Health, Safety, & Environment

1. Health, Safety, & Awareness

1.1 Table of Contents

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1.2 Safety Managers

Questions or Concerns?

Contact Your Safety Manager

Jeff Bowles
email: jbowles@chsbuffalo.org
phone: 716-828-3396

Laura Dewey
email: ldewey@chsbuffalo.org
phone: 716-298-2159 or 716-447-6093

Click to Exit Course.

Steps for Safety

2. Unit 1- Safety Awareness

2.1 Unit 1- Safety Awareness

Notes:

2.2 Steps for Safety

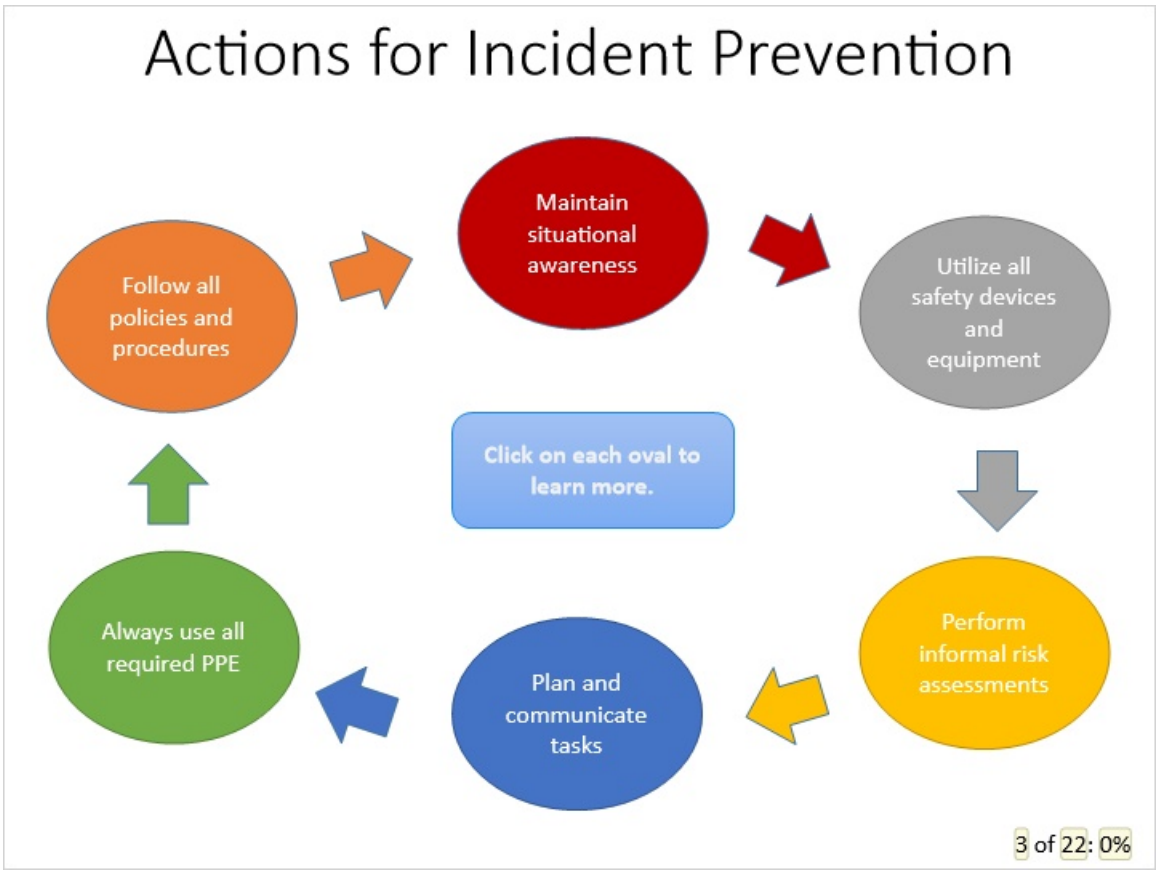
Notes:

Healthcare workers face a wide range of hazards on the job, including sharps injuries, exposures to chemicals and hazardous drugs, back injuries, violence, and stress. Although it is possible to prevent or reduce healthcare worker exposure to these hazards, cases of nonfatal occupational injury and illness with healthcare workers are among the highest of any industry sector. The most common injuries reported at Catholic Health are slips trips and falls, patient handling injuries and needlesticks or exposures to blood and body fluid.

At Catholic Health, we empower everyone to be an advocate for safety by speaking up about any safety concerns. Your actions can help not only protect yourself from hazards, but your co-workers as well. We call this, Steps for Safety. First, resolve an issue yourself if you are able- such as cleaning up a small spill or straightening out a creased floor mat. If you are

unable to take care of an issue, immediately report it to your manager or the person in charge. Finally, if the issue remains unresolved, report it to your Safety Manager. For issues that you are uncomfortable bringing up in person, we also have an Associate Safety Line, where you can leave an anonymous report of a safety concern. When using this voicemail box to report, keep in mind that we won't have your name to follow up or ask questions, so please be sure to leave as much detail as possible.

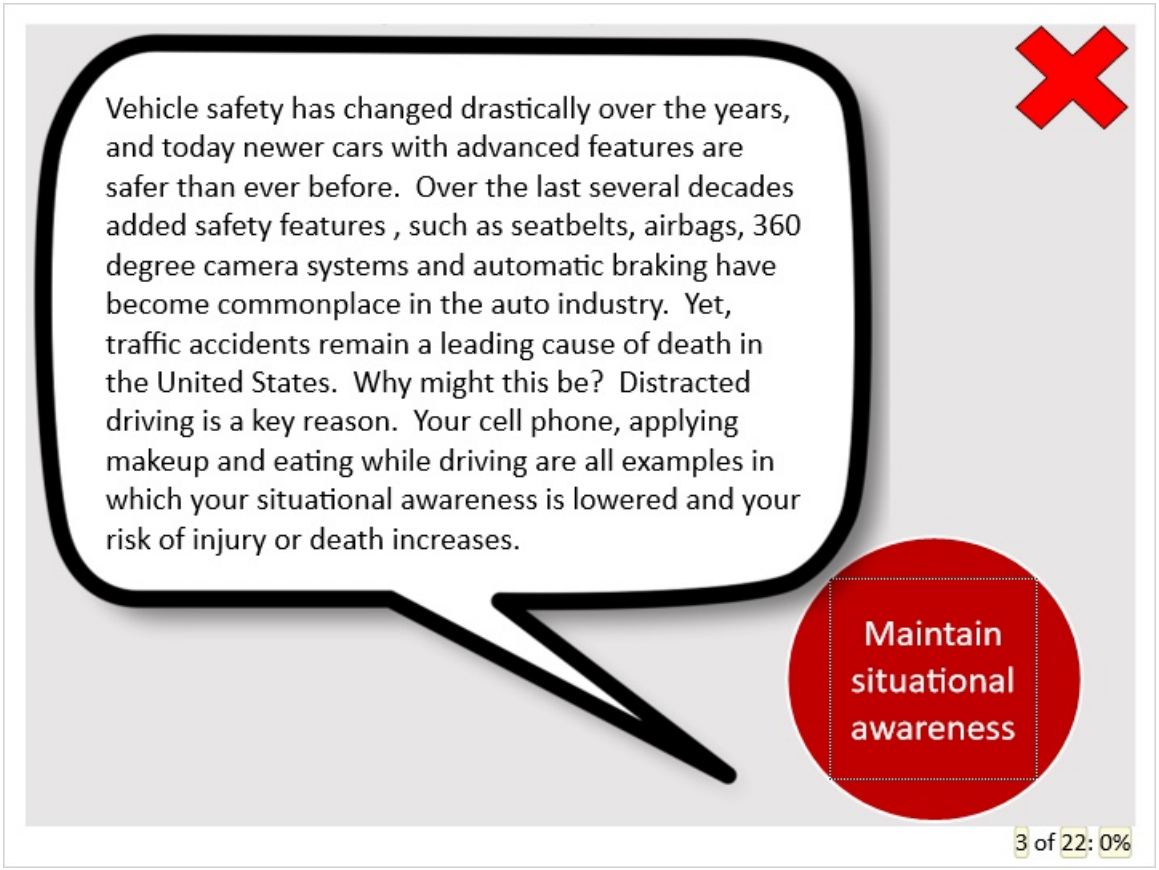
2.3 Actions for Incident Prevention



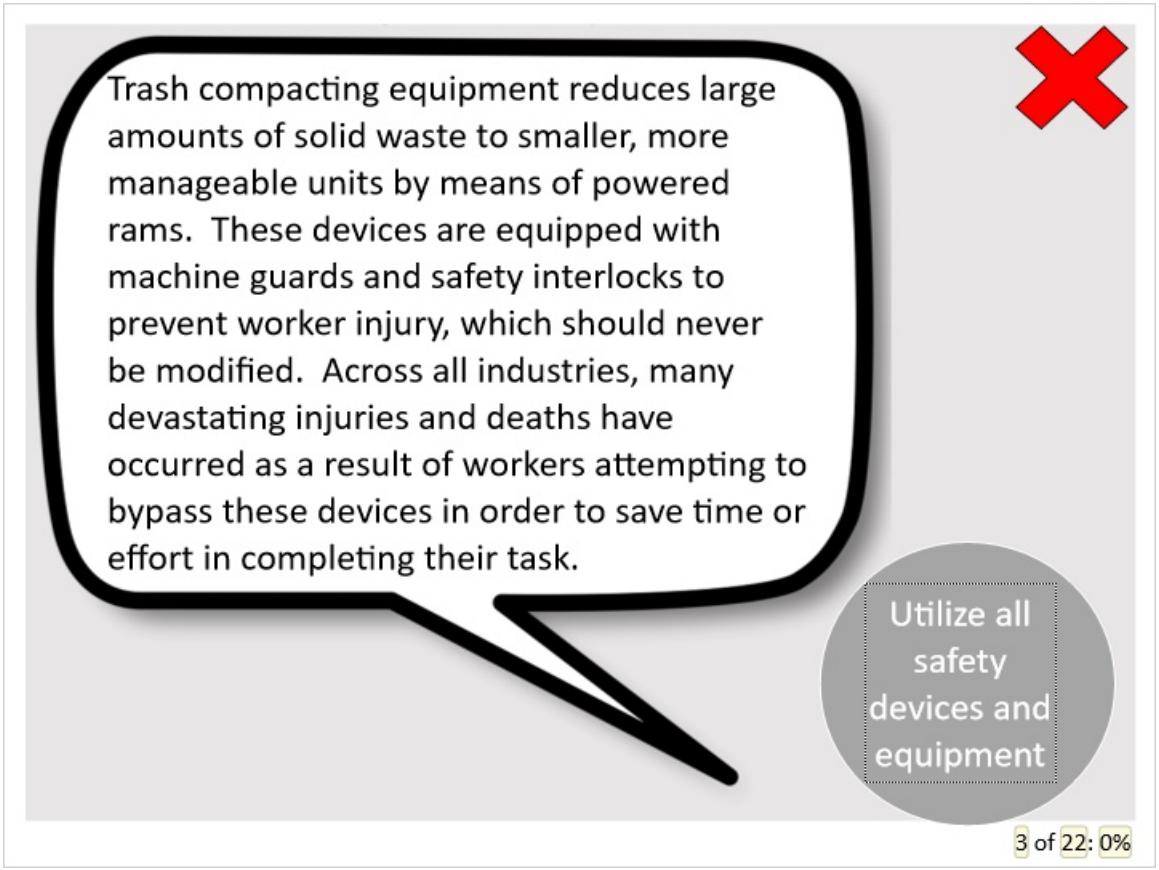
Notes:

There are many ways to lower or eliminate your risk of injury at work. Let's review some by clicking each recommendation for incident prevention for an example.

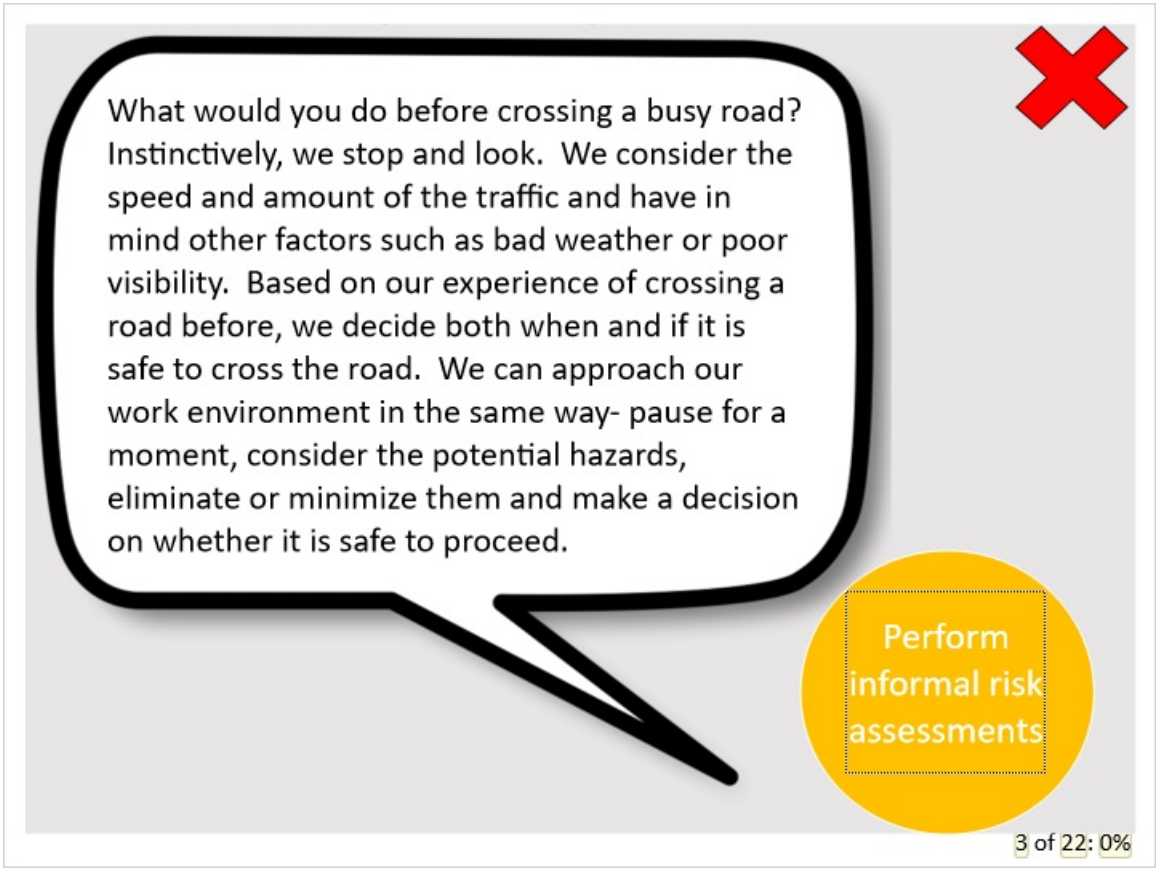
Maintain (Slide Layer)



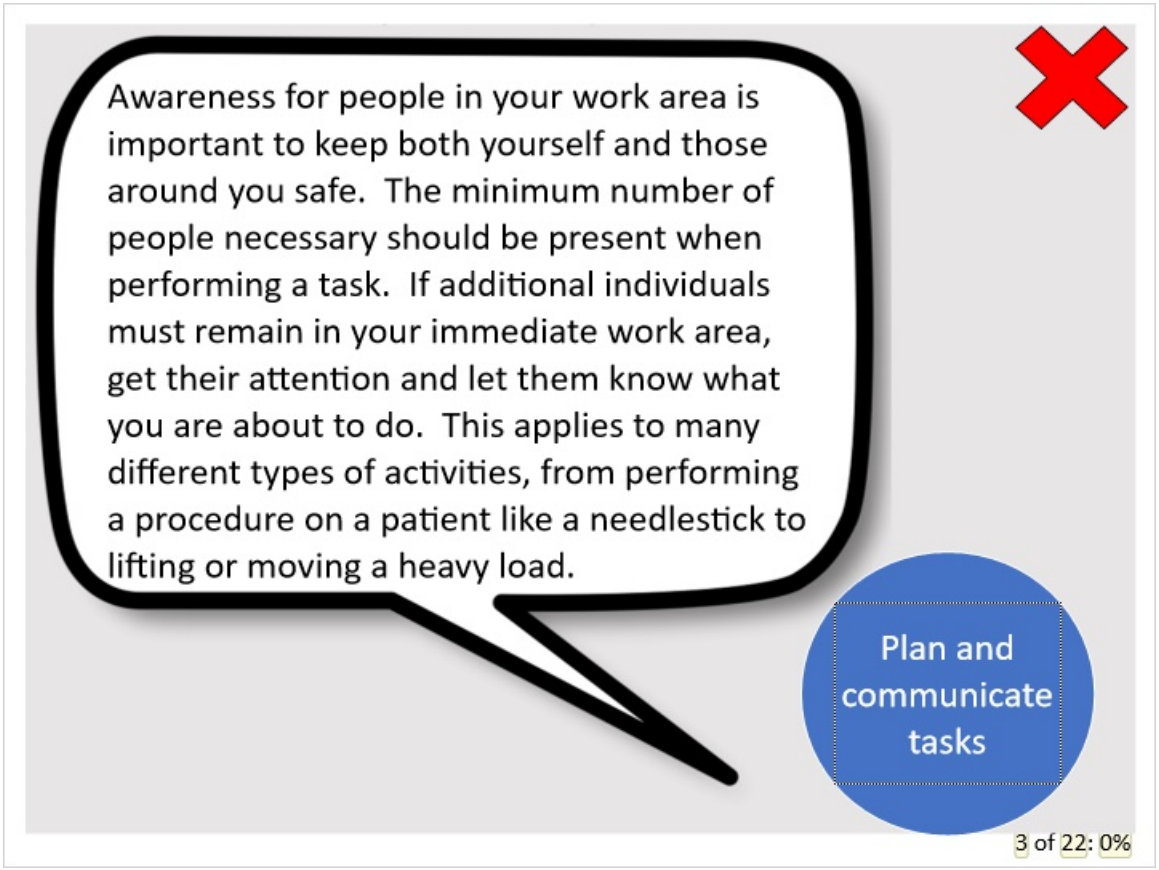
Utilize (Slide Layer)



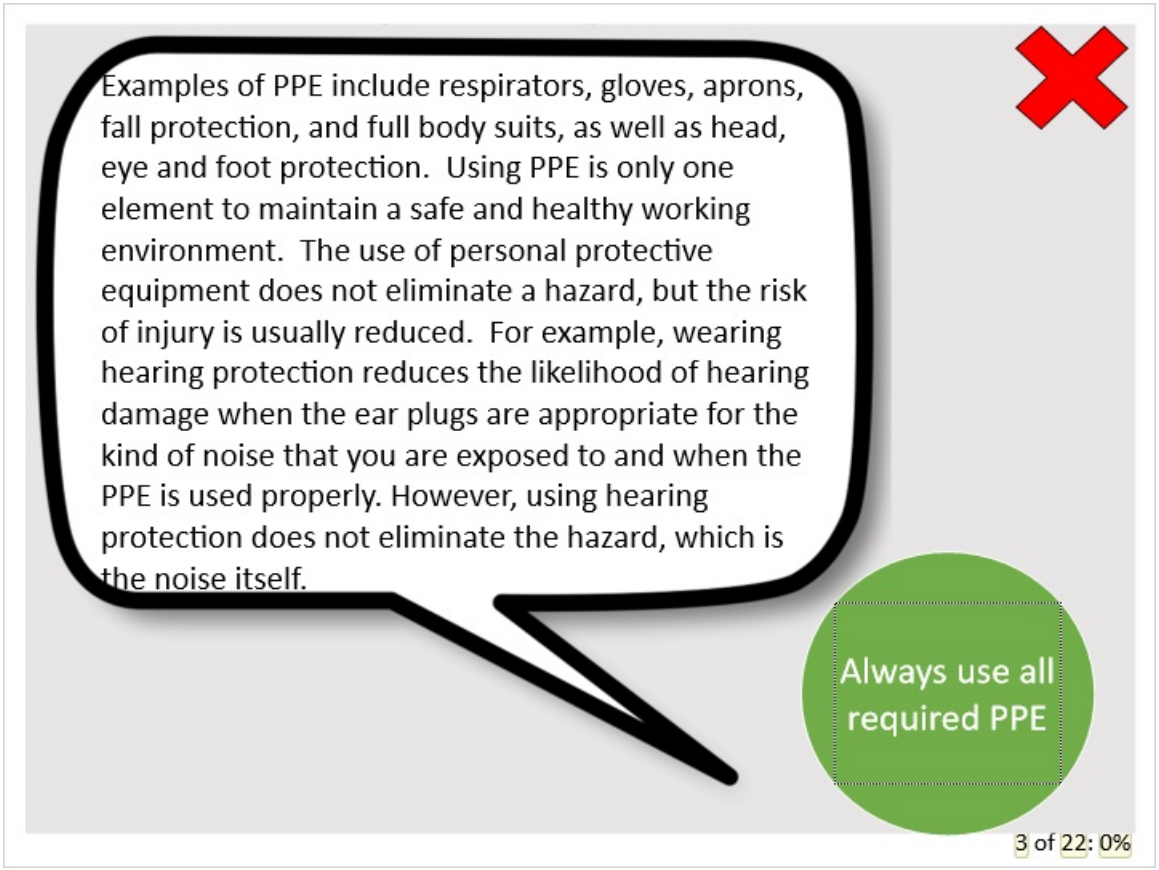
Perform (Slide Layer)



