current diagnosis
- Read the most recent Progress Notes and the assessment from the nurse on the prior shift.

	Hand Off/Transfer of Care	Calling a Physician/Provider
S	<p>SITUATION State your name and unit "Are you ready to receive report?" I am calling report: (Patient name, Age, Physician) Are you familiar with this patient?</p>	<p>SITUATION Is this the appropriate physician for the call & the correct Hospitalist Team? State your name & unit I am calling about (patient name & room number) The problem I am calling about is: Are you familiar with this patient</p>
B	<p>Background Current diagnosis and date of admission Brief history of present illness Pertinent Medical History including baseline Infection Control issues Code Status Allergies Medications given Brief summary of the treatment and response to date Medication Reconciliation Status (Complete Medication List) Social support system/issues Patient's expectations of treatment Discharge Plan</p>	<p>BACKGROUND State the current diagnosis & date of admission The pertinent medical history Include if the patient is a new admit from ED or ICU Include Code Status if applicable Give a brief synopsis of the treatment to date</p>
A	<p>Assessment Recent Vitals: BP _____ Pulse _____ RR _____ O2 Sat. _____% Temperature _____ Pain Score _____ O2 @ _____ L/min Monitor readings IV access Report any change in: <input type="checkbox"/> Neuro <input type="checkbox"/> GI <input type="checkbox"/> Muscular/Skeletal <input type="checkbox"/> Cardiac <input type="checkbox"/> GU <input type="checkbox"/> Integumentary <input type="checkbox"/> Respiratory <input type="checkbox"/> CBG <input type="checkbox"/> Pain Abnormal test results Psych/Social Special Equipment/Mobility</p>	<p>ASSESSMENT Vital signs are at baseline except: Report any change in: <input type="checkbox"/> Neuro <input type="checkbox"/> GI <input type="checkbox"/> Muscular/Skeletal <input type="checkbox"/> Cardiac <input type="checkbox"/> GU <input type="checkbox"/> Integumentary <input type="checkbox"/> Respiratory <input type="checkbox"/> CBG <input type="checkbox"/> Pain O2 @ _____ L/min OR Patient not on O2 Rhythm if on monitor</p>
R	<p>Recommendation Projected Clinical Course/Physician concerns Patient's goals /Family's goals Patient's stated needs Priority of care needs Pending tests Concerns to be aware of Referrals needed Do you have any Questions? Please call (your name & number) if you have any questions.</p>	<p>Recommendation/Request</p> <ul style="list-style-type: none"> ▪ I think the patient needs to be seen ▪ Do you want any changes in Medications? ▪ Do you want any tests? (CXR, ABG, CBC, BNP, BMP) ▪ Ask for a consultant? ▪ Change in parameters? ▪ Transfer to the ICU <p>If the patient does not improve when should I call again? Let me write down & read back any orders.</p>

Patient transitions: SBAR provides tool for clear communication

SBAR: It's pronounced S-bar, and if you are involved in patient care, it's something you'll be hearing a lot more about. It was central to the nurse-physician communication improvement initiative begun last summer. It was later adopted by the award-winning Rapid Response Team. Now it is the key to improvements being made house-wide during patient handoff/transfer of care.

SBAR stands for

- Situation
- Background
- Assessment and
- Recommendation

It is a guideline for all verbal communications about patients, whether in person or on the phone, particularly at transition points: from one hospital department to another, from the nursing unit to an ancillary care unit such as Imaging, and from the hospital to another care facility. Most communications about patients may naturally include most of those four areas; SBAR is a reminder to cover *all four* areas rather than, for instance, state the situation and the recommendation without covering the background and the assessment, which may have changed recently. It's going to make it easier for caregivers to provide safe care. Two heads are always better than one, and having the ability to ask questions presents an opportunity to educate at the same time.

The team chose SBAR as the standard too and piloted its use on 5 Main, first as a model for shift-changing report. Other departments are now in the process of adopting SBAR as their standard communication tool. You'll find copies of the SBAR Guideline posted by telephones and wherever care providers gather to discuss patient conditions in the departments where SBAR has been implemented to date. The patient transfer policy has been updated to include some new aspects of transfer of care; it will be transformed again as the SBAR communication tool goes house-wide.

Excerpts from PeaceHealth's: Infant/Child Abduction/ Code Amber – Procedure

SCOPE: Sacred Heart Medical Center

PURPOSE: To furnish guidelines for the prevention of infant/child abduction and specify measures to be taken in the event an abduction occurs.

Code Amber Response

Affected Unit Staff

If an abduction occurs, nursing staff will immediately call the paging operator (7111) and declare a "Code Amber." The age of the child and unit involved will be designated in the overhead Code Amber announcement as follows:

Example: "Code Amber zero Mother/Baby (or other unit)" for child under one year of age.

