

SECURITY

The Security Department provides regular and routine patrols of buildings, grounds and parking lots. Security Officers are not wholly responsible for the security of the hospital—YOU ARE TOO.

Always wear your school identification badge and MLHS security badge when you are at work. This is for your personal safety and for the safety of our patients

You can assist Security by:

- securing property when unattended;
- reporting suspicious individuals;
- reporting acts of vandalism, missing/damaged property and/or other actions detrimental to the proper functioning of the hospitals;
- avoiding unlit and/or areas with which you are unfamiliar when working alone or during evening/night hours.

WORKPLACE VIOLENCE

All incidents of violence in the workplace must be reported. Workplace violence involving patients should be reported via an event report.

If you are confronted by an aggressive person:

- Be aware of your body language
- Do not stand in front of the person
- Try to maintain an open exit route
- Keep calm and in control of the situation

If assistance is needed, call 711 and request “Code Green”. Give your exact location. A team of staff trained in behavior management techniques will arrive to provide help.

RIGHT –TO-KNOW

You have a right to know what risks are presented by the chemicals/physical hazards in your workplace.

A substance is considered a hazardous material if the label and/or the MSDS states:

- ❖ it poses a health hazard;
- ❖ it poses a fire hazard, or
- ❖ it can react adversely with other chemicals.

The Material Safety Data Sheet (MSDS): an online document that gives the details of each material. These are located on the intranet under Administrative Applications, MSDS online.

You would use an MSDS if you have an exposure to or spill a chemical product.

HAZARDOUS/INFECTIOUS WASTES

Waste is defined as any solid, liquid or gas that is a by-product of daily work activity. Some wastes produced are potentially hazardous to the health of employees, patients or visitors. It is important that we handle all potentially hazardous or infectious waste correctly.

Infectious Waste:

Waste capable of producing an infectious disease. Includes: laboratory waste that has come into contact with human blood, blood products and/or other body fluids; Infectious materials: sharps, including needles, syringes, lancets, scalpel blades, etc.; pathological waste.

Hazardous Waste:

Waste that may affect humans or the environment. Includes: materials that are easily combustible or flammable; materials capable of dissolving metal and other materials and may burn the skin; materials that may undergo rapid or violent chemical reactions with water; materials that may release toxic substances. Please notify the following of such wastes at 337-4383 (**BMH**), 0 (**BMRH**), 476-8298 (**LMC**), 565-1624 (**PH**), 227-3544 (**RH**). There is a cabinet at each facility to house the chemicals until the Environmental Waste Hauler removes it from the facility.

When working with any of the above types of waste:

- wear personal protective equipment (PPE);
- dispose of properly with biohazard symbols affixed to them for infectious waste;

Hazardous Chemical Spills:

Call the Operator by dialing “0” or 711 and request a spill team response. Give your exact location. Contain the spill with towels if appropriate until spill team arrives. ALWAYS WEAR PROTECTIVE EQUIPMENT.

RISK MANAGEMENT EVENTS

Any unplanned occurrence, involving a patient, visitor, volunteer, or contract employee should be reported on a Risk Management Event Report. Examples of events to be reported are: falls with or without injury, unsafe clinical situations, lost items, patient injuries or wounds, and medication events.

The reporting of events is non-punitive in nature.

WHAT TO DO IN A FIRE:

If you discover a fire: RACE

Rescue person(s)/patients/staff in immediate danger.

Alarm - pull Hospital fire alarm.

Contain/confine the fire. Close all doors and windows.

Extinguish the fire, if possible. If not, evacuate the area.

If you use the fire extinguisher: PASS

- Pull, Aim, Squeeze, Sweep
- Use the correct class of fire extinguisher.
- Fight the fire with your back to the exit.

Students can help clear the hallways and assist staff as directed. If no direction is given, there are no expectations of them other than to go into a room, close the door, and wait until the “All Clear” is announced.