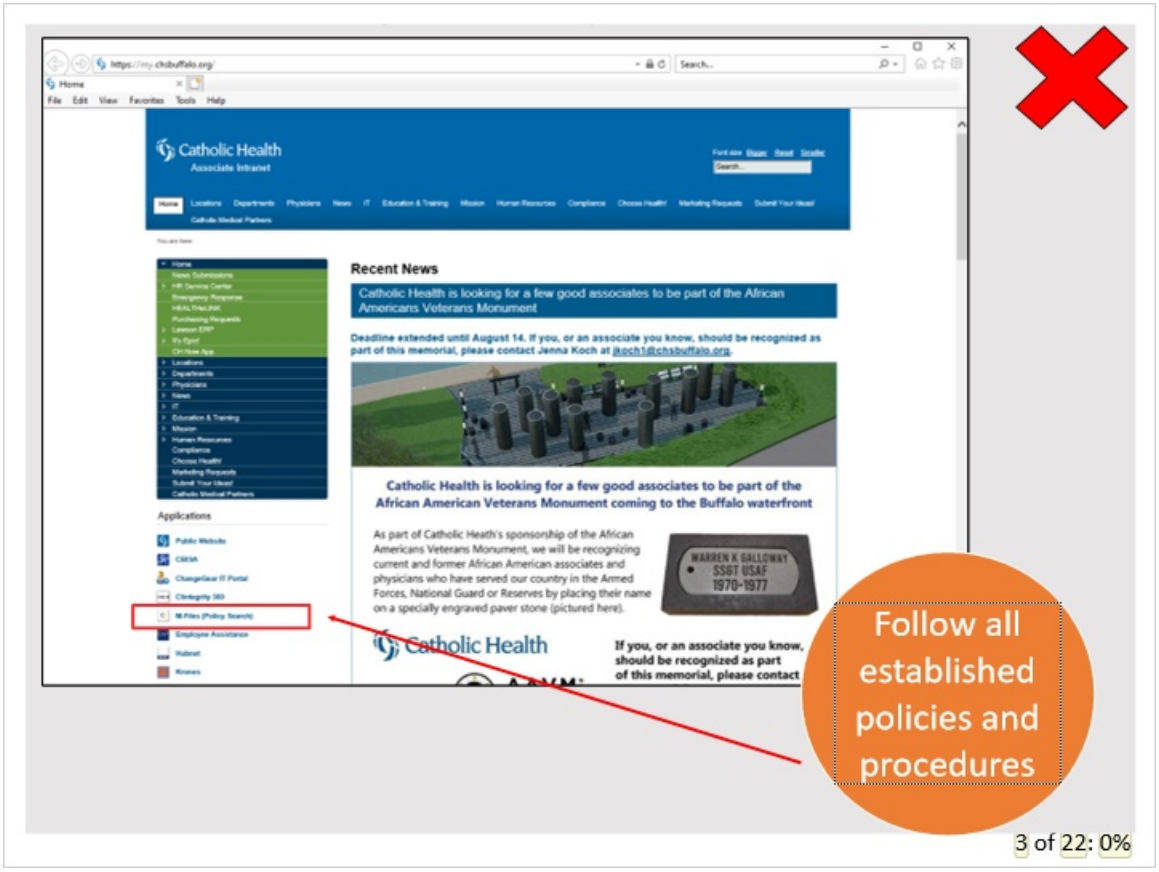
Plan (Slide Layer)



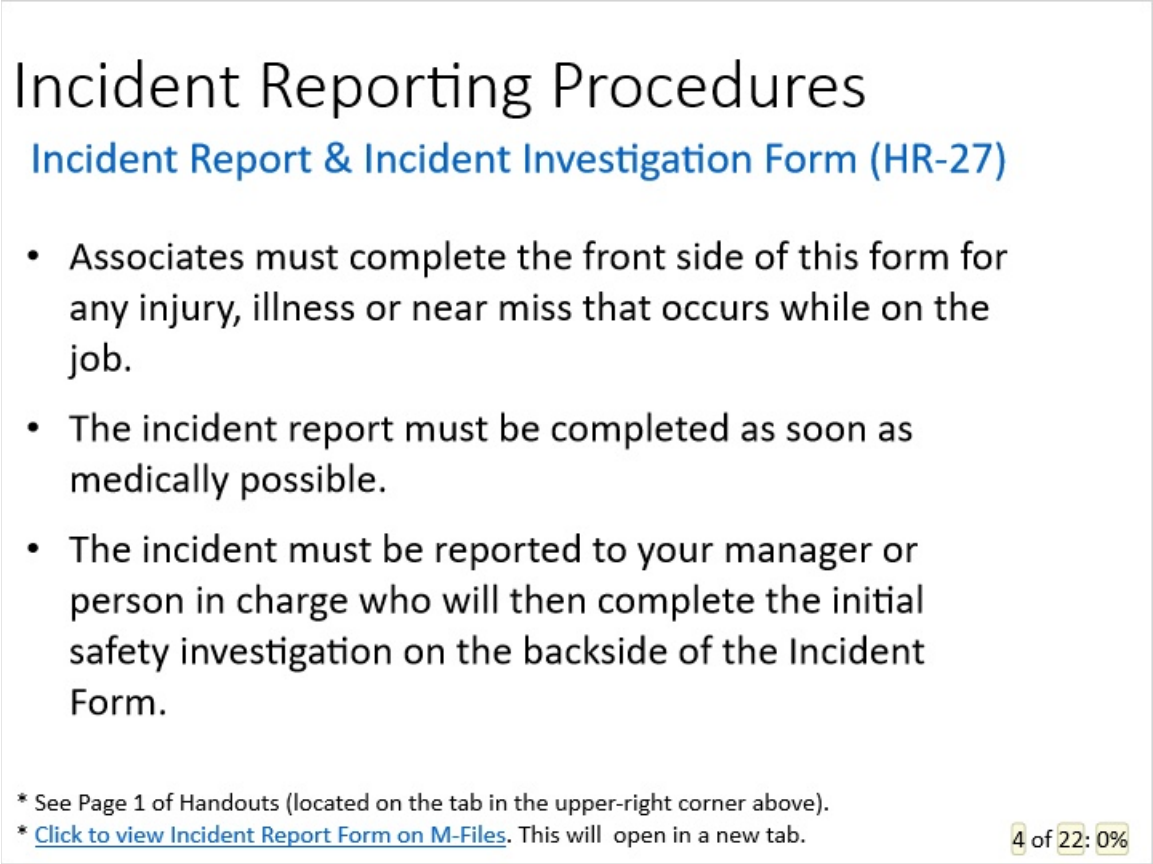
Always (Slide Layer)



Follow (Slide Layer)



2.4 Incident Reporting Procedures



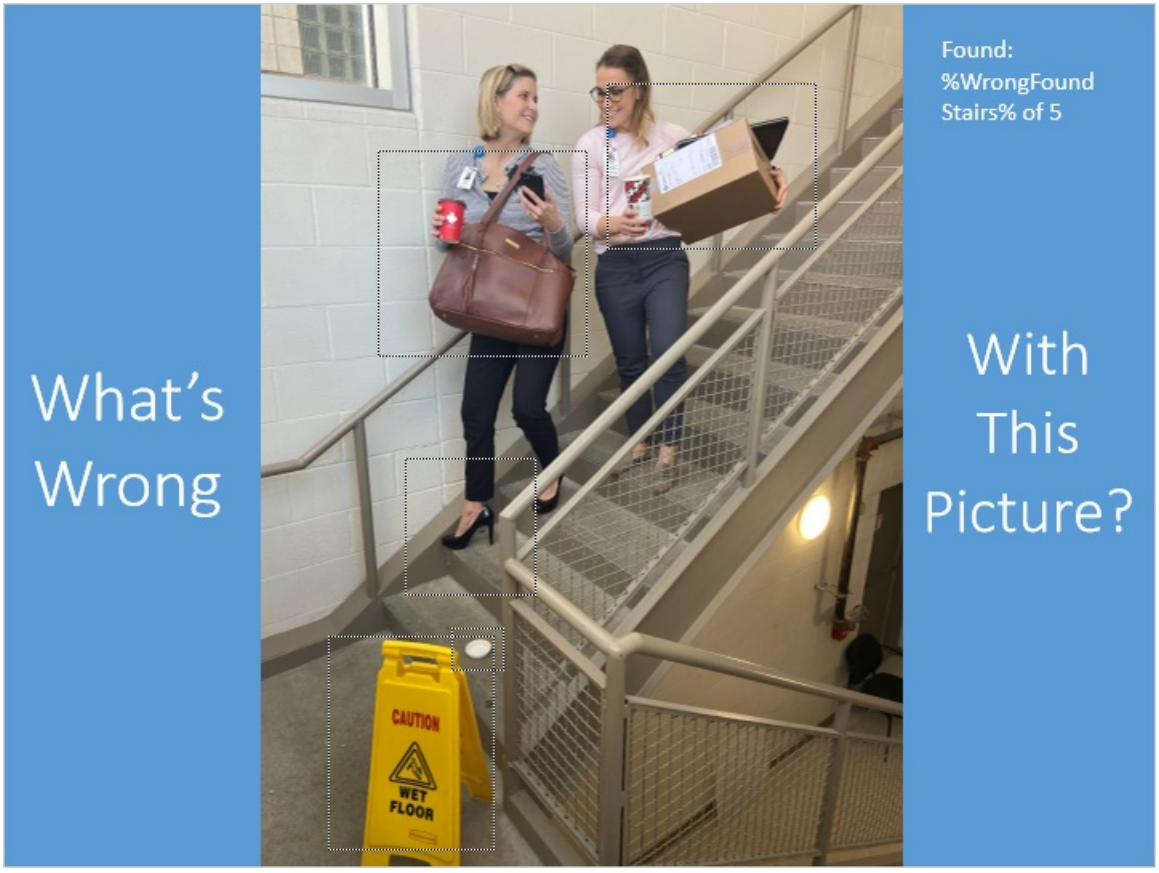
Notes:

Whenever an incident that results in an injury, illness or near miss occurs at work, that event should be reported. It is important to report the incident to your manager or the person in charge by the end of your shift OR as soon as medically able. This allows us to have a fast response in order to minimize the potential risk to the safety or health of another associate, as well as for regulatory requirements. An Incident Report must be completed and forwarded to the Integrated Disability Management Department of Human Resources, also called IDM. The front side of the report is for the injured associate to fill out. The back side of the report is for your manager or person in charge to fill out. It is important that you fill out the form completely and accurately.

If you require medical attention, you may do so at the location of your choice. Some options are: go to the closest Emergency Department, an Urgent Care

Center or your primary care physician. For any urgent medical needs at an acute care site, call 55555 from any facility phone, give your location and ask for a rapid response. At an offsite, call 911. View the Handout to see an example of a correctly completed incident report.

2.5 What's Wrong - Stairs?



Notes:

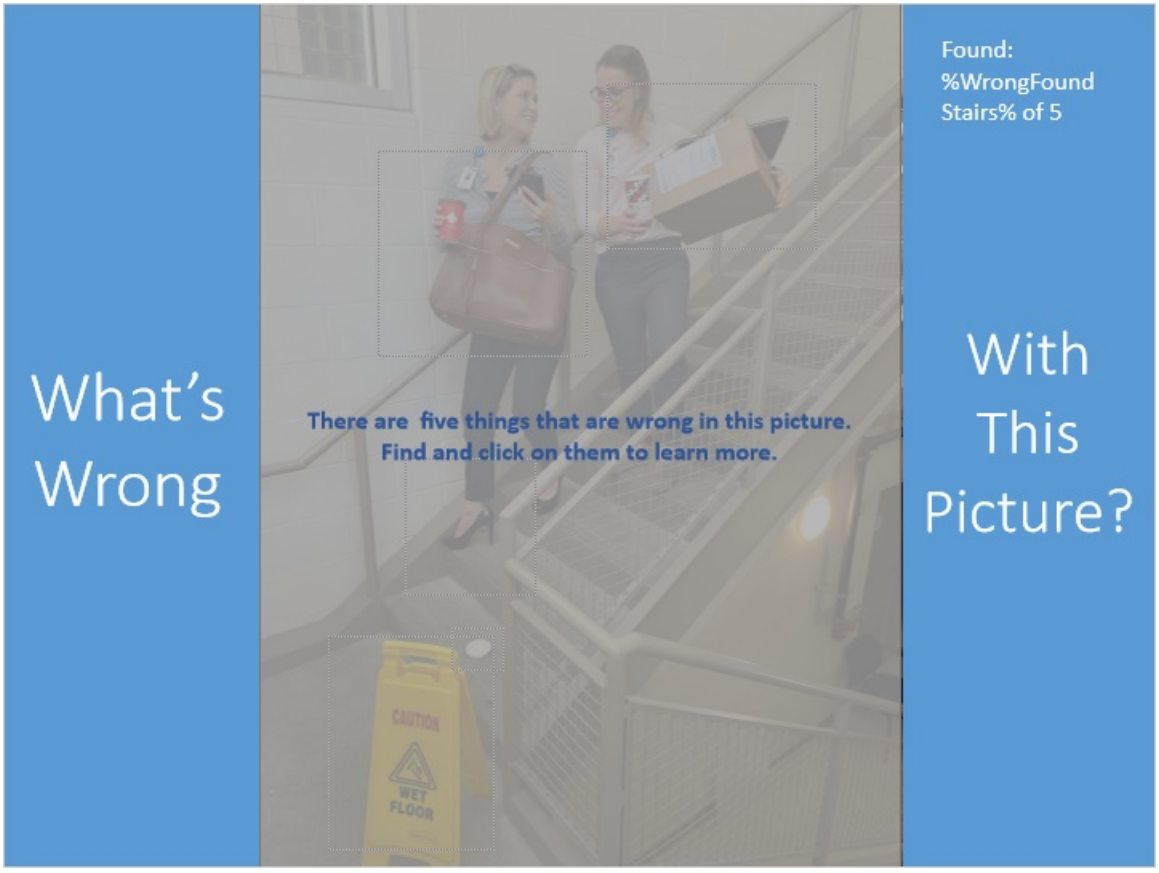
What's wrong with this picture?

- **Footwear:** Be sure to wear footwear that is appropriate for the task you are performing.
- **Full hands:** Think carefully before carrying too many items, items that are bulky or items that are awkward, especially on the stairs. One hand should always be free to hold the handrail. If you have too much to carry,

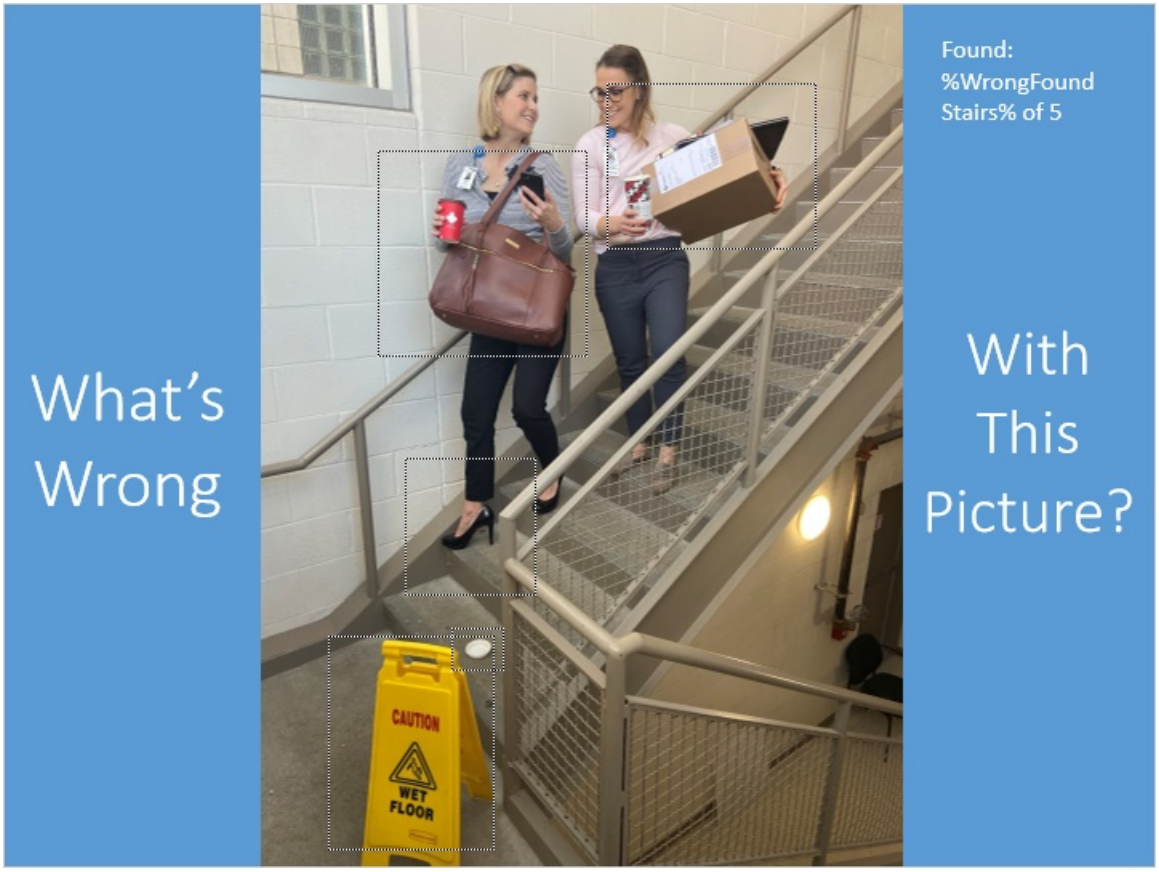
make two trips or ask for help.

- **Distractions:** Cell phones, tablets and other electronic devices should never be used when walking. This is particularly dangerous while walking on stairs, uneven surfaces or in parking lots.
- **Watch out!:** Signage giving important safety warnings can be easy to overlook when you aren't paying attention.
- **Floor Debris:** Small objects or debris in your path can be a tripping hazard.

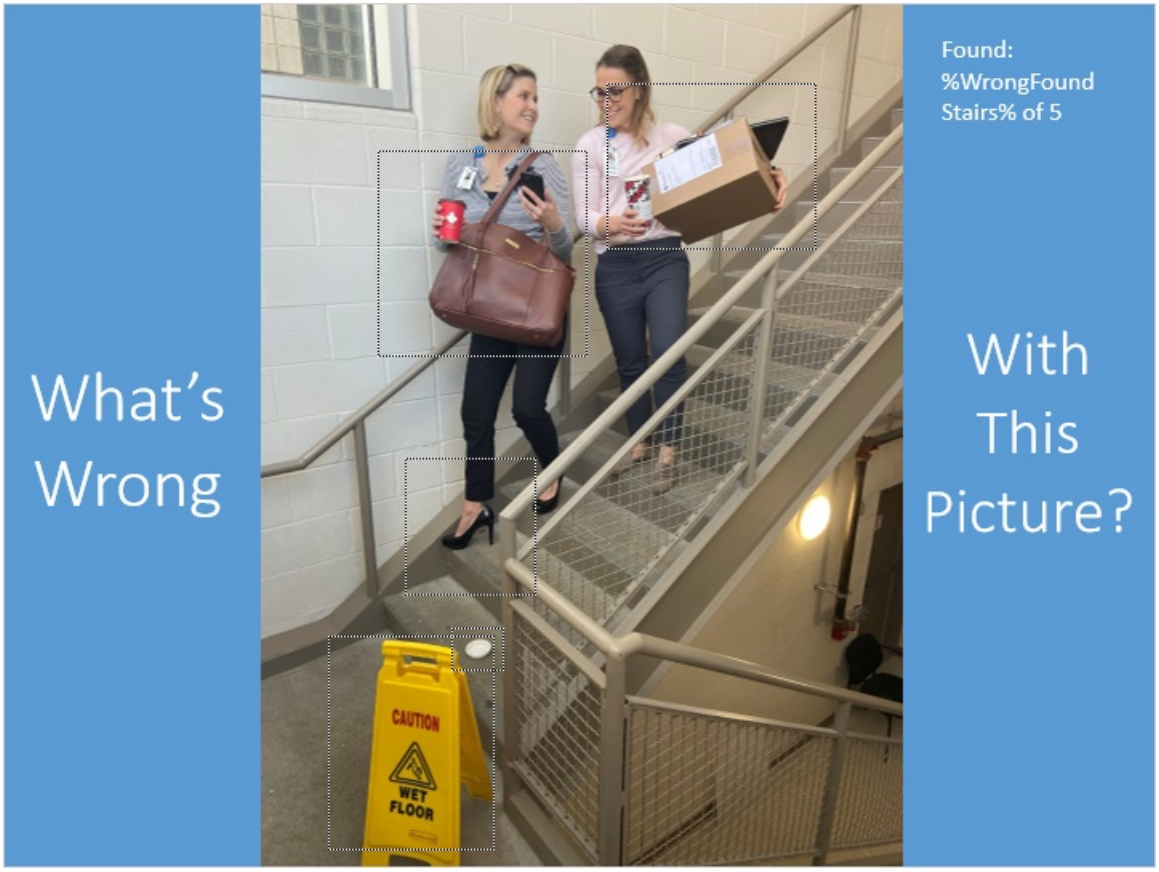
Intro (Slide Layer)



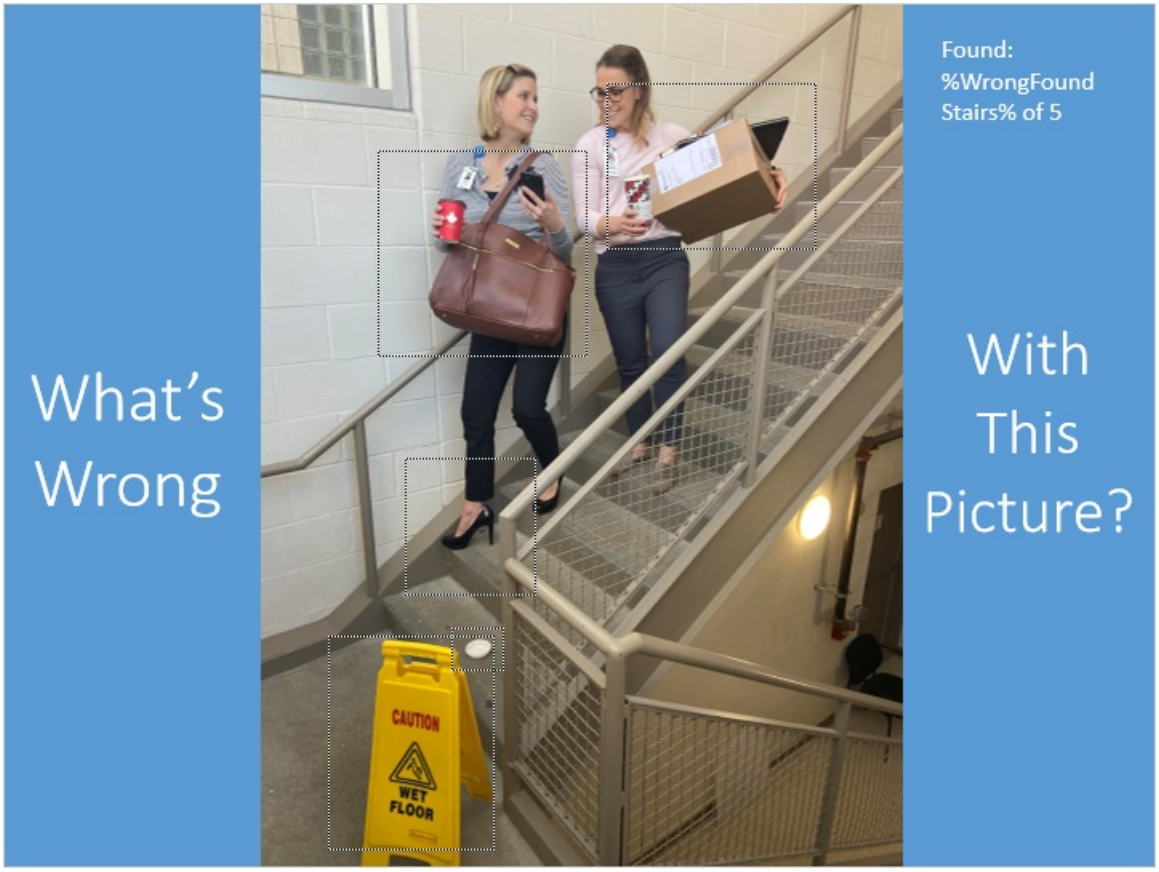
Footwear (Slide Layer)