Example: "Code Amber two, Pediatrics (or other unit)" for two year old

The Charge Nurse and/or the Nurse Manager or Administrative Supervisor directs the following activities:

1. Seal off the unit and assign staff to cover all exits. All visitors and staff will remain on the unit until released by Security or police. Upon arrival of staff responding to the unit, coordinate exit coverage and search with House Supervisor, Security and Police.
2. Seal off the patient's room or area where abduction occurred and move patient, if able, and visitors to another room or nearby area on the unit. Do not remove anything from the patient's room or area where the abduction occurred. Do not allow anyone other than law enforcement officials into the crime scene.
3. Verify the location of all patients in the current unit census. Instruct all patients to remain in their rooms.
4. If any infant or child is away from their assigned unit for a procedure, they should not leave their current location until after the Code Amber has been cleared.
5. A staff person should be assigned to the parent(s) to provide support, information, documentation and to accompany the parent(s) at all times.

All Staff

Facilities, Security and Maintenance will cover hospital exits as specified by department procedures. Visitors and staff will be detained on the unit and inside the facility until released by Security or police.

All hospital staff will monitor their units and nearby exits for presence of suspicious individuals or infants/children matching the age of the missing child. Report any findings

to Security. Observe and attempt to verbally detain any suspicious individuals or those carrying large packages, bags, or coats which may conceal a child. Do not physically restrain the individual.

Report any observations pertaining to the abduction to 7111. The paging operator will then forward the information to the incident commanders and Security.

The full policy can be found at the following link

<http://crossroads/SC%5FPolicy/Regional%20Policy%20Center%20pages/Oregon/Main.htm>

type “infant abduction” in the Key Words box , click OK, then open OR.PTC.161 Procedure for the full policy.

Hazard Communications (MSDS)

Material Safety Data Sheets

Objectives

Know how to locate information on hazardous substances in your work area

Know what specific information you need to review and remember from the MSDS

Know what OSHA requires regarding container labeling

MSDS

Information provided on the MSDS includes:

- Product name
- Hazardous ingredients
- Physical & chemical data
- Health hazard data
- Fire, reactivity & explosive data
- Primary routes of entry
- Permissible exposure limits
- Cancer hazards
- Precautions, spill/leak procedures
- Personal Protective Equipment (PPE)
- First aid & emergency procedures



Participant Responsibilities

Required to read unit appropriate MSDS policies when necessary

Remember information that is pertinent to materials handled frequently

Know location of unit MSDS manual

Emergency Preparedness/Disaster Plan

Participant Responsibilities

On Site:

- **Hospitals**

1. Remain on duty until excused.
2. Report to person in charge of department for assignment.
3. Department heads and others with specific HEICS (Hospital Emergency Incident Command System) responsibilities assume roles.

- **Medical Groups and Clinics**

1. Urgent Care may need to accommodate larger numbers of patients with minor illnesses or injuries.
2. Physicians may need to report to the hospital if requested by the medical director.
3. All others will respond as needed. PHMG is **not** designated to receive disaster victims.

During an emergency, remember to:

1. Use stairways.
2. Know where exits are and what the posted evacuation plan is for your area.
3. Limit use of phones as much as possible.
4. Wear ID badge.

If not on site:

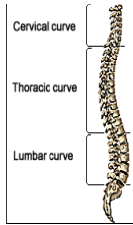
1. Listen to the Emergency Broadcast System for updates and instructions.
2. Do not come in unless called and instructed to do so.
3. Otherwise, report at the next scheduled time.

Disaster Drills

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires Sacred Heart Medical Center to have two disaster drills per year.

Body Mechanics

The Basic Six Considerations of Stable Body Mechanics



ALIGNMENT

Alignment has to do with the way the various parts of the body stack up on each other. In neutral alignment, our three largest structures, the head, the chest and the pelvis, are well balanced and supported by each other, and the spinal structures are relieved of strain.

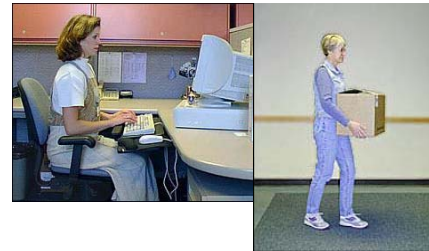
WEIGHT SHIFT

The use of lower extremity strength to move a stable spine within the base of support (BOS) thereby decreasing strain on the back.



BRACING

Using muscles to control movement in some part of the body. The lower abdominal muscles can act as a brace to position and protect the lower back during activity.



BASE OF SUPPORT (BOS)

The stable foundation from which movement is initiated. In standing, it is our legs and feet, in sitting it is our pelvis and thighs on the seat and our feet on the floor, and in reaching it may include a hand for additional support.

HIP HINGE

The ability to bend and straighten through the hip joints without moving through the back or neck. When using the hips as the axis of motion, the trunk can remain relaxed in neutral alignment.



FACE THE ACTIVITY

Think of your trunk as a triangle with the top at the center of the chest, and bottom two corners at your pelvis. The front of the triangle always faces the activity.