CODE Emergencies

Always dial **711** from a hospital phone when you become aware of an emergency situation. The Operator (711) will activate the correct response procedures. To quickly activate appropriate personnel, special code names have been developed for announcement by the Operator on the overhead paging system.

Code Red	Fire (flames, smoke, alarm or device activation)
Code Blue	Cardiac/Respiratory Arrest
Code Green	Behavior Management/Workplace Violence
Code Alert	Patient Elopement
Code Pink	Infant/Child Abduction
Code Black	Bomb Threat
Code Lockdown	Lock In/Lock Out
Code White	Weather Emergency
Code Purple	Infant/Child Cardiac Arrest
Code Orange(Rehab Command)	Internal Emergency
Code Yellow	Hazardous Spill
Code Roadway(TLH)	Access Road Blocked
Code H2O (PH)	Water Compromise
Rapid Response (Physician Stat @BMRH)	Rapid Medical Response Team
Condition H	Patient or family call for help

General Reminders

- Maintain call lights within reach of patient at all times
- The top two side rails are to be kept in the up position on all patients.
- Beds to be placed in low position prior to exiting room
- Fall risk patients should not be left unattended in the bathroom
- If patient requires assistance of two healthcare providers, please ask someone for their help
- Ensure privacy during procedures, am care, etc.
- Hand washing must be performed prior to and following patient care.
- Students should not socialize in the hallways or patient rooms.
- Any equipment not in use must be plugged in
- It is the responsibility of everyone to respond to bed or personal alarms
- The patient ID process is critical and mandatory with every interaction
- Students are not permitted to apply or remove patient restraints
- Main Line Health is Smoke Free. No smoking is permitted on the premise.

Most importantly: If you are unsure, please ask: Our top priority is our patient's safety.

Remainder of document is specific to BMRH

Falls Safety Highlights

Falls Risk Scale: the following factors place the patient at increased risk for falls	Score
Ataxia, Balance Problems	4
Confusion/Disorientation/Impaired judgment/Noncompliance w/safety teaching/Aphasia	3
History of Falls within the past 2 years	2
Hemiparesis or hemiplegia	2
Alteration in elimination/Incontinence/Foley/external catheter	2
Sensory/Perceptual/Visual Impairment	1
Orthostatic B/P, Meds causing sedation/stimulation such as anticonvulsants, neuroleptics, benzodiazepines	1
Transfer status of minimum assistance or supervision	1
<div> <div> Low Risk 0-5; High Risk 6 - 17 </div> <div> Total # </div> </div>	
If High Risk, maintain bed alarm, Toilet patient Q 2-3 hours	
<input type="checkbox"/> Check if patient must be attended while toileting or showering	

All patients will have High Risk Level interventions initiated on admission and for the first 24 hours.

A. **Low Risk Patient** is defined as having a score of 0 to 5 and will require, at a minimum, the following interventions:

1. Provide education/information on fall risk safety interventions
2. Put call light/personal items within reach
3. Place bed in low position and ensure brakes are locked
4. Position top half of bed side rails in the up position
5. Provide assistive and mobility devices, if indicated
6. Orient and re-orient patient to the environment
7. Educate and re-educate patient on safety strategies
8. Assist to bathroom for elimination unless independent or modified independent
9. Review wheelchair safety; foot rest positioning, use of brakes, and black seat belt
10. Clear pathway to bathroom and doorway
11. Put nightlight or bathroom light on during evening/night shifts
12. Apply non-skid footwear at bedtime
13. Assess and implement bowel and bladder re-education, if indicated
14. Teach patient methods to transfer out of bed safely, including the need to call for assistance if indicated. Instruct the patient to change position slowly. .