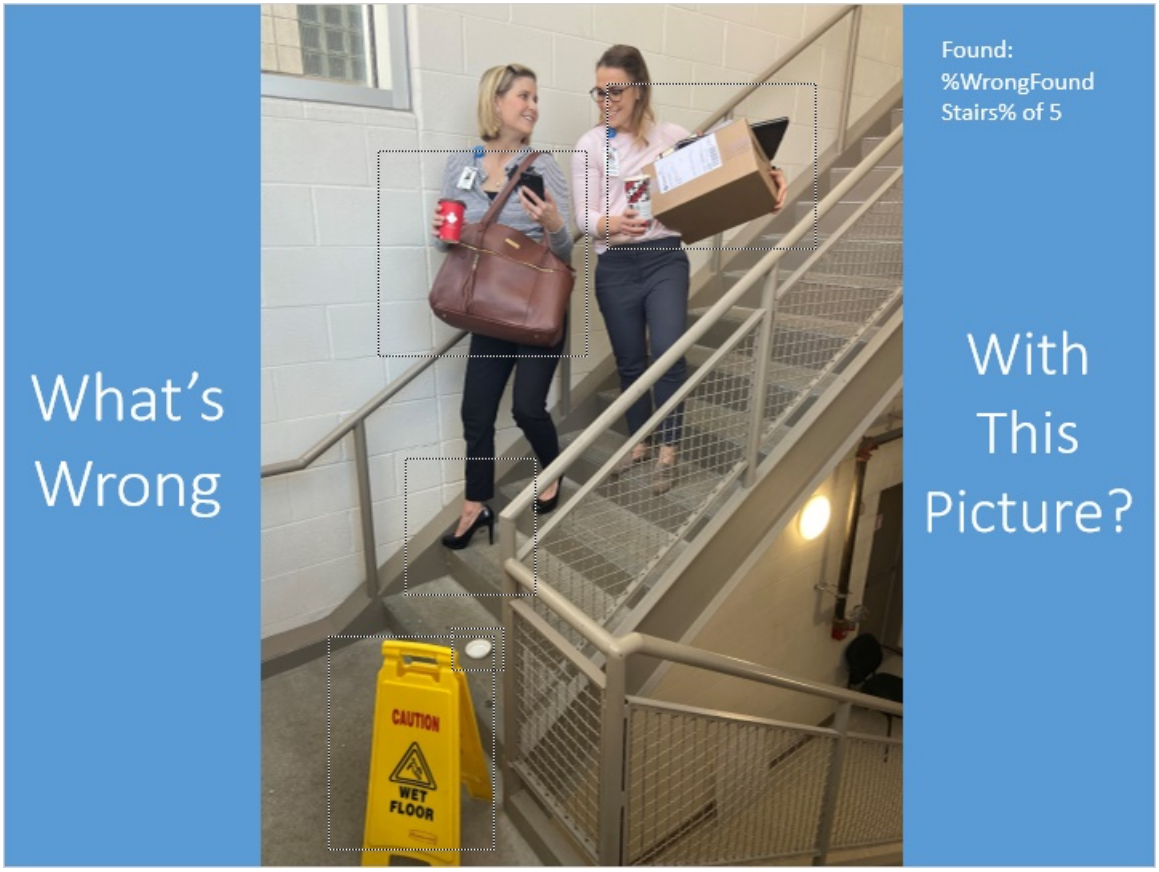
Box (Slide Layer)



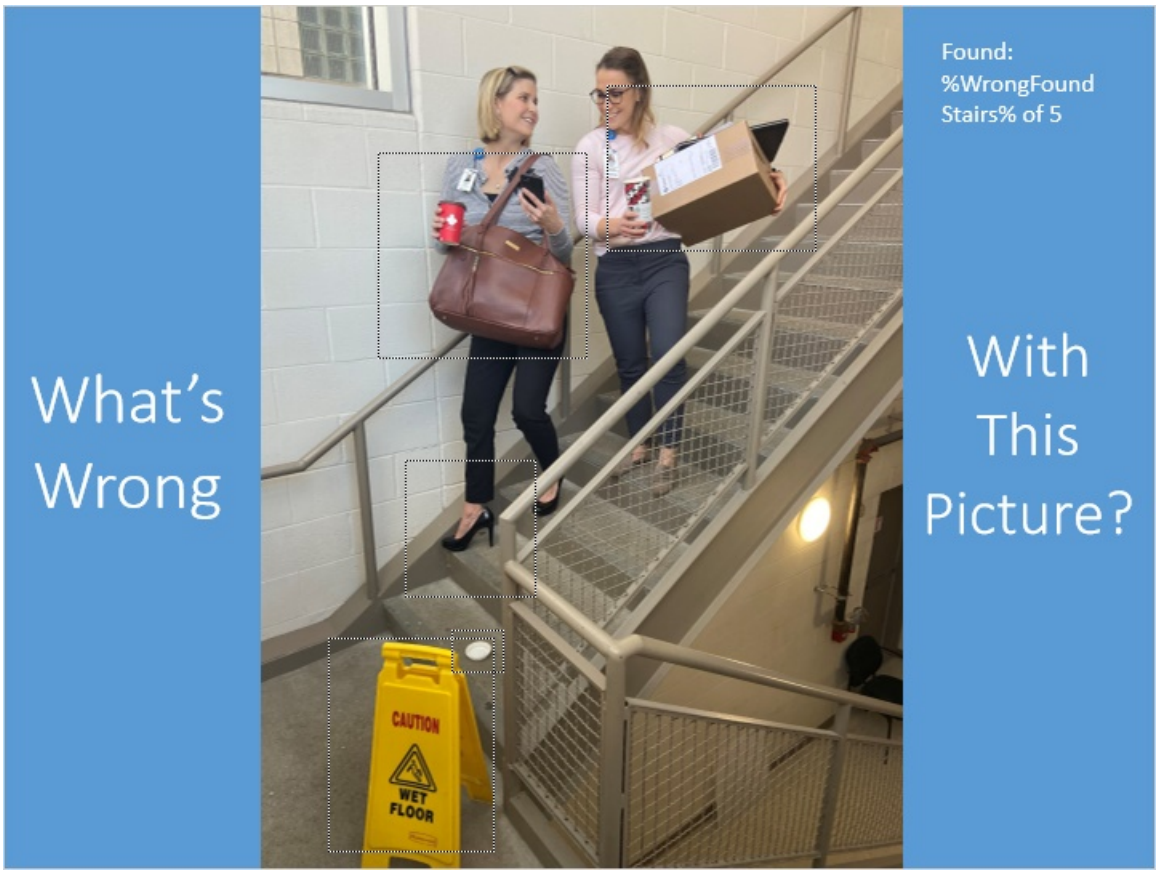
Cellphone (Slide Layer)



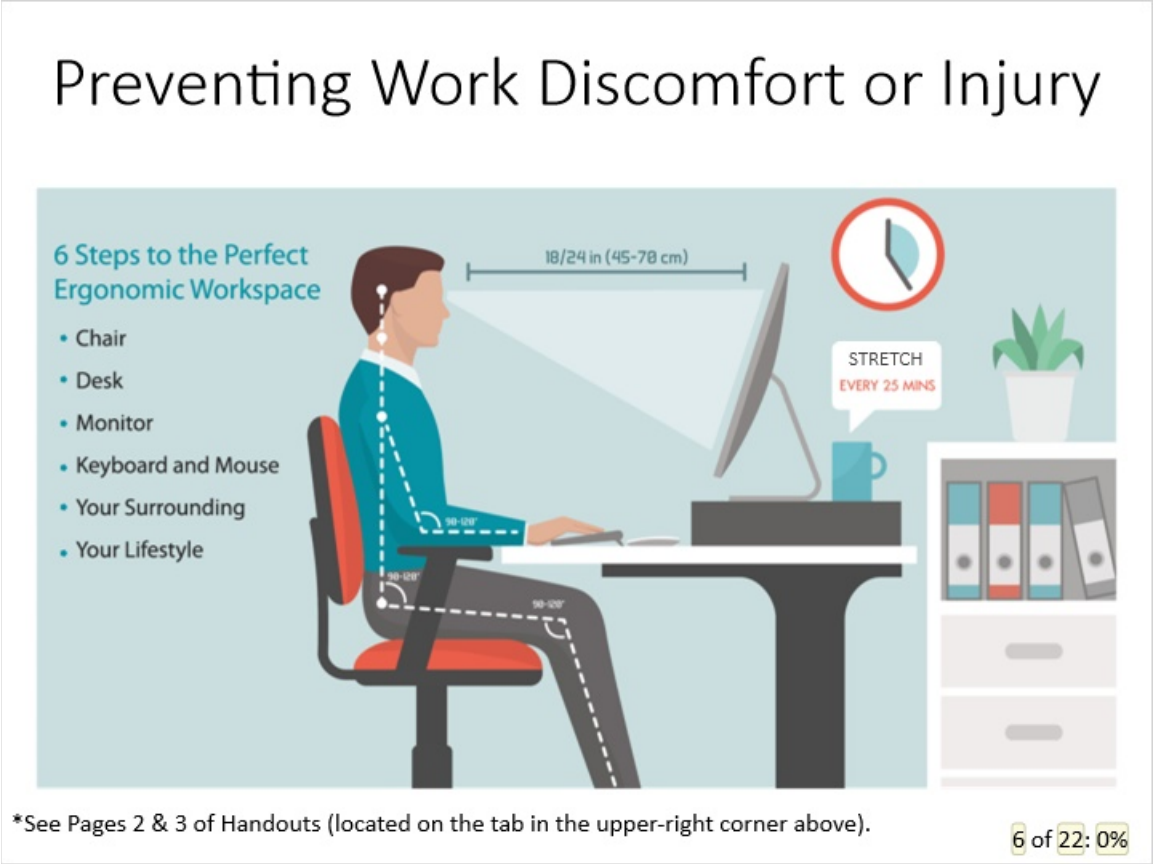
Signage (Slide Layer)



FloorDebris (Slide Layer)



2.6 Preventing Work Discomfort or Injury



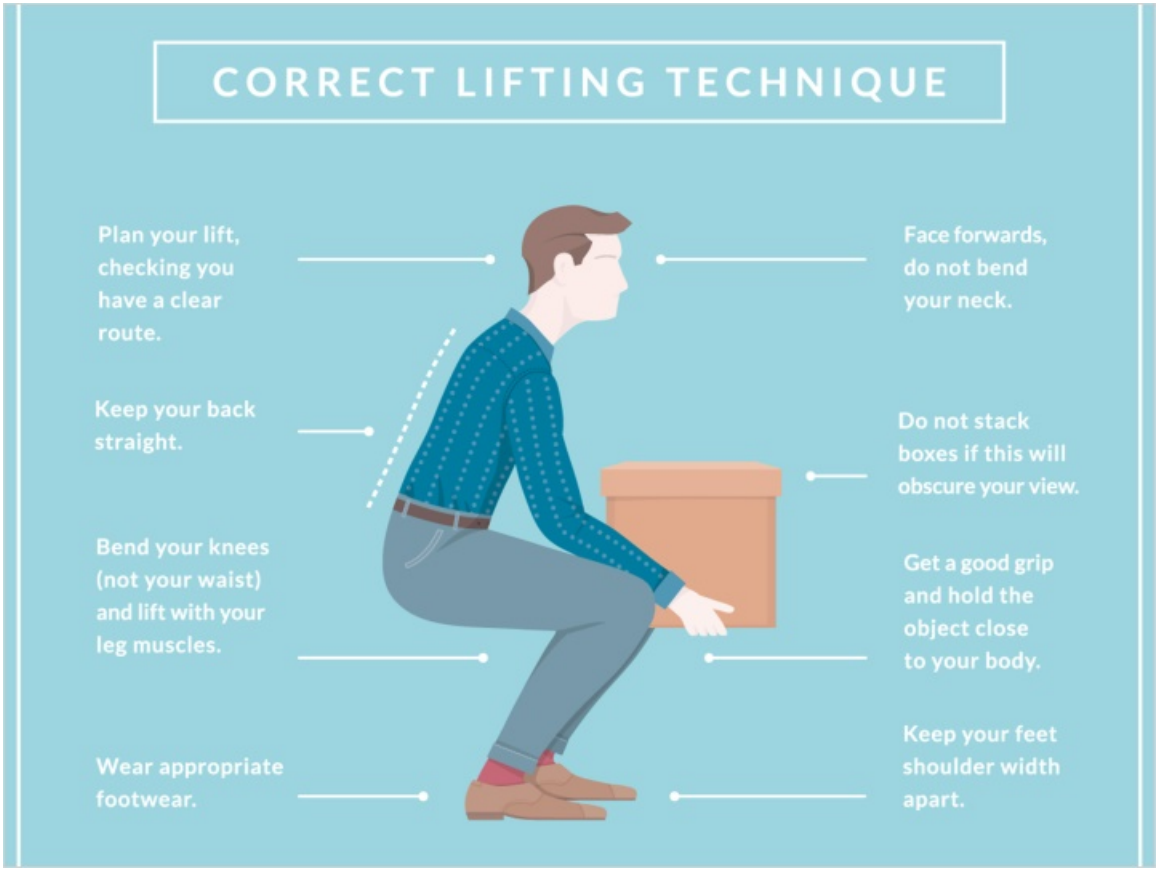
Notes:

Ergonomics is sometimes overlooked when thinking about potential hazards that exist in the workplace. This is because injuries caused by poor ergonomics are not as obvious as injuries caused from falls from heights or dangerous chemicals. However, ergonomics injuries can be just as detrimental if the hazards that cause them are left uncontrolled. Ergonomic injuries develop over time and are typically slow to start being noticeable to you. They are also slow to reverse once corrected. For this reason, it is important to report ergonomic discomfort as soon as you experience it.

Whether you are working at a Catholic Health site or from home, take the time to set up your work space. Position objects used frequently within easy reach. Practice using good posture. If possible, alternate tasks to avoid repetitive movements. Take frequent micro breaks- a few seconds to stretch and reposition yourself. See the handout for an Ergonomic guide to further

assist you in setting up your workstation.

2.7 Correct Lifting Technique



Notes:

Proper body mechanics are important to use, no matter the size of load. Even if you don't lift heavy objects often at work, you are still susceptible to an injury. You can strain your back lifting something as light as a screwdriver if you are not careful.

- Before lifting, assess the object and where it is going. Recognize how heavy the object is and determine if you can lift it by yourself. Never hesitate to ask for help if it is too heavy.
- Make sure to check the pathway you are taking to your final destination. There should not be any trip hazards or debris in your path.
- To safely lift the object, get as close to the object as possible. This will

create more leverage for you and less strain on your muscles.

- Next, position your feet shoulder-width apart and angle one foot slightly forward for better balance.
- When you go to bend down for the object, keep your back straight and use your legs and hips to lower yourself to the object. Never bend at the waist because this will cause immediate strain on your lower back.
- Get a firm, comfortable grip on the load, tighten your core and focus on keeping a straight back as you lift the object with your legs and hips. Looking forward will help keep your back straight and extend your legs. Always remember to keep the object close to your body.

2.8 Safe Patient Handling

Notes:

Nurses and other healthcare workers face many safety and health hazards in

their work environments. In fact, healthcare workers experience some of the highest rates of non-fatal occupational injuries and illnesses of any industry sector.
Safe patient handling programs reduce the risk of injury for both healthcare workers and patients while improving the quality of patient care. Use of lifting equipment is essential to a successful safe patient handling program and has been shown to reduce exposure to manual lifting injuries by up to 95%.

Catholic Health's Safe Patient Handling program, entitled, Move With Care, was first implemented at Mercy Hospital of Buffalo in 2015, and was subsequently successfully rolled out at all of our acute and long term care sites by early 2019. Job specific training on Move With Care will occur at your work location during your department specific orientation.

2.9 Lockout/Tagout Awareness

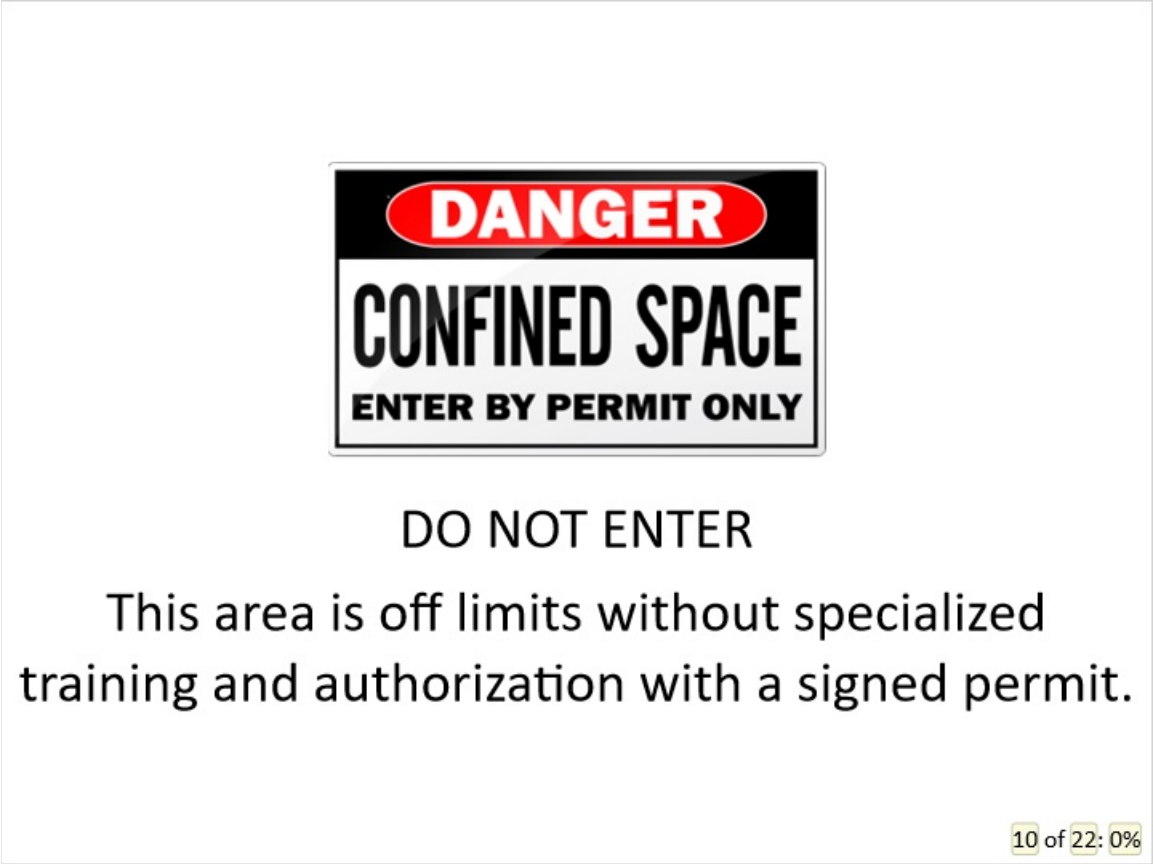
Notes:

A Lockout/Tagout program refers to specific practices and procedures that safeguard employees from the unexpected energization or startup of machinery and equipment during service or maintenance activities. Unexpected startup of machines or equipment can result in serious injury or death.

When a person locks out or tags out a piece of equipment in order to perform servicing or maintenance that associate is known as an Authorized Employee. Only an Authorized Employee may apply or remove locks or tags.

An Affected Employee is a person that works in the area in which the servicing or maintenance is being performed. An Affected Employee should not attempt to remove of tamper with locks or tags for any reason. If you are an Affected Employee and need to use a piece of equipment that is locked out or tagged out, you may attempt to contact the Authorized Employee listed on the tag for further guidance.

2.10 Confined Space

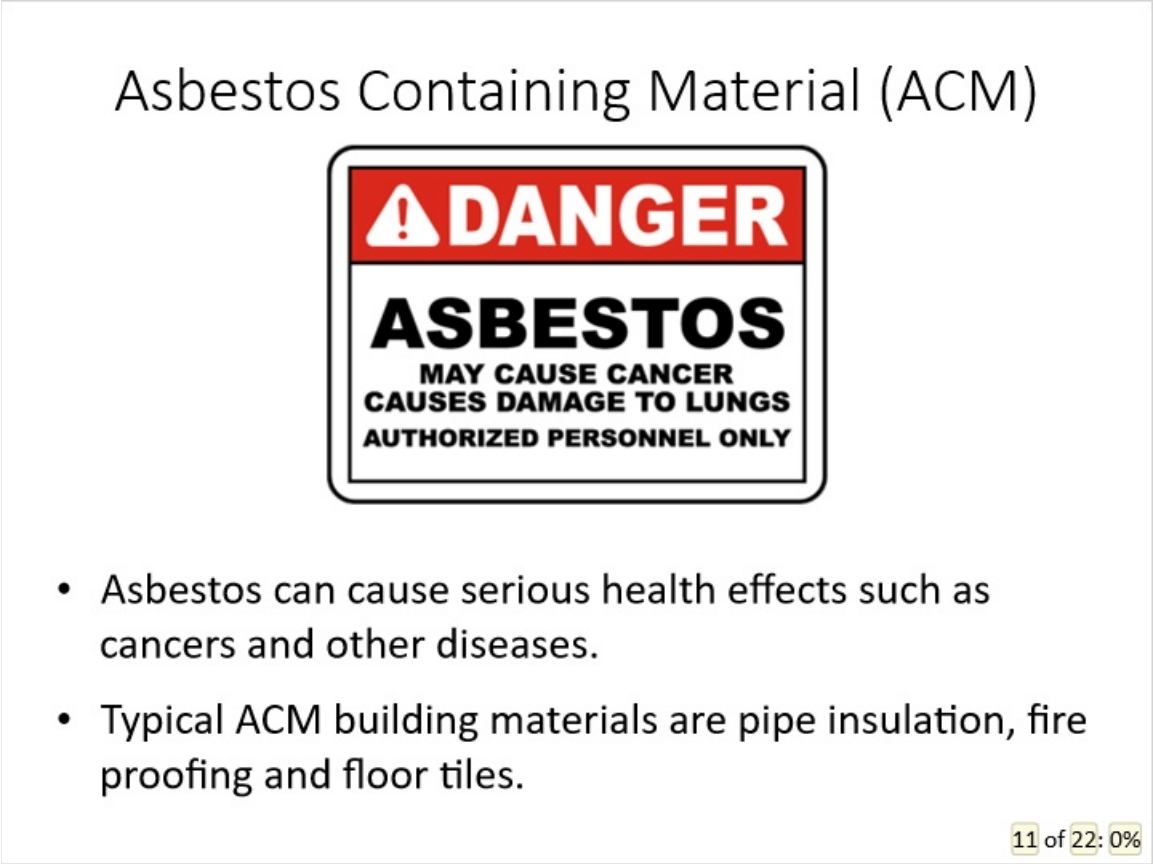


Notes:

A confined space is an area that is large enough for a person to enter, but has limited or restricted entry and exit. These spaces are not designed for a person to occupy them for lengthy periods. There can be hazards associated with working within a confined space that require special equipment, such as low oxygen levels and contamination by toxic gases or vapors.

Whether a confined space contains hazards or not, only associates both trained to enter a confined space and who are authorized to do so with a signed permit may enter one. If you see this sign, do not enter.

2.11 Asbestos



Notes:

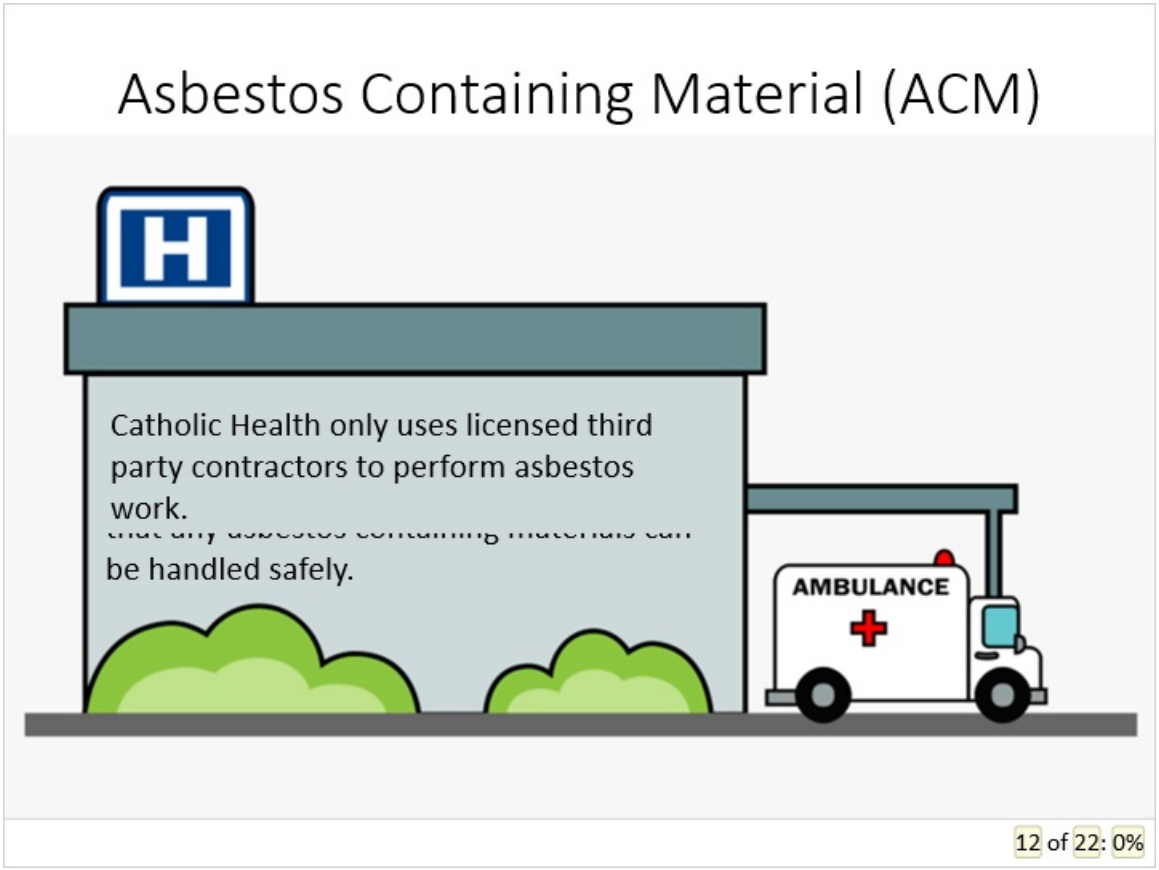
Asbestos is a naturally occurring mineral fiber. It was used in numerous building materials and vehicle products for its strength and ability to resist heat and corrosion before its dangerous health effects were discovered. Individual asbestos fibers cannot be seen by the naked eye, which puts workers at an increased risk. The Occupational Safety and Health Administration (OSHA) has regulations to protect workers from the hazards of asbestos.

Asbestos fibers are released into the air during activities that disturb asbestos-containing materials. The asbestos fibers can then be inhaled without knowing and trapped in the lungs. If swallowed, they can become embedded into the digestive tract as well.

Common materials containing asbestos include floor tiles, spray on

fireproofing and pipe insulation.

2.12 Asbestos

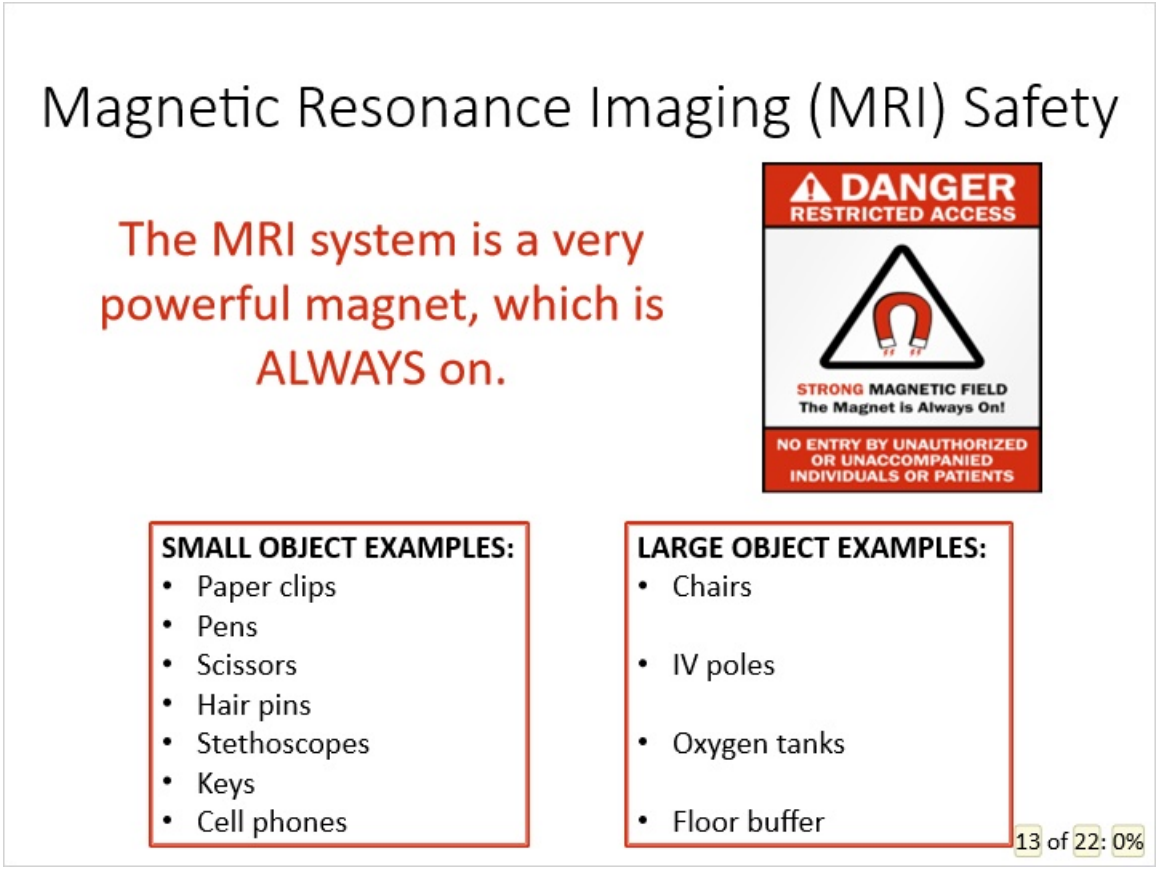


Notes:

At Catholic Health, all building materials are presumed to be asbestos containing until proven otherwise. We take precautions to assess these materials before beginning any construction project, so that these materials can be handled safely and in accordance with the law. When the potential to disturb asbestos exists, we hire licensed third party contractors, who specialize in handling and monitoring for asbestos.

If any part of your work requires you to have an increased awareness level of asbestos, additional training will be required when you arrive at your work location.

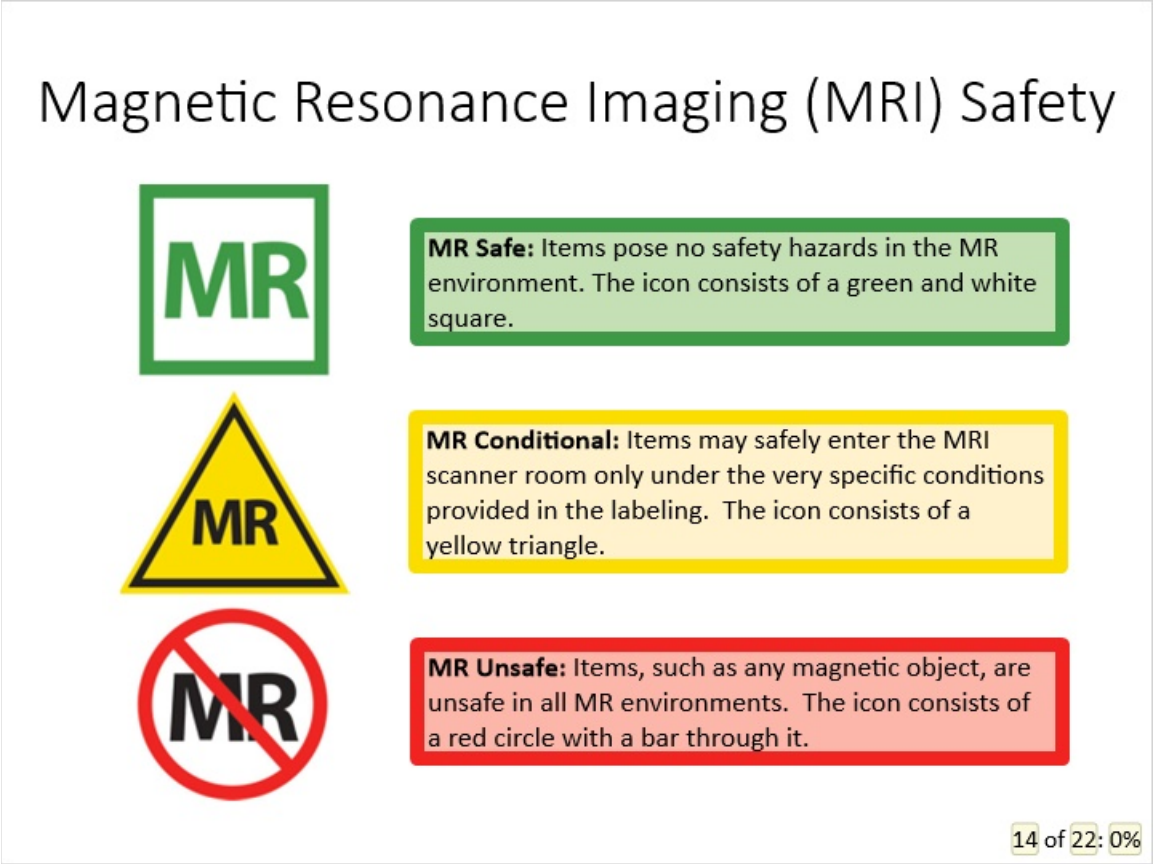
2.13 MRI Safety



Notes:

The MRI is a powerful magnet, which is ALWAYS on. The magnetic field can draw or pull metallic objects toward it. Both small and large objects can be pulled out of your hands and propelled into the MRI, creating a dangerous projectile for all in the room.

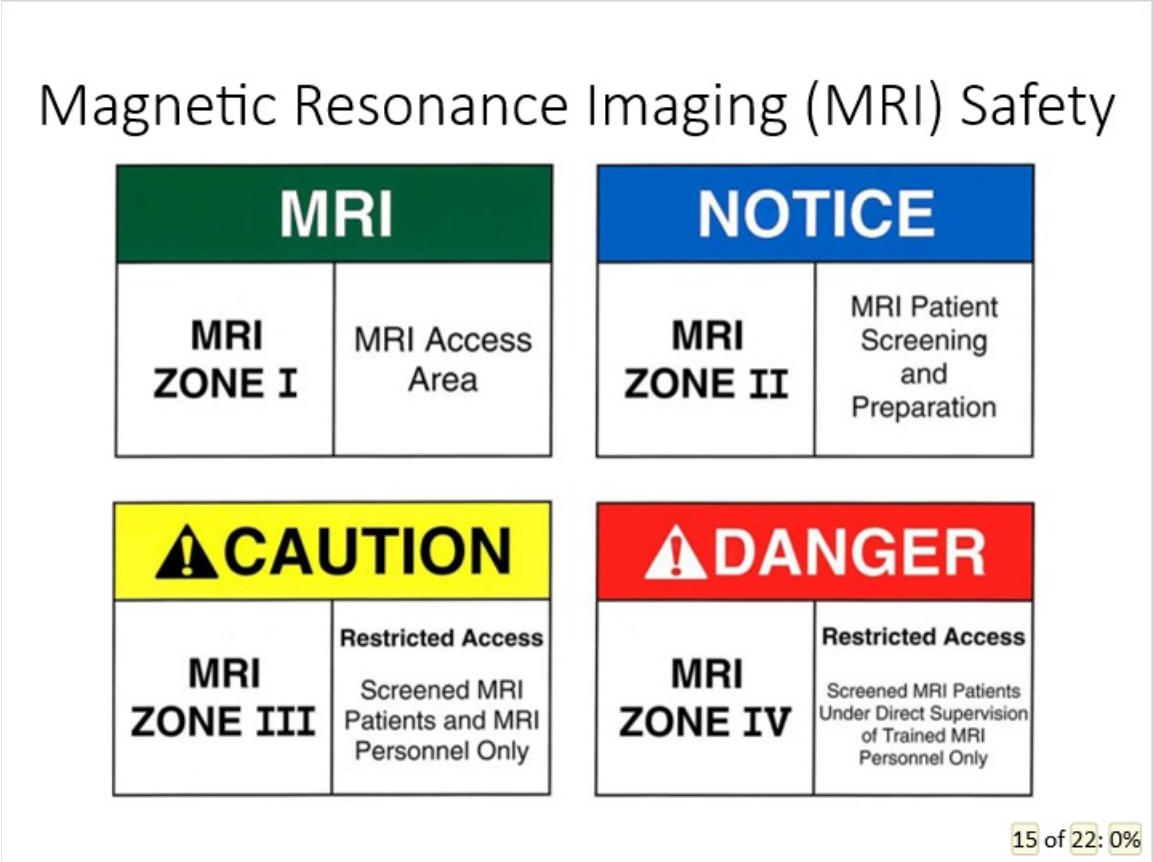
2.14 MRI Safety



Notes:

Due to the unique safety hazards in the MRI environment, all equipment used in or near the MRI scanner room should be labeled as MR Safe, MR Conditional or MR Unsafe. Items that have no label are to be considered as MR Unsafe.

2.15 MRI Safety



Notes:

The MRI environment is divided into four distinct and clearly labelled zones, which allows for the controlled access of people. There is progressive restriction of entry as the zone levels increase.

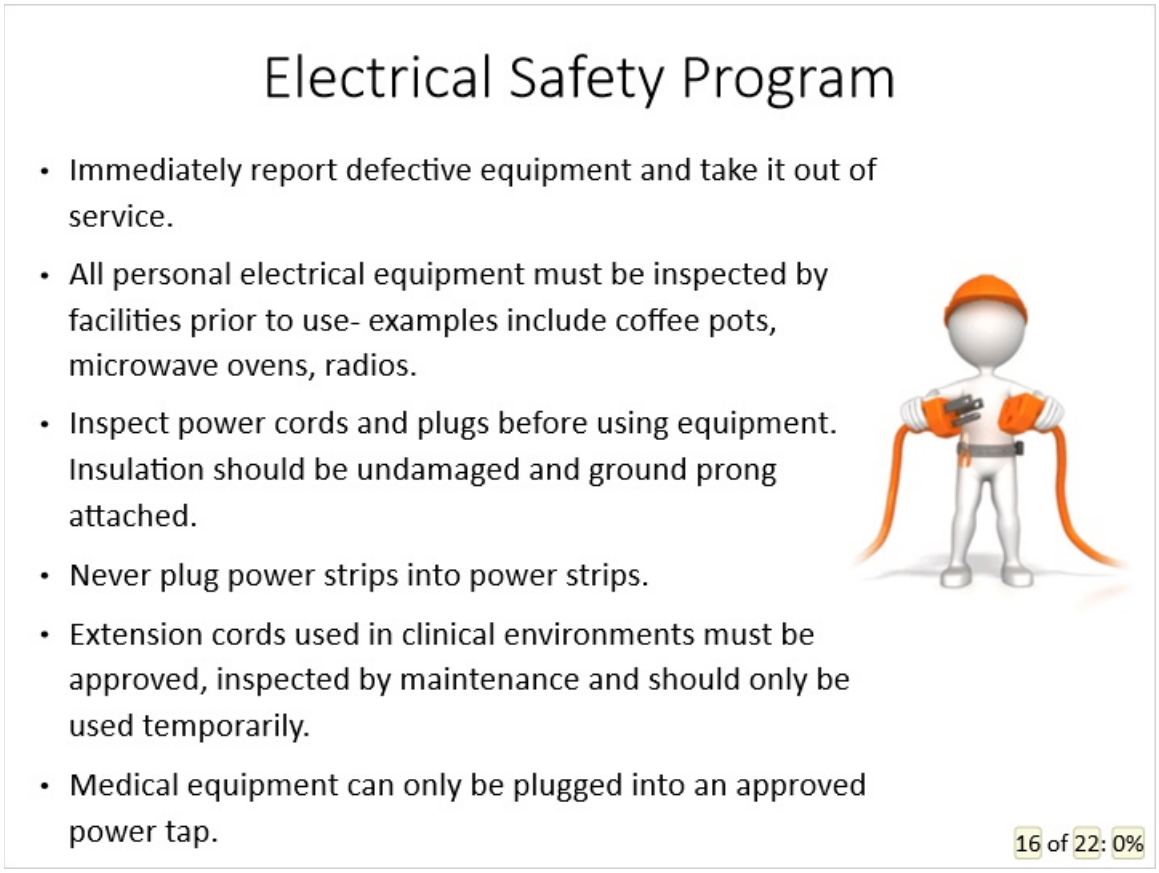
Zone 1 is freely accessible to the general public.

Zone 2 is where the MRI patients are greeted, screened for hazards and prepared for their test.

Zone 3 is restricted access to screened MRI patients and MRI personnel only.

Zone 4 is the MRI scanner room.

2.16 Electrical Safety Program



Notes:

It is the intent of CH to maintain electrical safety requirements for portable electrical equipment in ways that protect associates, patients, visitors, and the environment.

Immediately report defective equipment and take it out of service.

All personal electrical equipment must be inspected by facilities prior to use- examples include coffee pots, microwave ovens, and personal radios.

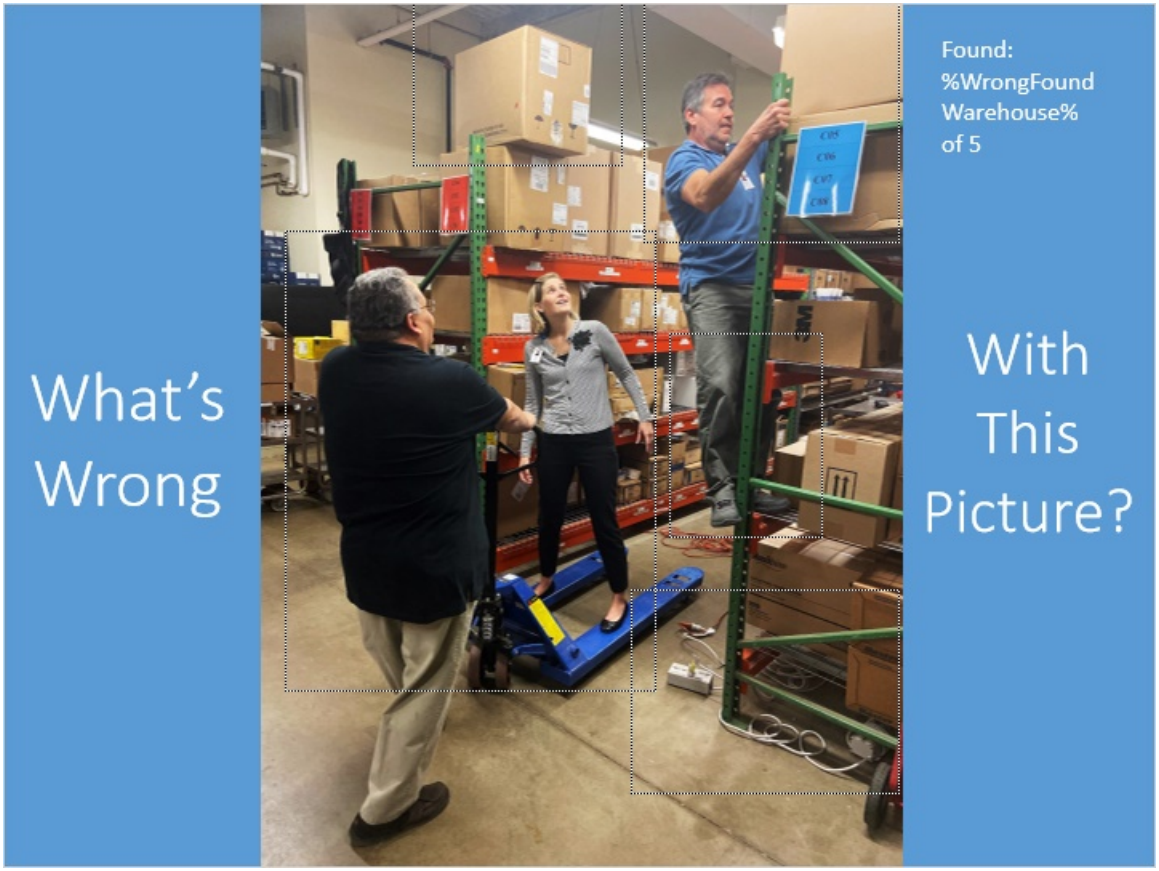
Inspect power cords and plugs before using equipment. Insulation should be undamaged and ground prong attached.

Never plug power strips into power strips.

Extension cords used in clinical environments must be approved, inspected by maintenance and should only be used temporarily.

Medical equipment can only be plugged into an approved power tap.