B. **High Risk Patient** is defined as having a score of 6 or more and **will** require the above interventions and **may** require the following interventions as indicated by the plan of care:

1. Visually observe patient as determined by the plan of care
2. Evaluate the need of relocating the patient's room closer to the nurse server
3. Review the pharmacologic effects of the patient's current medications
4. Implement alternative measures to restraints as appropriate (which could include a black seat belt)
5. Keep bathroom and/or night light on at all times
6. Engage the bed alarm when patient in bed; if the patient is too light, utilize WanderTabs magnetic alarm system
7. Evaluate use of wheelchair/chair alarm while in wheelchair/chair
8. Communicate Fall Safety Risk to staff, visitors, and patient via fall safety signage:
 - Place a sign above the name plate on door
 - Place a sign at the head of the bed
 - Place a sign above toilet in bathroom
 - Place a yellow armband on patient
 - Additional information regarding fall risk can be found:
 - On the shift to shift report

- On the multi-disciplinary team conference sheet
9. Staff need to be aware to respond to all call bells promptly
 10. Hi-risk patients are not to be left unattended on the toilet or on a portable commode, as appropriate to the individual patient plan of care
 11. Perform frequent environmental checks to ensure a clear path to bathroom, that personal items are within reach, that clutter is minimized and that nurse call bell is within reach of the patient
 12. Assess that elimination needs are being met as indicated by the individualized patient's plan of care
 13. Work with team to implement an ambulation program as appropriate
 14. Implement a bed positioning schedule as appropriate
 15. Utilize adapted seating and positioning equipment as appropriate
 16. After providing family education, consider using a family member to sit with the patient if appropriate
 17. Consider use of low bed/floor mats
 18. Utilize a one to one attendant, as appropriate
 19. Evaluate the utilization of behavior rounds
 20. Consider the use of protective restraint devices, when all other methods have failed or have been deemed inappropriate

Restraints

Prior to utilizing restraints, Alternative Measures are considered: Non-restrictive interventions implemented for the purpose of promoting medical healing. Alternative measures may include, but are not limited to:

- Relocating patient closer to staff for closer observation
- Increased frequency of checks on patient
- Controlled environmental lighting, background noise
- Reorganizing patient unit
- Changing roommate
- Securing unit via activating exit door alarm
- Bed/chair alarms
- Provision of interpreter, if appropriate
- Diversional activities
- Frequent reorientation
- Contract with patient regarding safety and options
- Restructuring routines
- Encouraging increased physical activity such as walking, pacing
- Volunteer / family sitting with patient
- Review of all medications
- Adapted seating and positioning
- One on one supervision

Restraints are utilized if the clinician evaluates the patient and finds the patient at significant risk for fall or injury due to impaired balance/mobility combined with: one or more of the following: Impulsivity, Restlessness, Decreased safety awareness, Unlikely to call for assistance when needed

- 1. Restraints used at BMRH : 4 Side rails, Sidelyer with 4 Side Rails, Blue Belt, Pelvic Belt, Enclosed Net Bed**

Patient Elopement

Patient elopement definition - patient leaves the facility without the knowledge or permission of hospital staff, with the intent to leave, or presents with behaviors indicative of high elopement risk.

Elopement Risk Assessment	Score
The following factors place the person at risk for elopement	
1. Patient is 55 years or younger	1
2. Patient has a prior Hx of substance abuse or Psychiatric issues	1
3. Requires the use of the Blue belt	1
4. Smoker	2
5. Demonstrates behavior or behaviors indicating intent to leave facility	2
6. Cognitive impairment with high mobility or requires greater than 1 redirection for inappropriate ambulation/Wheel chair activities	3
Score greater than or equal to 6 requires team discussion	
Outcome: WanderGuard <input type="checkbox"/> Yes <input type="checkbox"/> No	Total

Wanderguard Integrated Locating System

The Wanderguard Integrated Locator System is utilized to locate patients in real time through infrared light signals transmitted by badges. Patients identified as high risk for elopement, as assessed by the healthcare team, will be issued a badge to be worn during their inpatient stay.

Precaution orders frequently found at BMRH include:

Seizure, NPO, 1:1 Observations, Suicide, Hip, Weight bearing, Cardiac, Sternal