2.17 What's Wrong - Storage?

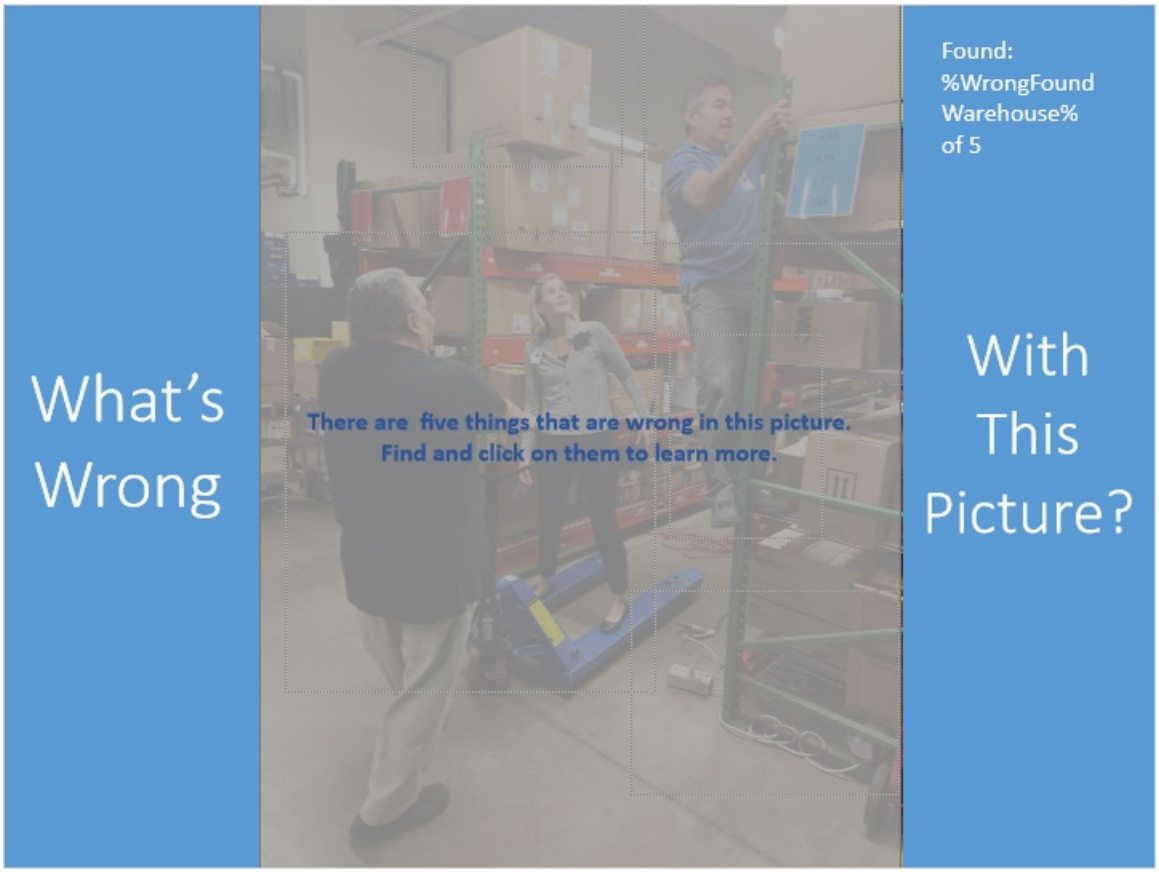


Notes:

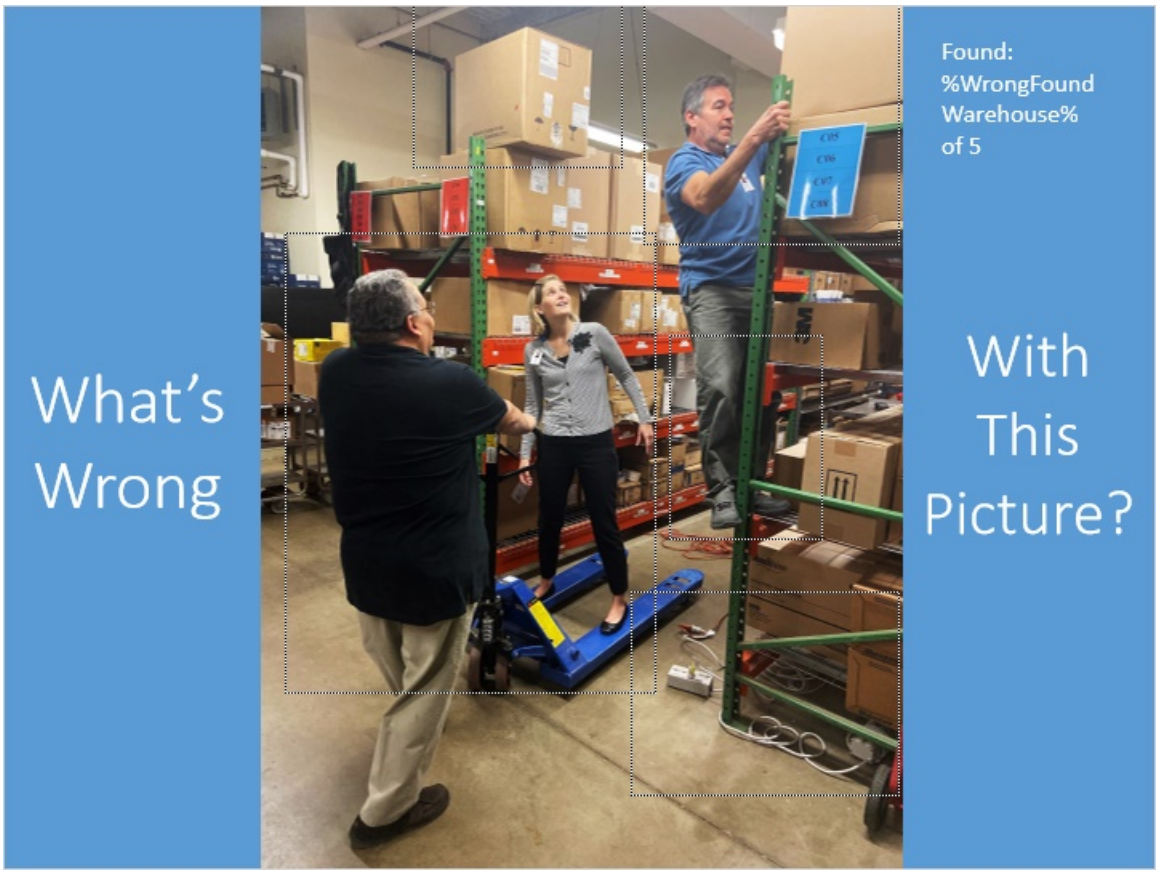
What's wrong with this picture?

- Boxes stacked haphazardly and at an unsafe height. Always stack materials to limit the risk of a tipping hazard.
- Shelving racks are not intended for climbing. Use an approved elevated work surface instead.
- Extension cords should be used sparingly and only when approved. Daisy chaining or plugging one power strip into another power strip, is never permitted.
- Riders are never permitted on fork trucks or pallet jacks. These tools are for the movement of equipment and supplies only. Horseplay can lead to serious injuries or death.
- Large, bulky or heavy boxes should be stored between knee and shoulder height, if possible. Otherwise, closer to the ground is preferred over storage at the top of the shelving unit.

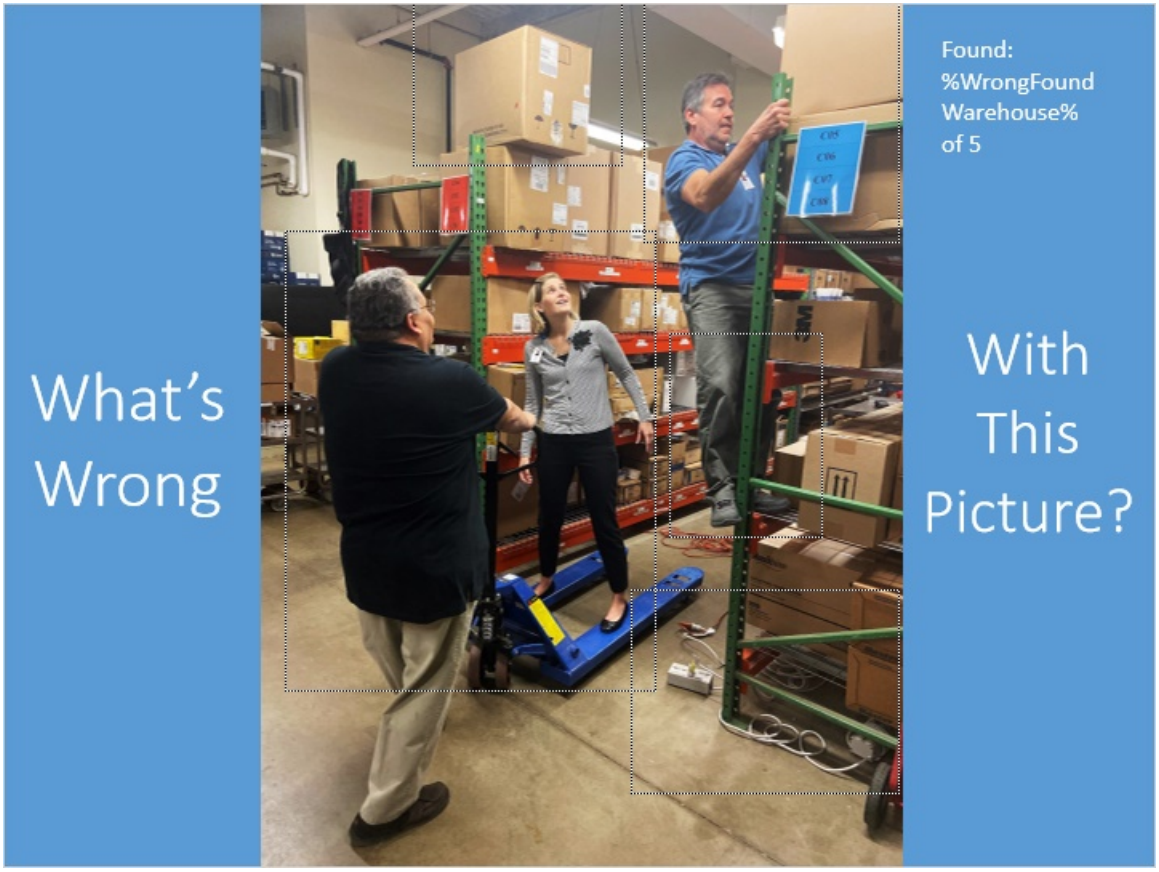
Intro (Slide Layer)



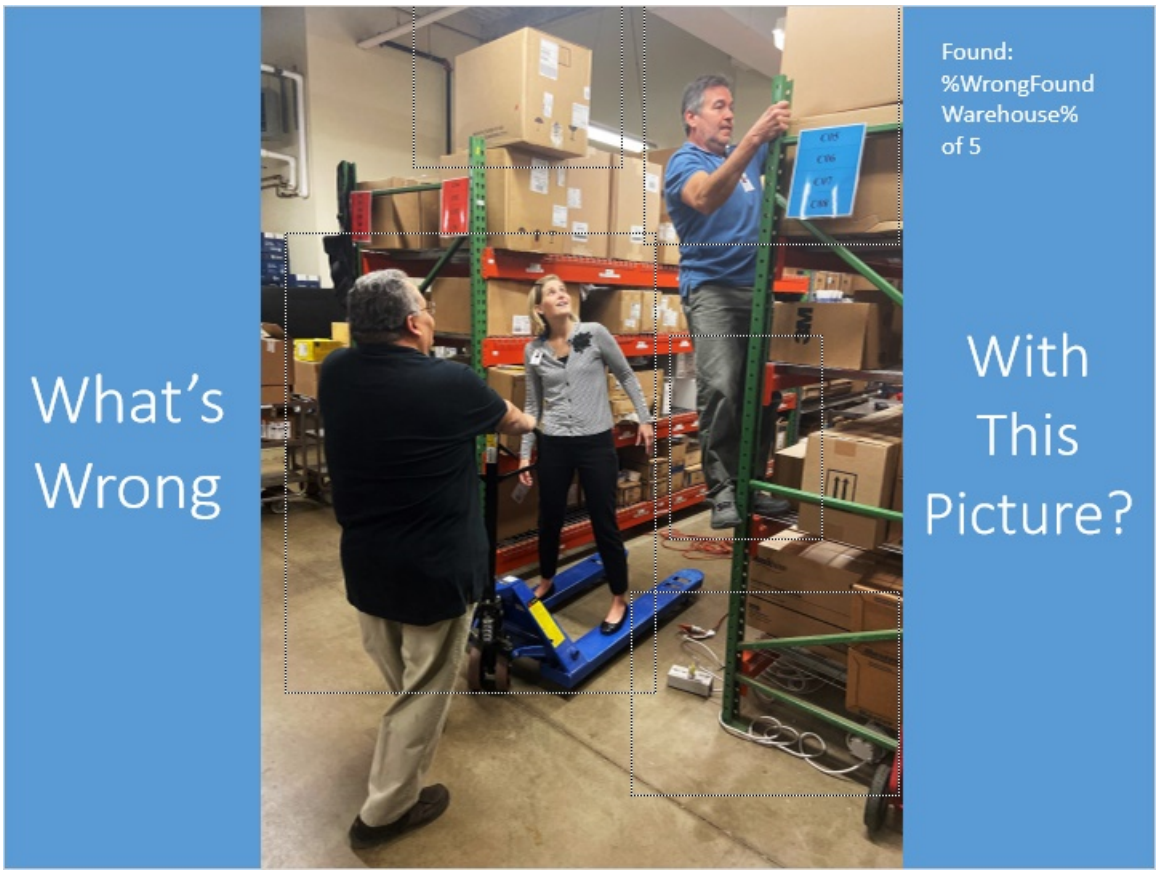
Box (Slide Layer)



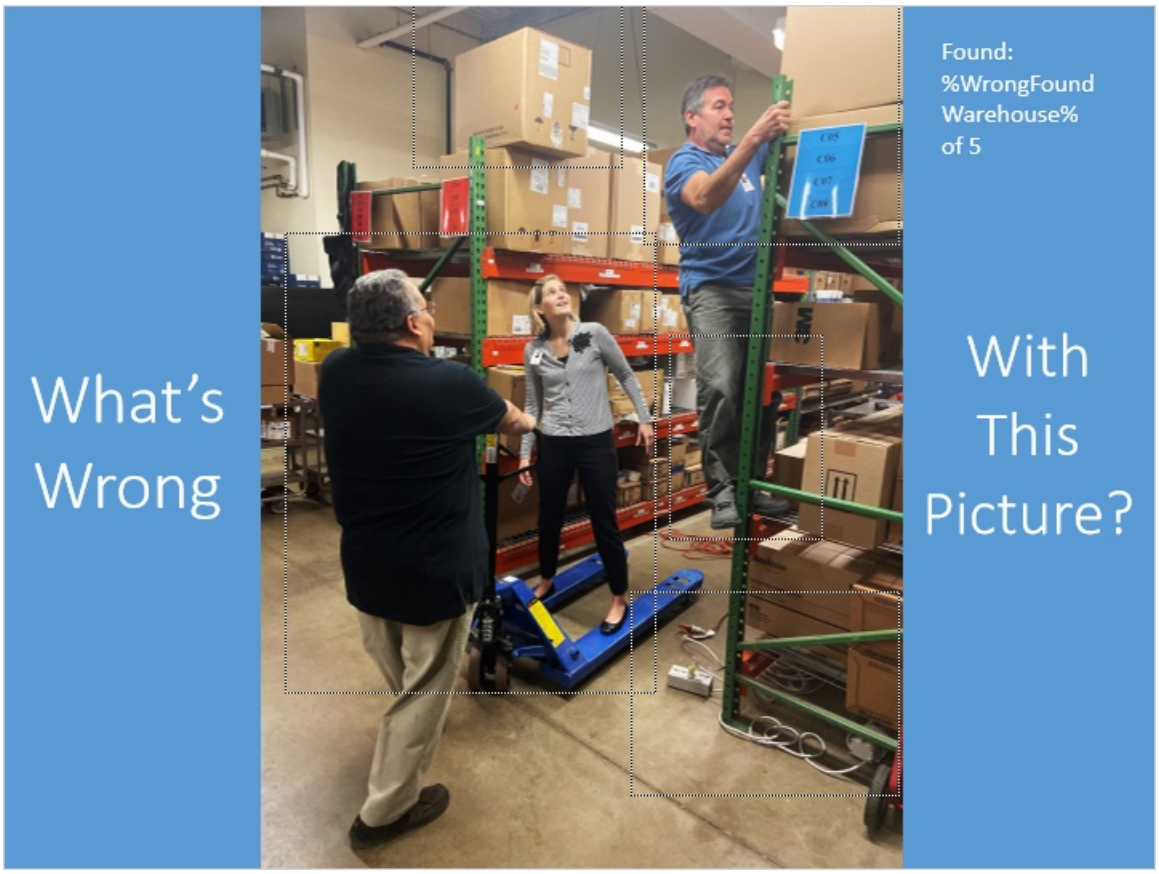
Climbing (Slide Layer)



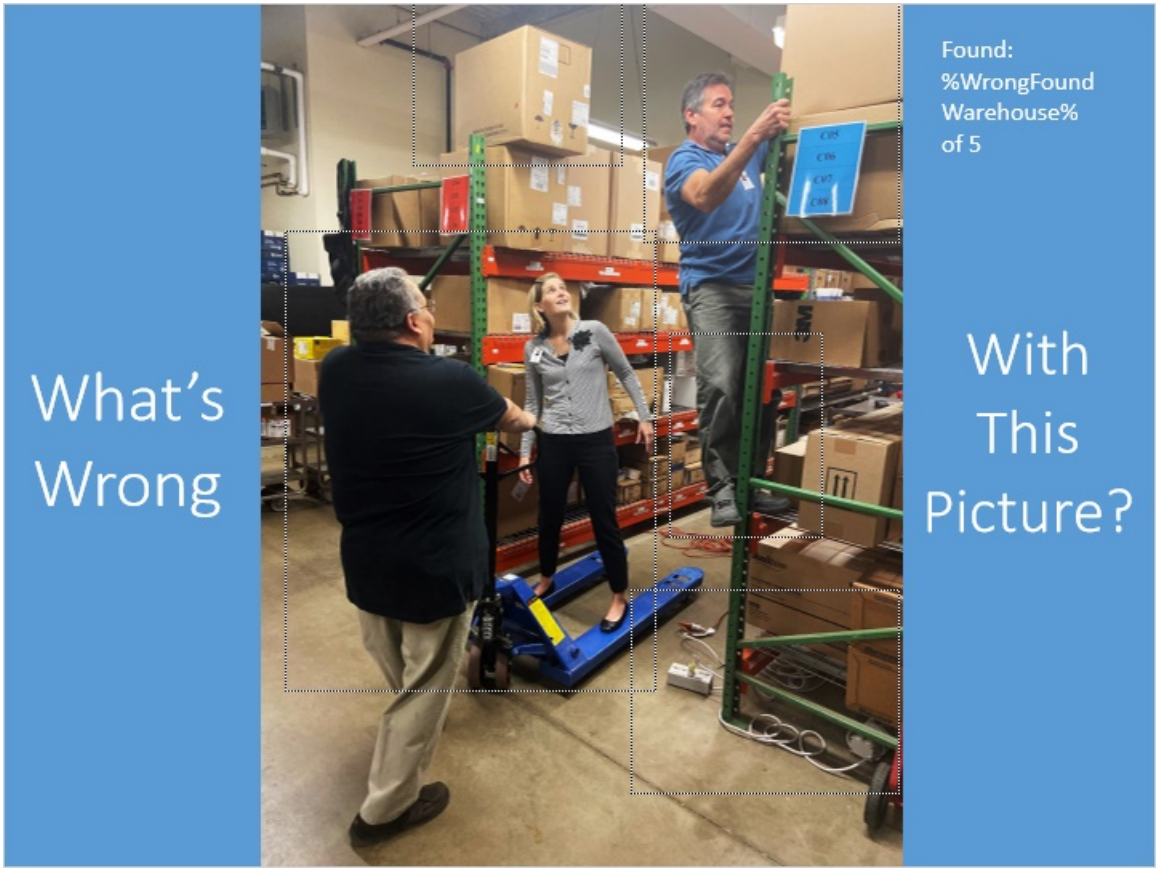
ExtensionCord (Slide Layer)



Rider (Slide Layer)



Storage (Slide Layer)



2.18 Unit 1: Safety Awareness - Knowledge Check

2.19 Unit 1: Safety Awareness - Knowledge Check

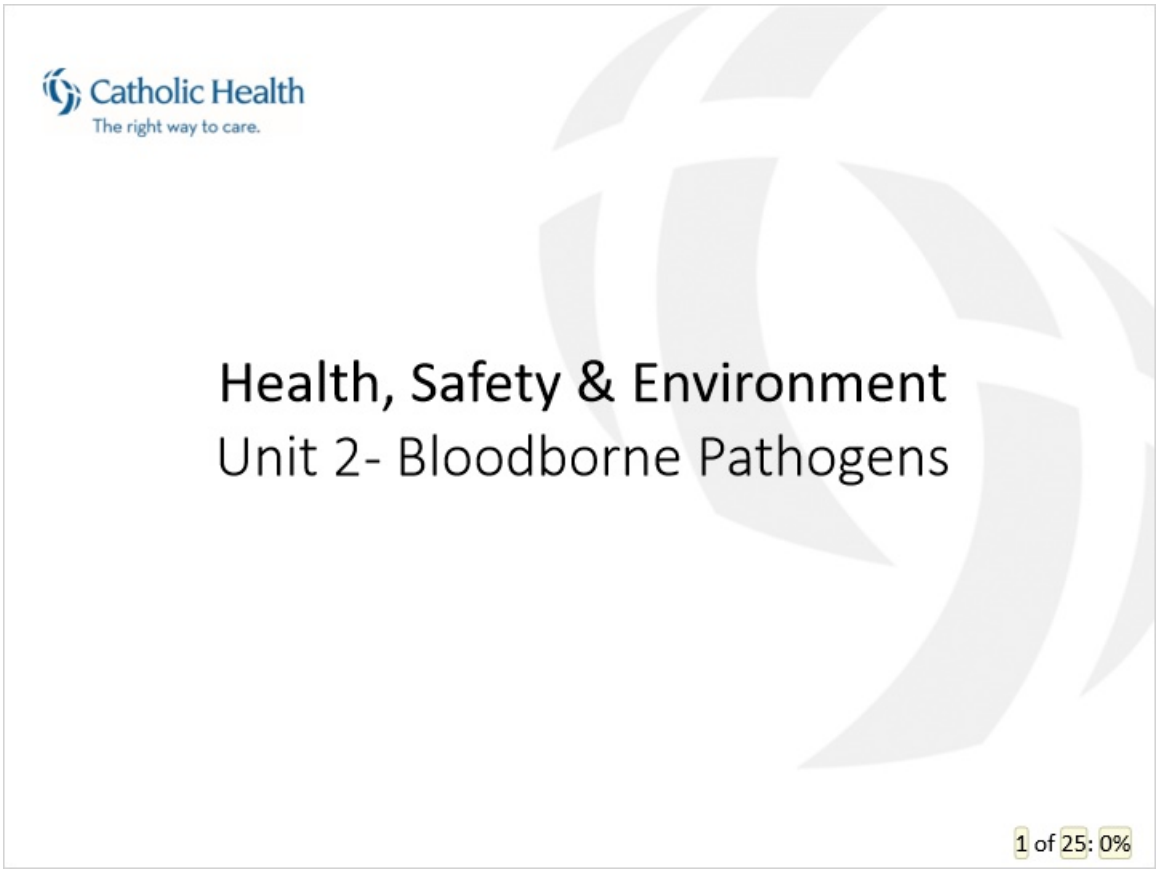
2.20 Unit 1: Safety Awareness - Knowledge Check

2.21 Unit 1: Safety Awareness - Knowledge Check

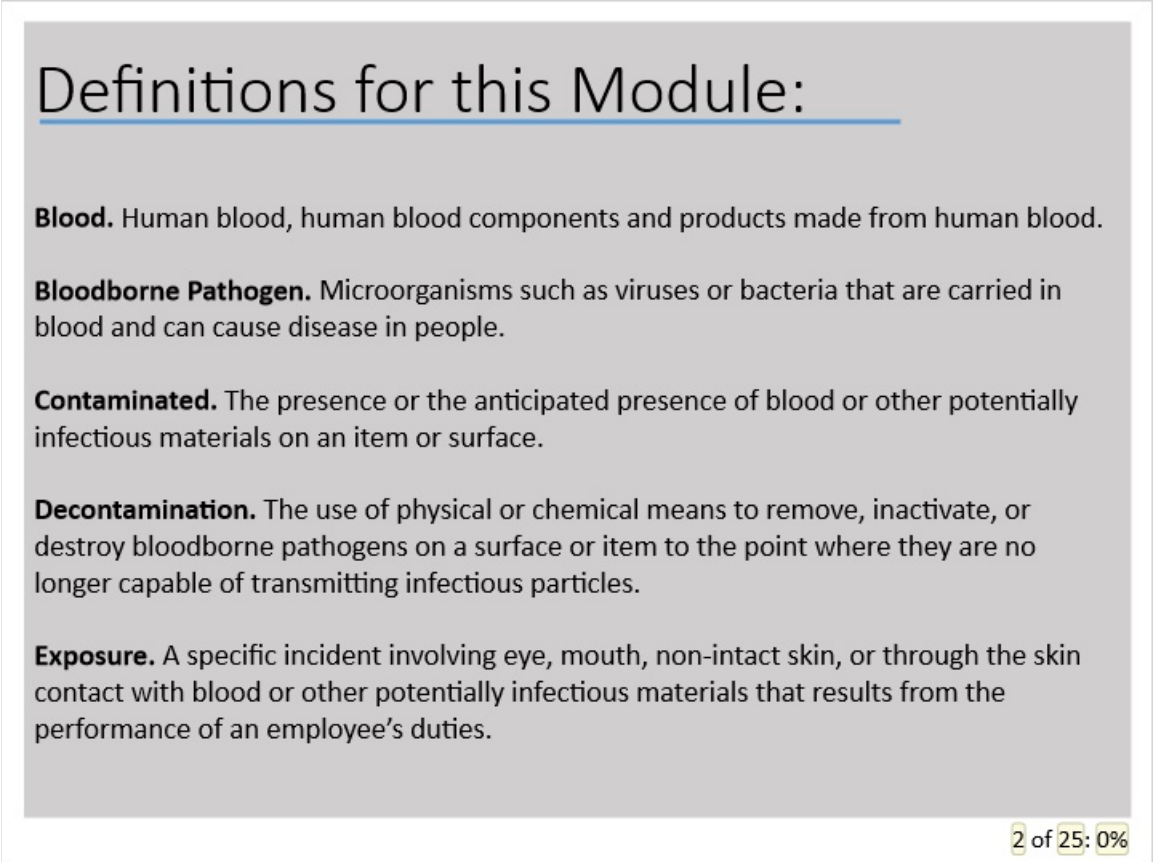
2.22 Unit 1: Safety Awareness - Knowledge Check

3. Unit 2- Bloodborne Pathogens

3.1 Unit 2- Bloodborne Pathogens



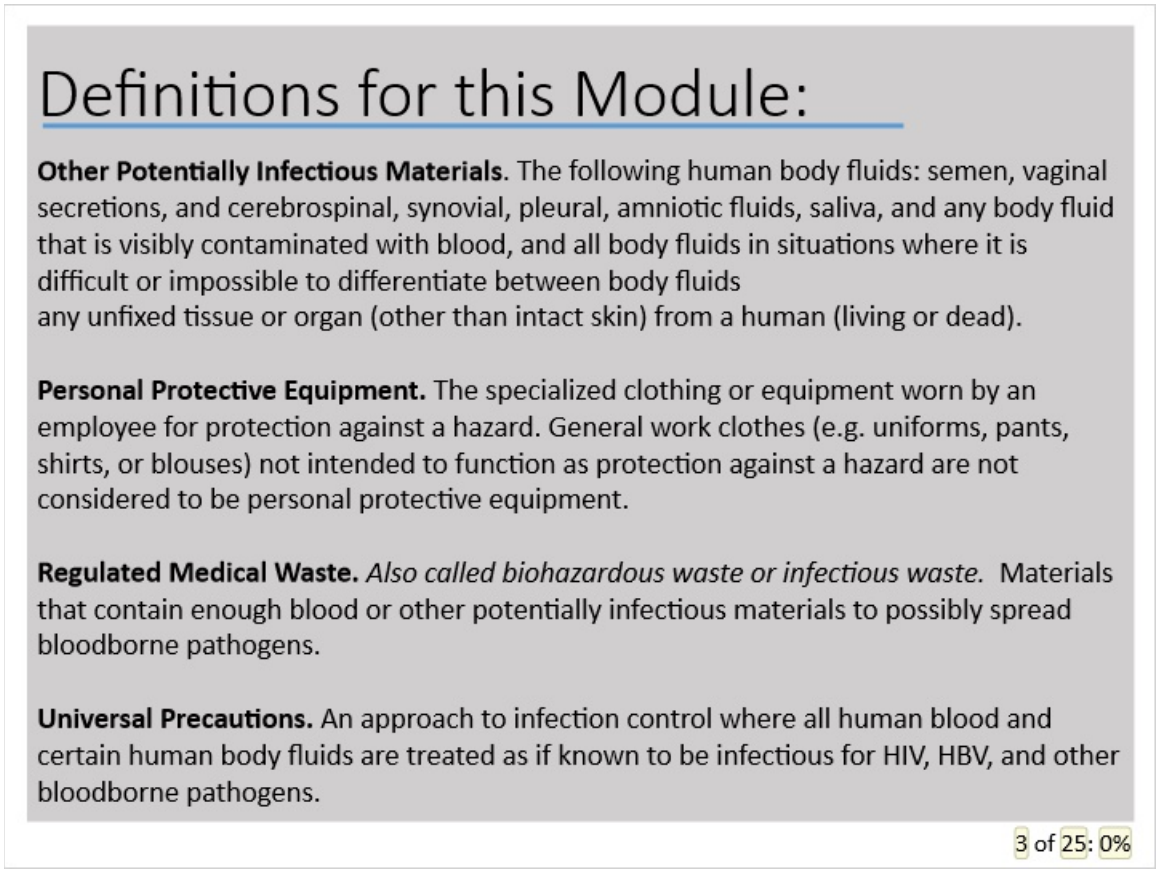
3.2 Definitions for this Module



Notes:

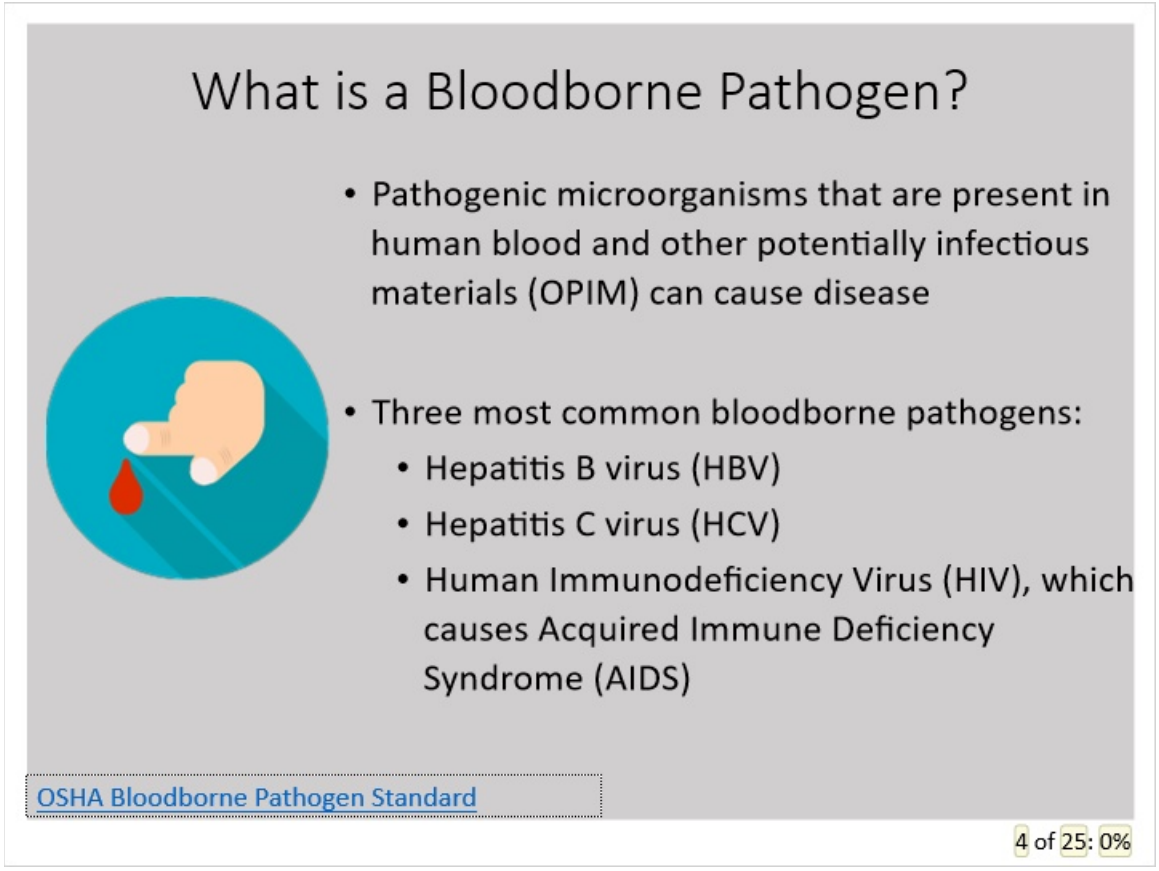
Please review the definitions on the following slides.

3.3 Definitions for this Module



Notes:

3.4 What is a Bloodborne Pathogen?



Notes:

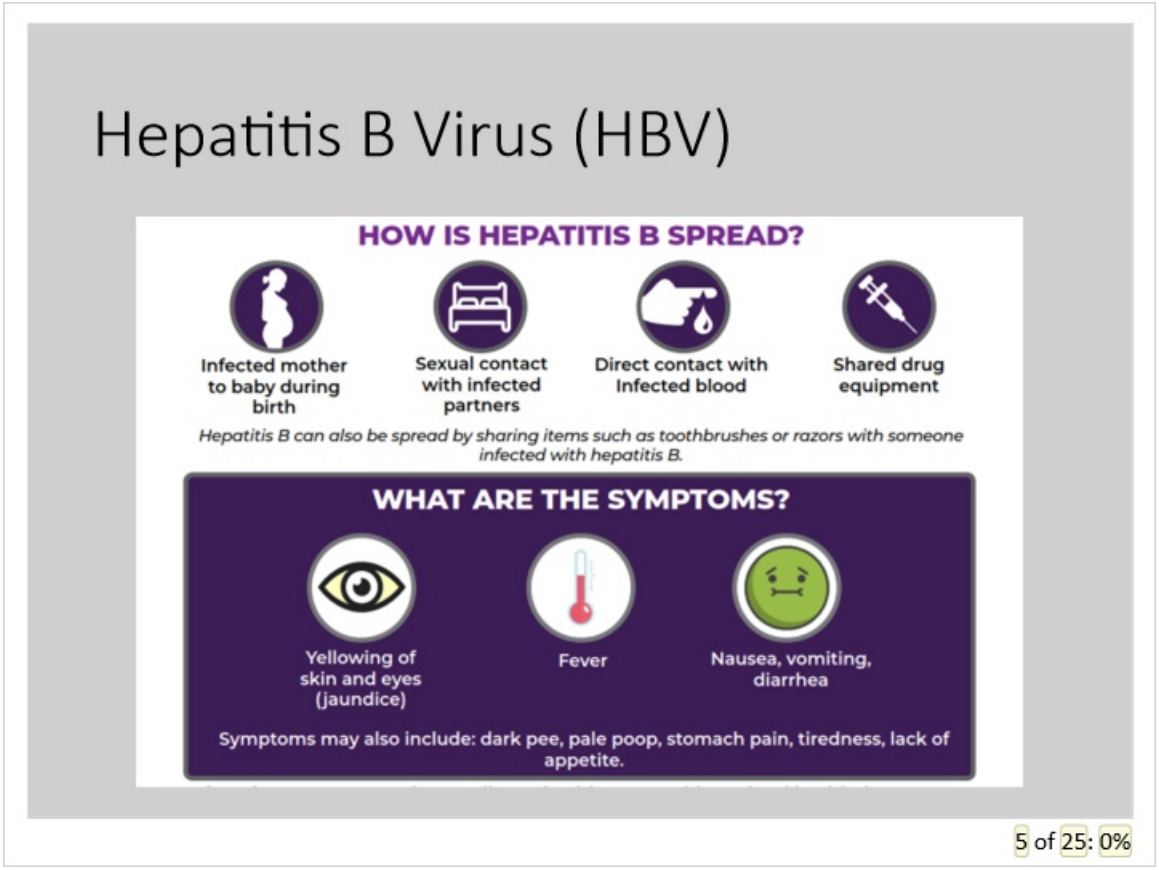
Occupational Safety and Health Administration (OSHA) requires employers to protect health care professionals against the health hazards related to the more serious Bloodborne diseases, namely Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B and Hepatitis C.

A copy of the OSHA standard 29 CFR 1910.1030 is available from any Associate Health office or online at the link on this page.

Bloodborne Pathogens are microorganisms, which can transmit infection through direct or indirect contact with blood and some body fluids. This includes semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental

procedures, all body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Thus, it is important to always use universal precautions.

3.5 Hepatitis B Virus (HBV)



Notes:

Hepatitis B is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness. It results from infection with the Hepatitis B virus. Hepatitis B can be either “acute” or “chronic.”

Acute Hepatitis B infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis B virus. Acute infection

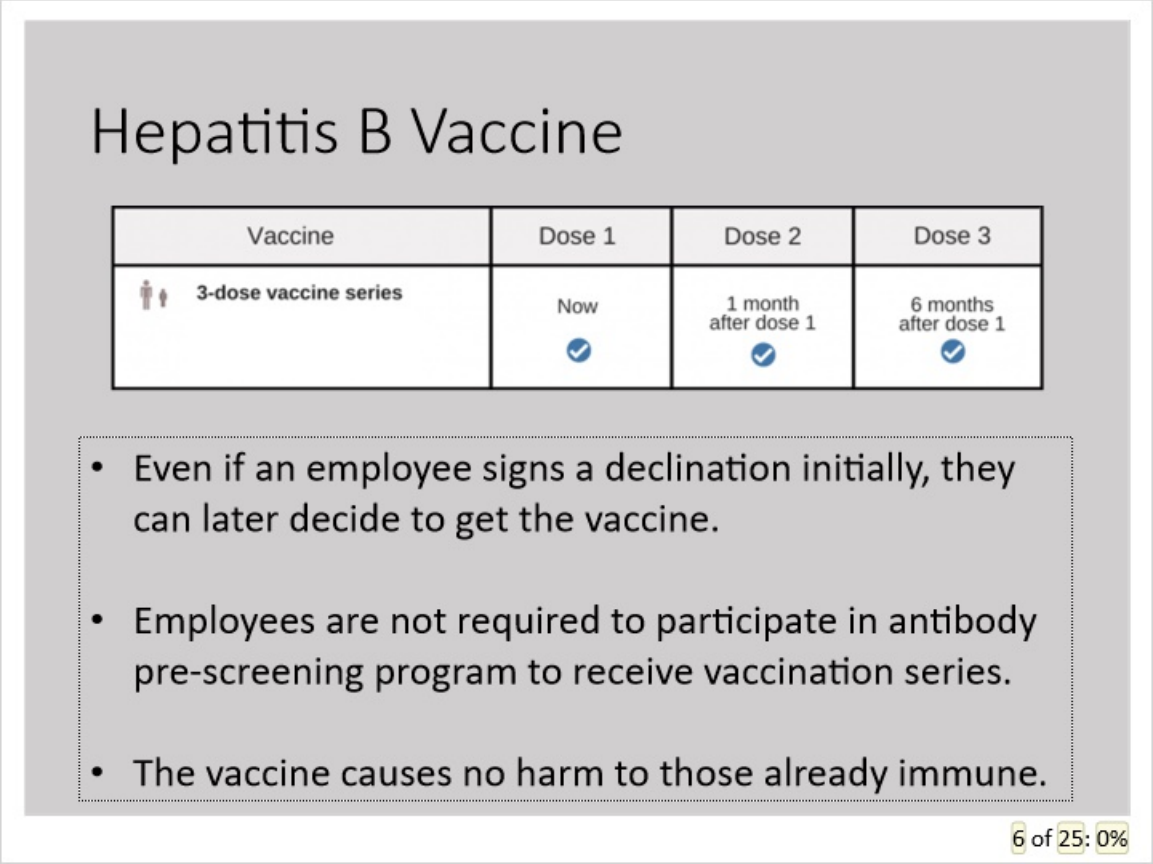
can - but does not always - lead to chronic infection.

Chronic Hepatitis B infection is a long-term illness that occurs when the Hepatitis B virus remains in a person's body.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected.

The Hepatitis B virus is 50 to 100 times more infectious than HIV. It can live on surfaces for more than 7 days and still cause an exposed person to become infected.

3.6 Hepatitis B Vaccine



Notes:

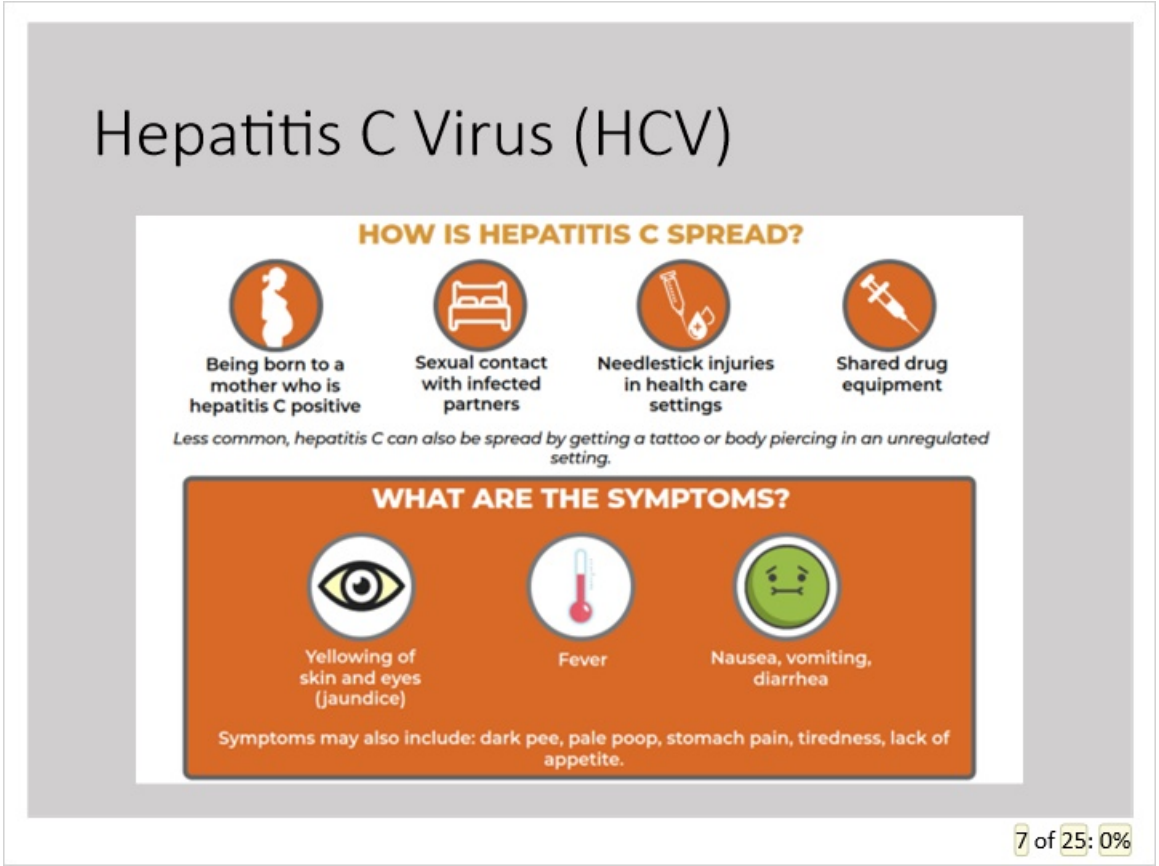
The best way to prevent Hepatitis B is by getting the Hepatitis B vaccine. The Hepatitis B vaccine is safe and effective and is usually given as 3-4 shots over

a 6-month period.

After the vaccine is given, the body makes antibodies that protect a person against the virus. An antibody is a substance found in the blood that is produced in response to a virus invading the body. These antibodies are then stored in the body and will fight off the infection if a person is exposed to the Hepatitis B virus in the future.

Vaccination is recommended for all health care and public safety workers at risk for exposure to blood or blood-contaminated body fluids on the job. The Hepatitis B vaccine is available to all Catholic Health employees, free of charge through Associate Health.

3.7 Hepatitis C Virus (HCV)



Notes:

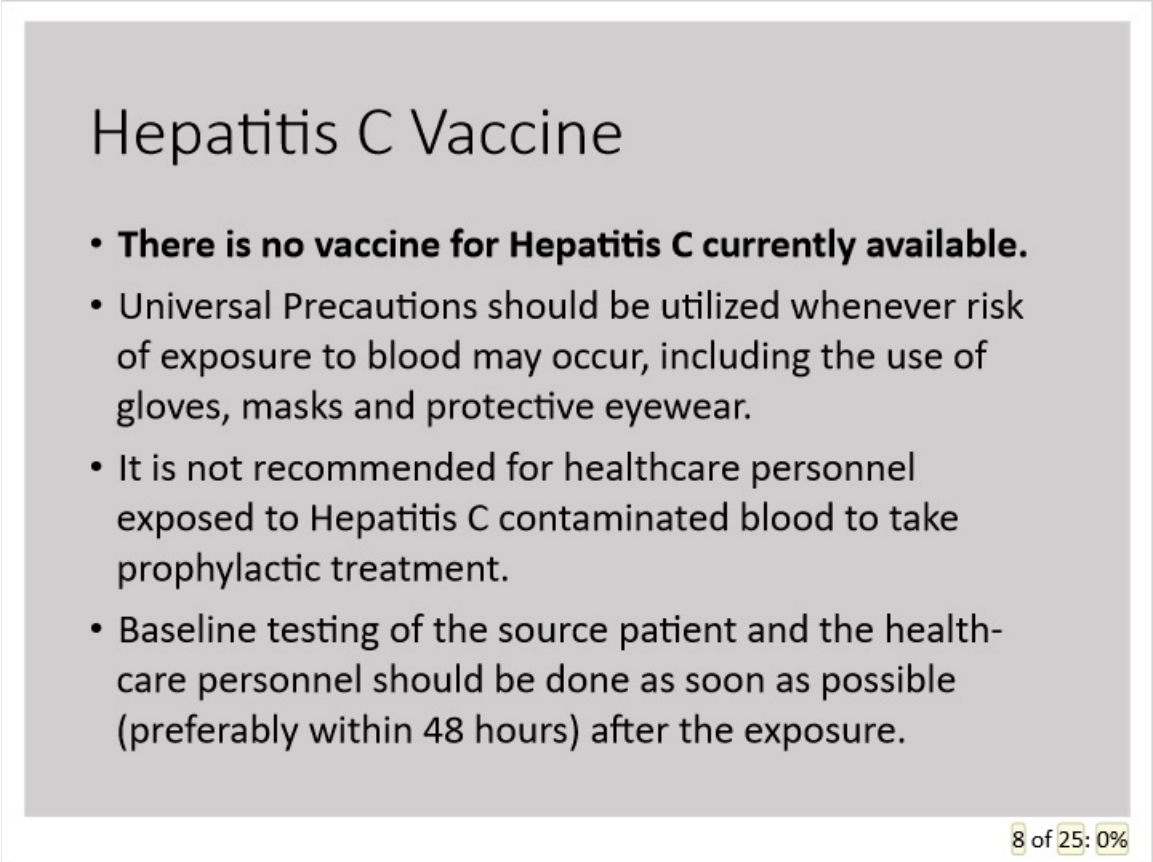
Hepatitis C is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks, to a serious, lifelong illness that attacks the liver. It results from infection with the Hepatitis C virus (HCV), which is spread primarily through contact with the blood of an infected person. Hepatitis C can be either “acute” or “chronic.”

Acute Hepatitis C infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis C virus. For most people, acute infection leads to chronic infection.

Chronic Hepatitis C infection is a long-term illness that occurs when the Hepatitis C virus remains in a person’s body. This infection can last a lifetime and lead to serious liver problems, including cirrhosis (scarring of the liver) or liver cancer.

Healthcare workers can become infected with the Hepatitis C virus through exposure to blood from an infected person, such as after a needlestick injury.

3.8 Hepatitis C Vaccine

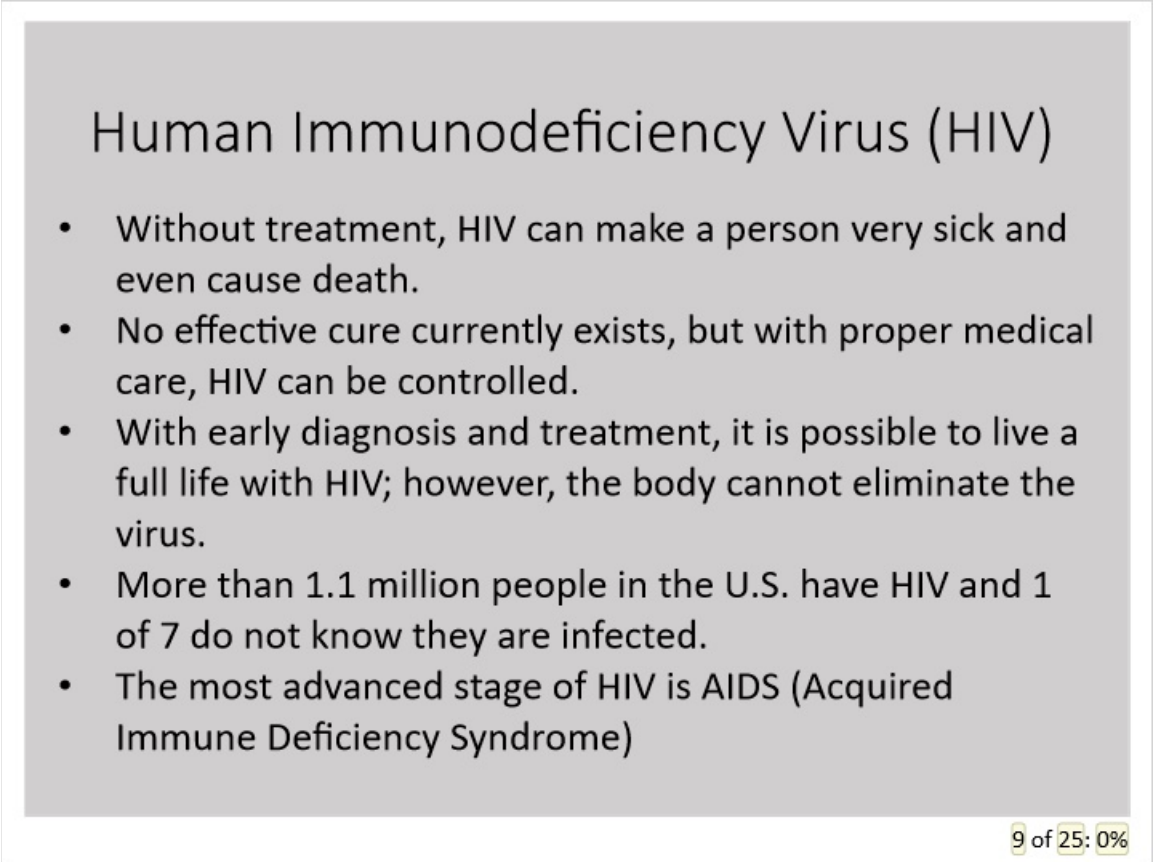


Notes:

There is currently no vaccine to prevent hepatitis C. Avoiding occupational exposure to blood is the primary way to prevent transmission of Hepatitis C among healthcare personnel.

A new or acute Hepatitis C infection does not usually require treatment. However, when Hepatitis C infection becomes chronic, treatment is necessary. There are several medications available for chronic HCV infection. Over 90 percent of people with hepatitis C can be cured with 8-12 weeks of oral therapy.

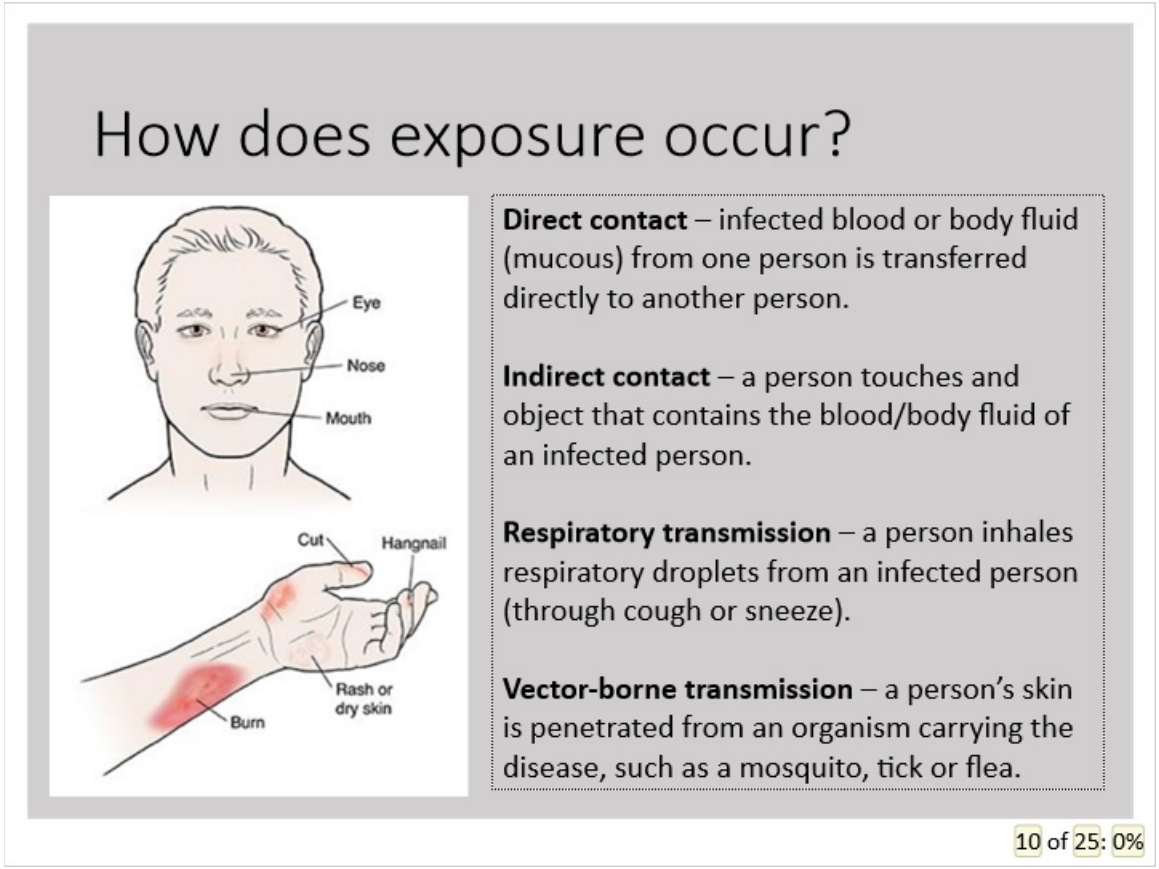
3.9 Human Immunodeficiency Virus (HIV)



Notes:

HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome or AIDS, if not treated. Only certain body fluids- specifically blood, semen, rectal fluids, vaginal fluids, and breast milk-from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane, come in contact with damaged tissue or be directly injected into the bloodstream from a needle or syringe for transmission to occur. The virus attacks the body's immune system, specifically T cells. While there are many treatments to keep HIV controlled, there is no cure and once infected, you are infected for life. Over time, HIV can destroy so many of these cells that the body's immune system becomes too weak to fight off infections and disease.

3.10 How does exposure occur?



Notes:

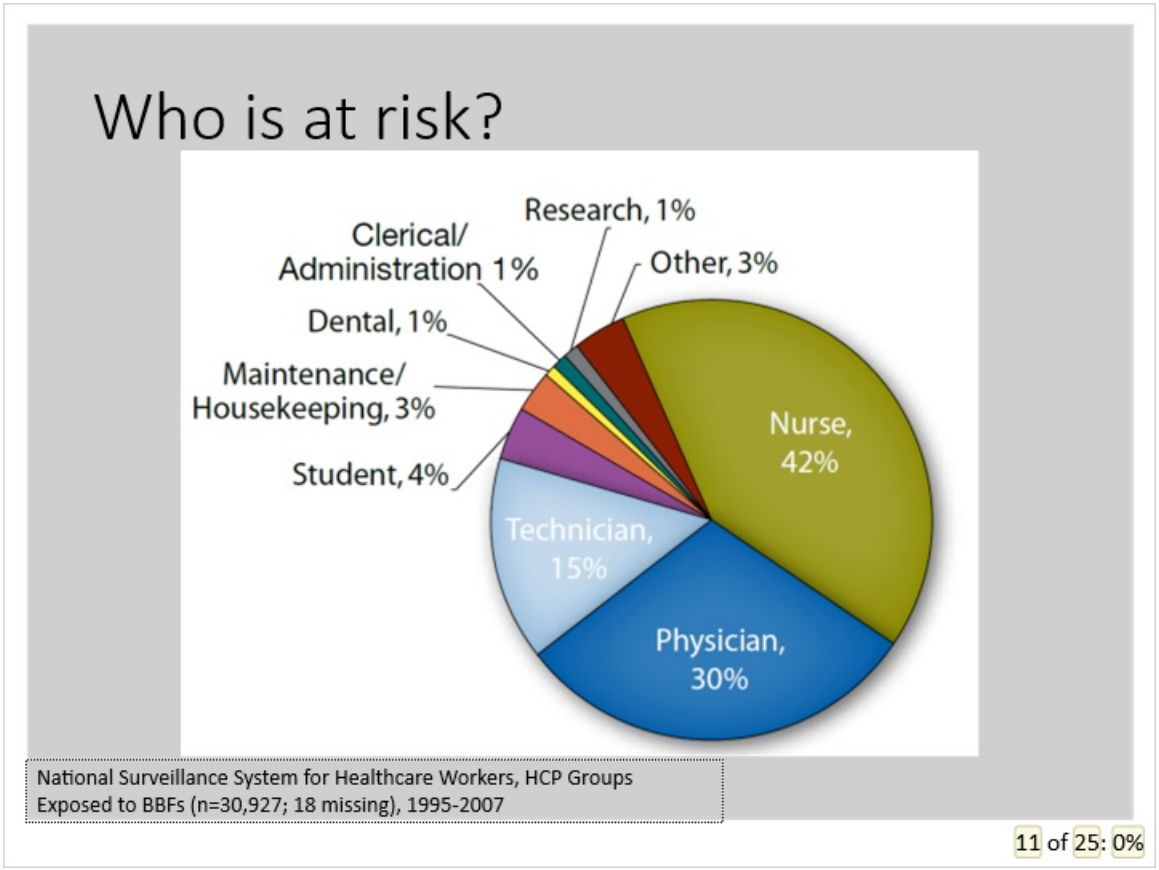
How does exposure occur? The spread of bloodborne pathogens can occur through direct or indirect contact, respiratory transmission or vector-borne transmission, meaning coming from mosquitoes, fleas and ticks. In most work situations, transmission is most likely to occur because of accidental puncture from contaminated needles, broken glass, or other sharps; contact between broken or damaged skin and infected body fluids; or contact between mucous membranes and infected body fluids. For example, if someone infected with HBV cut their finger on a piece of glass, and then you cut yourself on the now infected piece of glass, it is possible that you could contract the disease. Anytime there is blood-to-blood contact with infected blood or body fluids, there is a slight potential for transmission.

Unbroken skin forms an impervious barrier against bloodborne pathogens.

However, infected blood can enter your system through: open sores, cuts, abrasions, acne or any sort of damaged or broken skin such as sunburn or blisters.

Bloodborne pathogens may also be transmitted through the mucous membranes of the eyes, nose and mouth. For example, a splash of contaminated blood to your eye, nose, or mouth could result in transmission.

3.11 Who is at risk?



Notes:

Data collected from the National Surveillance system for Healthcare workers show that nurses sustain the highest number of puncture injuries. However, physicians, technicians, laboratory staff and other support personnel, such as environmental services workers and facilities workers are also at risk.

Nurses are the predominant occupational group injured by needles and other sharps, in part because they are the largest segment of the workforce at most hospitals.

3.12 Exposure Control Plan

Notes:

An exposure control plan must be in writing and identifies tasks and procedures, as well as job classifications, where occupational exposure to blood or other potentially infectious materials may occur. This evaluation should be performed without consideration for personal protective clothing and equipment. The plan must be accessible to all employees and available to OSHA for review. Catholic Health reviews and updates our plan at least annually and more often, if necessary, to accommodate workplace changes.

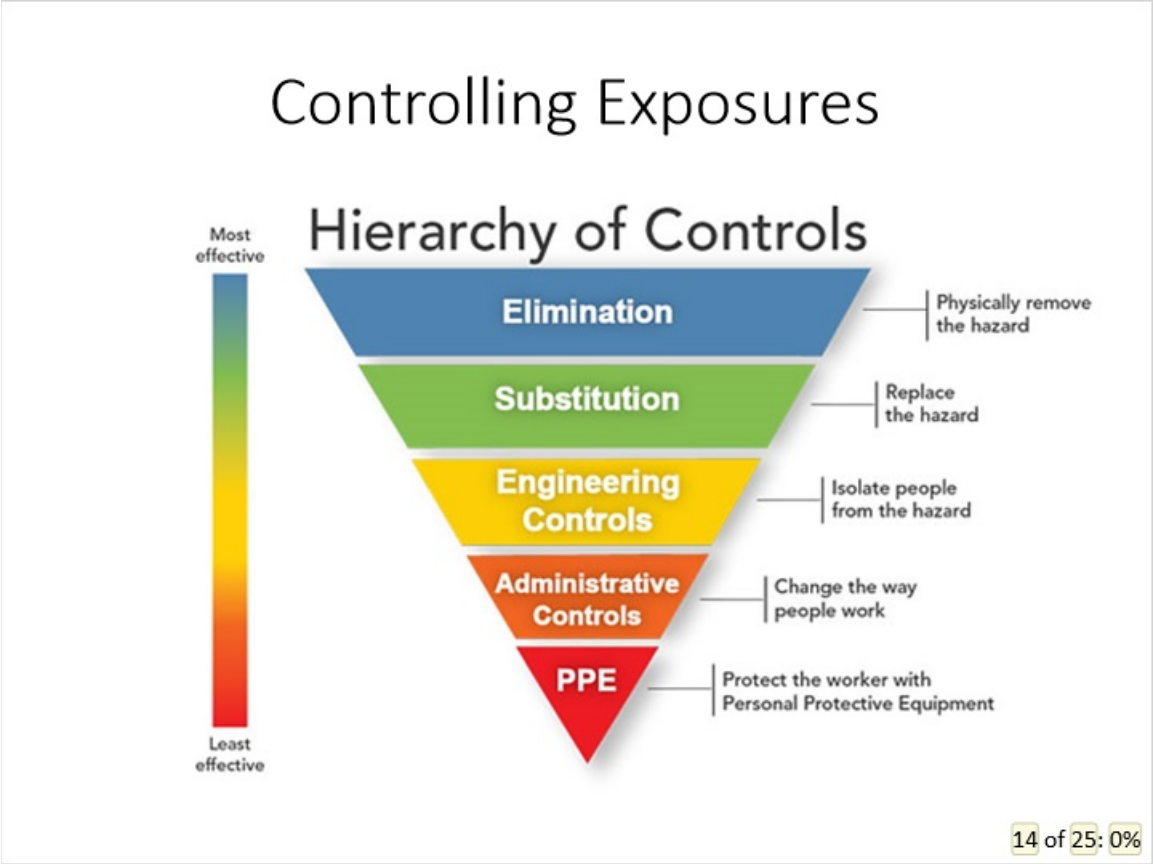
An Exposure Control Plan is important because it helps you protect yourself from exposures to blood and other potentially infectious material.

3.13 Exposure Control Plan

Notes:

Catholic Health has an exposure control plan that you should be familiar with. The plan is located in the application "M-Files", which we discussed earlier and can be accessed from the Catholic Health homepage. Type "Exposure Control" in the search tool and select the exposure control plan that applies to the facility where you work. If you have any questions about the exposure control plan, ask your manager or the associate health office.

3.14 Controlling Exposures



Notes:

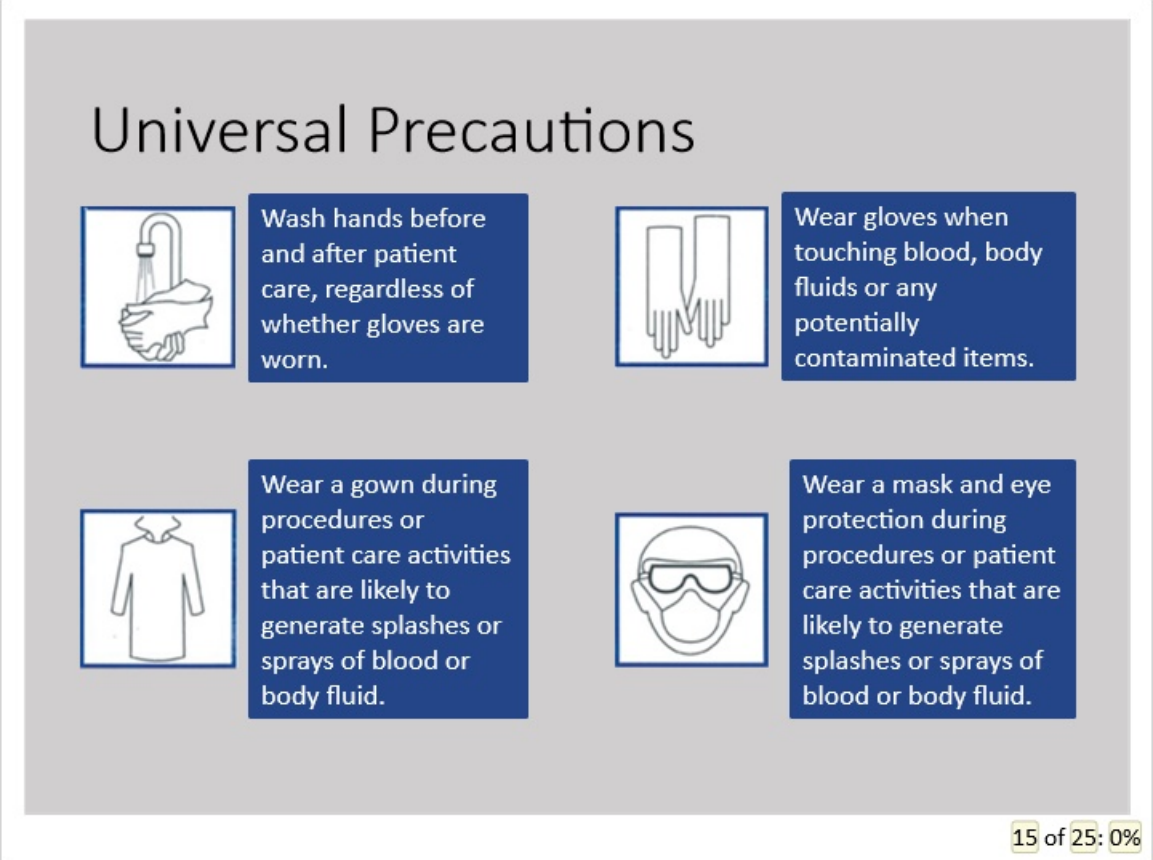
Controlling exposures to occupational hazards is the fundamental method of protecting workers. National Institute of Occupational Safety and Health (NIOSH) defines five rungs of the Hierarchy of Controls:

- Elimination - Physically remove the hazard
- Substitution - Replace the hazard
- Engineering controls - Isolate people from the hazard
- Administrative controls - Change the way people work
- Personal protective equipment- Protect the worker with PPE

The hierarchy is arranged beginning with the most effective controls and proceeds to the least effective. Elimination and substitution, while most effective at reducing hazards, also tend to be the most difficult to implement in an existing process. Engineering controls <https://www.cdc.gov/niosh/engcontrols/> are favored over administrative

and personal protective equipment for exposures in the workplace because they are designed to remove the hazard at the source, before it comes in contact with the worker. Rigid and accessible sharps disposal containers, needles with easily engaged safety sheathing and needleless delivery systems are all examples of engineering controls used at Catholic Health. Administrative controls include washing hands before and after handling anything potentially contaminated, not eating or drinking in areas where contamination is likely to occur and avoiding the recapping of sharps. For personal protective equipment, our policy states we will follow universal precautions at all times.

3.15 Universal Precautions



Notes:

Universal Precautions describes an infection control approach used to

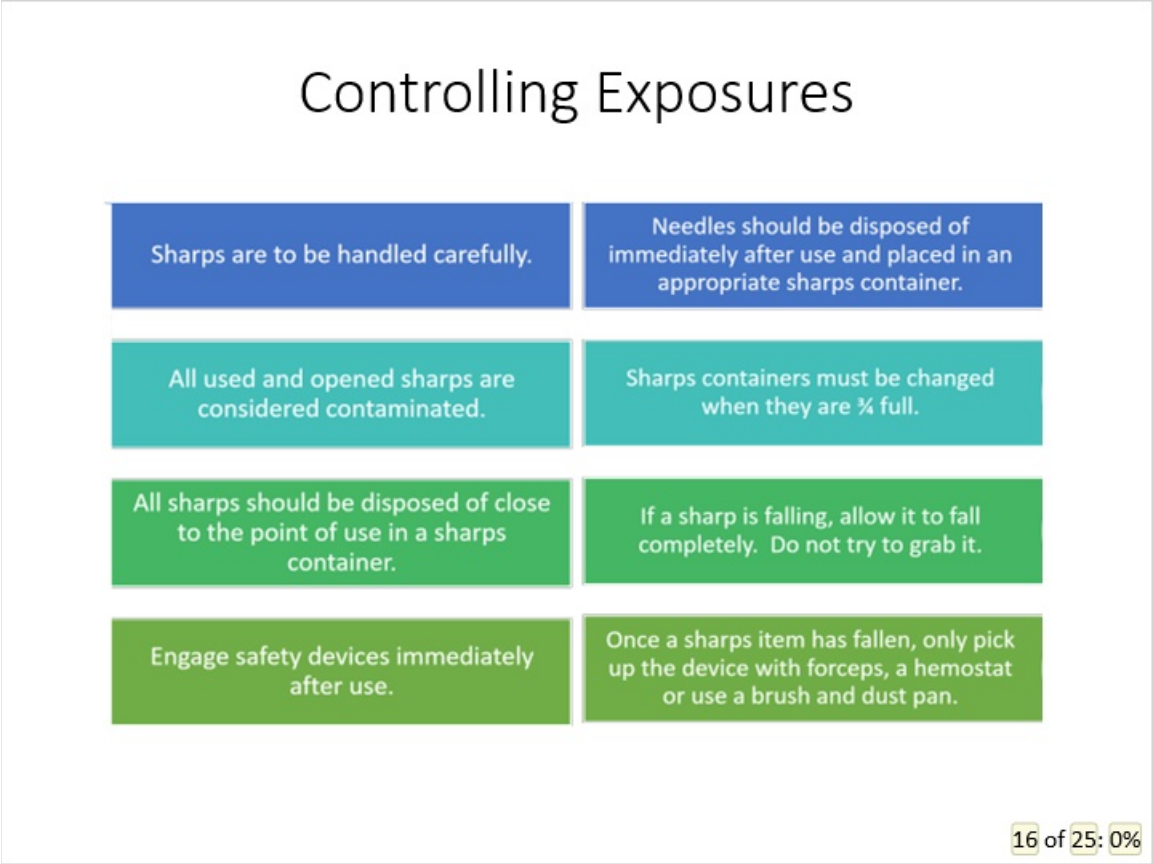
protect employees from exposure to all human blood and other potentially infectious materials. It means that we will treat all human blood and body fluids as if they were known to be infectious for bloodborne pathogens.

Hand hygiene is performed immediately upon removing gloves and between each patient contact. Hands and other skin surfaces should be washed immediately if inadvertently contaminated with blood, other body fluids or contaminated items.

Personal Protective Equipment or PPE, such as gloves, barrier gowns, masks and protective eyewear are always available. Wear PPE when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur.

Only remove PPE when it is safe to do so, avoiding cross contamination. Dispose of contaminated PPE in a red bag or other leak proof container. The container must be labelled as biohazard. If your PPE was not contaminated, it can be disposed of in the regular trash. Always wash your hands thoroughly after removing your PPE.

3.16 Controlling Exposures

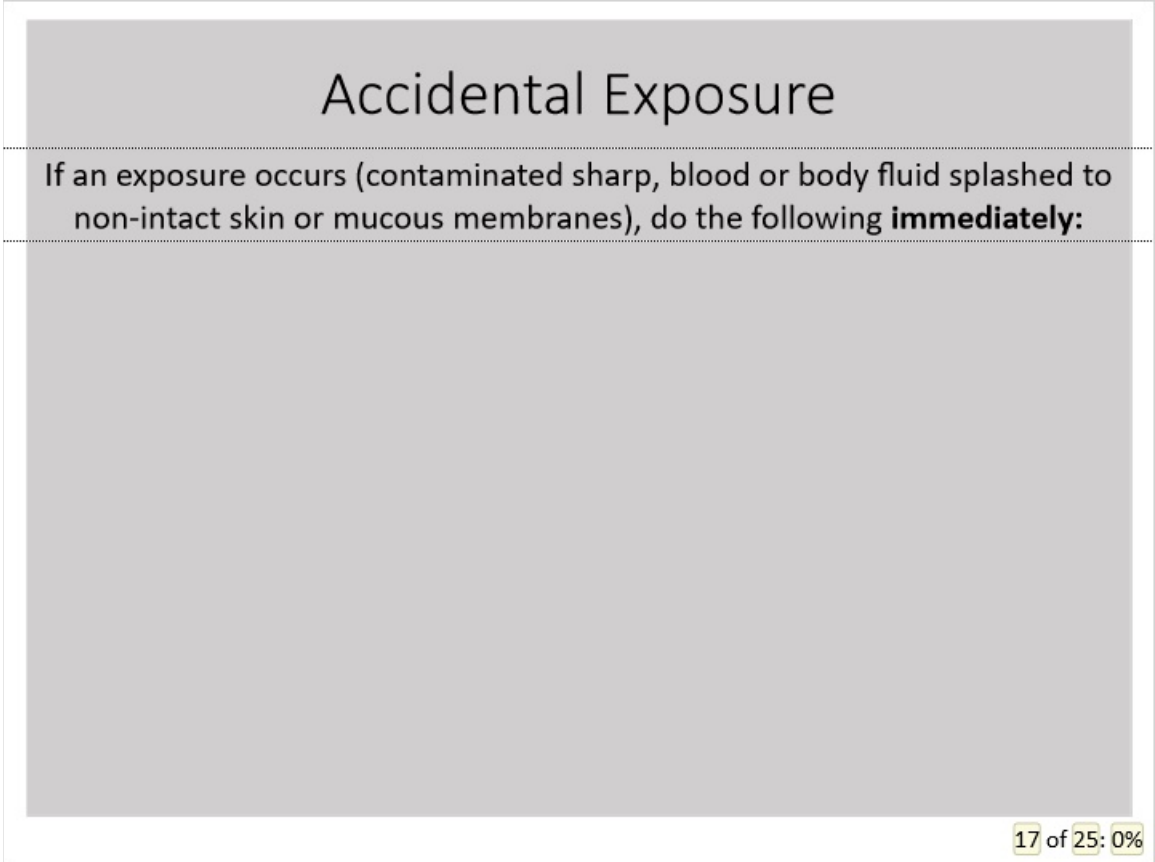


Notes:

"Sharps" is a medical term for devices with sharp points or edges that can puncture or cut skin. Examples of sharps include needles, scalpels, ampules, staples and sutures.

Please take a moment to read and review best practices for handling sharps.

3.17 Accidental Exposure



Notes:

What do you do if an exposure does occur?

Immediately wash the area with soap and water. If you have an exposure to a mucous membrane, such as your mouth, nose or eyes, flush with water only.

Report the incident to your manager or the person in charge. You should be provided a red folder that contains all the paperwork and information that you will need.

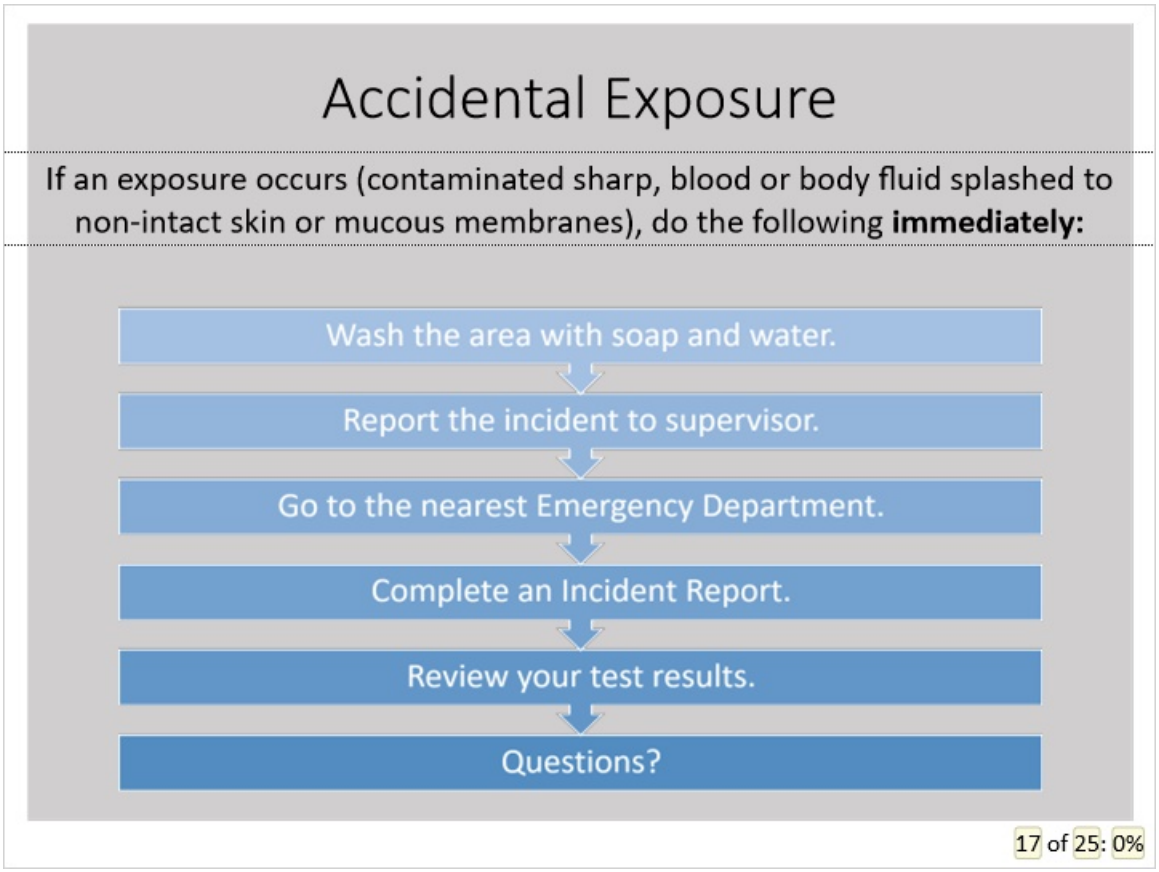
Go to the nearest Emergency Department for evaluation and treatment.

Complete an incident report, instructions were discussed in unit 1.

Review your test results with Associate Health. These should be available within 15 days of the exposure.

If you have any questions, call the Associate Health nurse for your site. If it is after hours, please dial 716-572-6510 to reach the Associate Health nurse on call. No matter what time or day of the week, there is always a nurse available to answer your questions.

Content (Slide Layer)



3.18 Regulated Medical Waste

Notes:

Medical wastes require careful disposal and containment before collection and transport. A single, leak-resistant biohazard bag is usually adequate for containment of regulated medical wastes, provided the bag is sturdy and the waste can be discarded without contaminating the bag's exterior. The contamination or puncturing of the bag requires placement into a second biohazard bag. All bags should be securely closed for disposal. Puncture-resistant containers located at the point of use, such as sharps containers, are used as containment for sharps.

3.19 Needlestick Safety

Notes:

Video with link

3.20 What's Wrong - Room?

Notes:

What's wrong with this picture?

- **Unsecured Oxygen:** Unsecured compressed gas cylinders can easily be knocked over, potentially causing damage to the cylinder valve. High pressure gas can escape rapidly, causing the cylinder to become an uncontrollable rocket or projectile. In addition, sharps containers designed for mounting, should always be secured in a wall bracket.

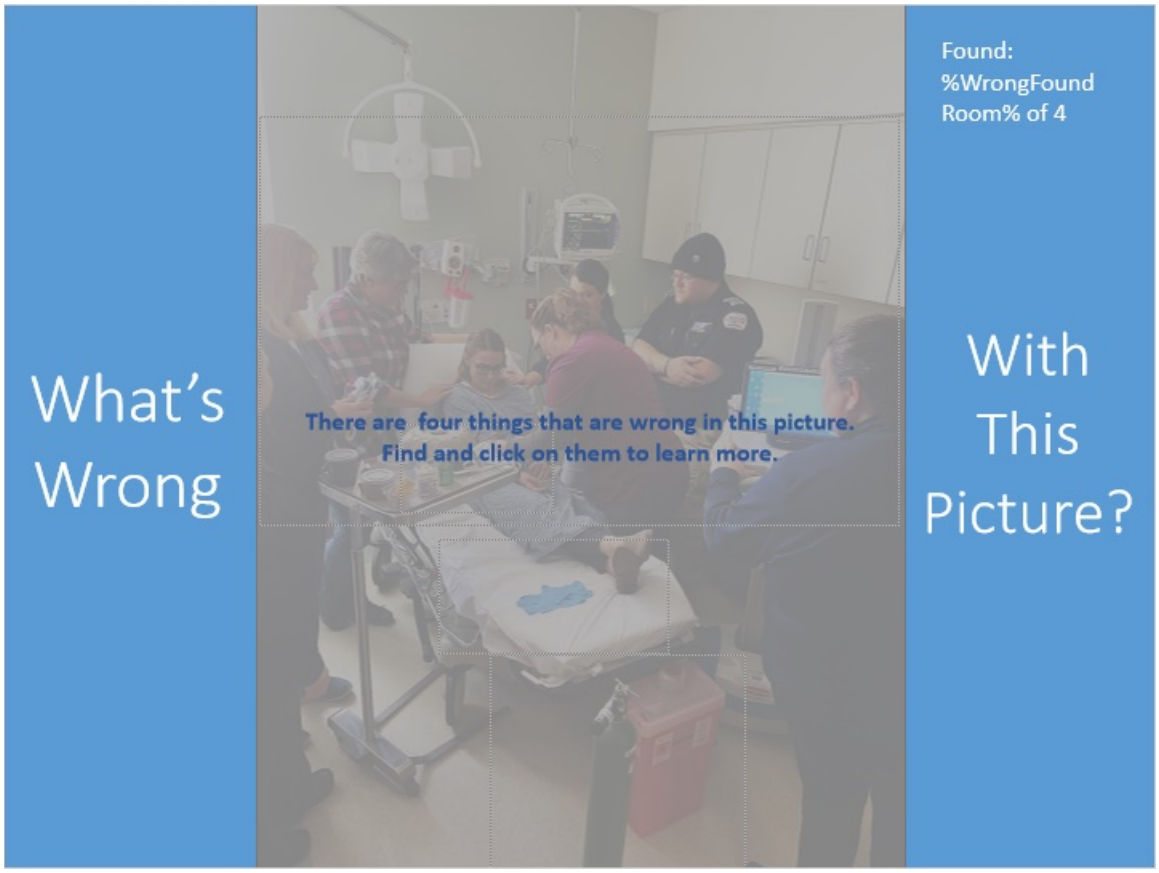
- **Improper disposal of sharps:** placing contaminated sharps, even temporarily, anywhere besides in a sharps container is dangerous to every person in the room or who may enter the room at a later time. The device can be easily lost or forgotten, resulting in a needlestick injury.

- **Too many people:** Only the minimum number of people necessary should be present when a procedure is occurring. Additional people only create clutter and distractions, greatly increasing the chances of a

needlestick injury.

- **Always wear the PPE for the task:** The correct PPE is readily available, but is not being worn.

Intro (Slide Layer)



Oxygen (Slide Layer)

Sharps (Slide Layer)

People (Slide Layer)

PPE (Slide Layer)

3.21 Unit 2: Bloodborne Pathogens - Knowledge Check

3.22 Unit 2: Bloodborne Pathogens - Knowledge Check

3.23 Unit 2: Bloodborne Pathogens - Knowledge Check

3.24 Unit 2: Bloodborne Pathogens - Knowledge Check

3.25 Unit 2: Bloodborne Pathogens - Knowledge Check

4. Unit 3: Hazard Communication

4.1 Unit 3- Hazard Communication

Notes:

4.2 Hazard Communication

Notes:

During this section, we will review the requirements of the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard (29 CFR 1910.1200). The Hazard Communication standard is based on a simple concept, that employees have both a need and a right to know the identities and the hazards of the chemicals they are exposed to when working. Information shared under the Hazard Communication Standard helps employers provide a safe workplace for their employees. The standard establishes requirements for uniform safety information from chemical manufacturers. It also requires employers to make this information available to employees. Important chemical safety information includes: identification and hazard recognition, practices for safe handling and storage of chemicals, and requirements for controls, personal protective equipment, and emergency response.

The elements of the Catholic Health Hazard Communication Program include: a written policy, available on M-Files, a chemical inventory, Safety Data Sheets, labeling, and training.

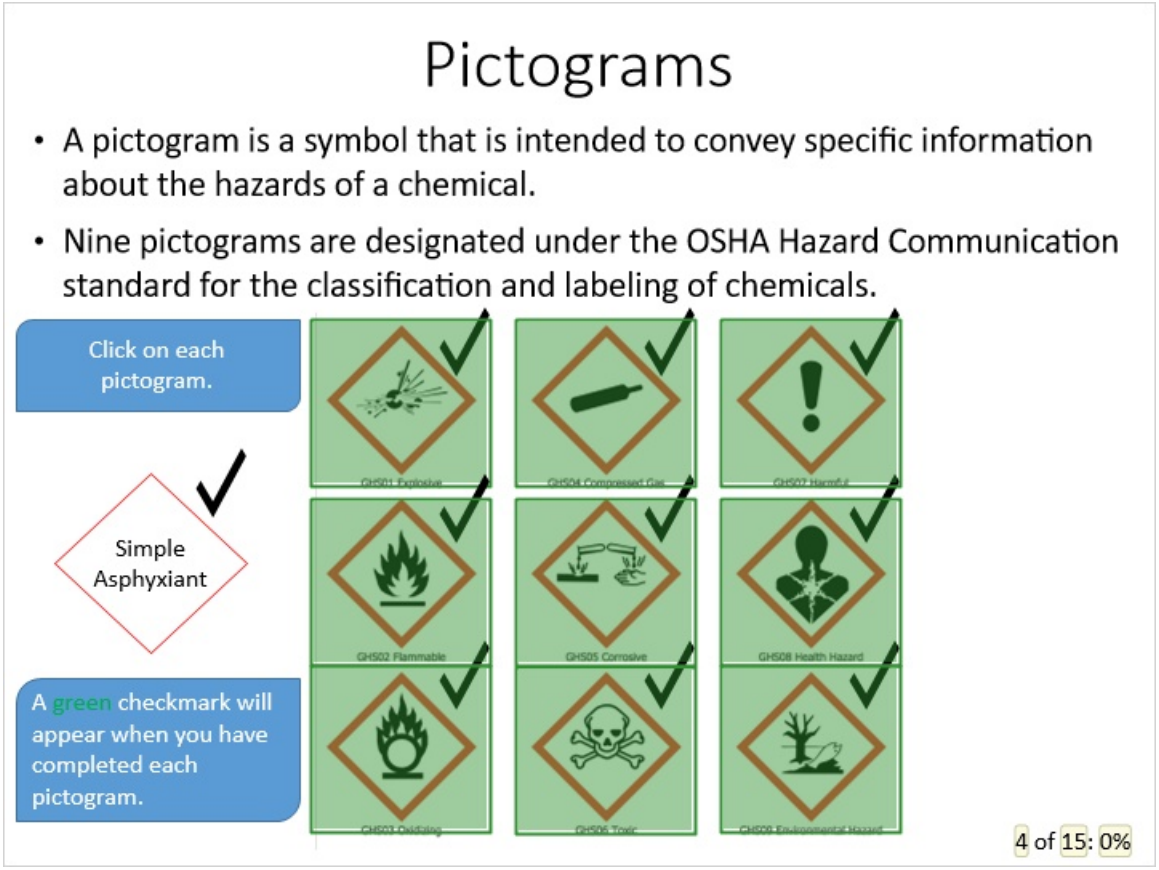
4.3 Label Requirements

Notes:

Consistent labeling is required under the United Nations Globally Harmonized System of Classification and Labeling of Chemicals, or GHS. Chemicals delivered to any facility must have the labeling format shown here. The six labeling elements are: a product or chemical identifier, a signal word, hazard pictograms, hazard statements, precautionary statements, and supplier contact information.

The information presented on the chemical label corresponds to the information on the chemical specific Safety Data Sheet, or SDS.

4.4 Pictograms



Notes:

Pictograms are symbols used to convey information about the physical or health hazards of a chemical. Click on the pictograms below to learn more about each hazard classification. Note that chemicals may have more than one pictogram

- Exploding bomb
    - This pictogram indicates a physical hazard and it includes:

- Solids or liquids capable of a chemical reaction that causes damage to its surroundings,
- Self-reactive chemicals that have the potential to explode even without the presence of air, and
- Organic peroxides which can react dangerously with other chemicals and may result in a fire or explosion when exposed to heat, friction, or impact

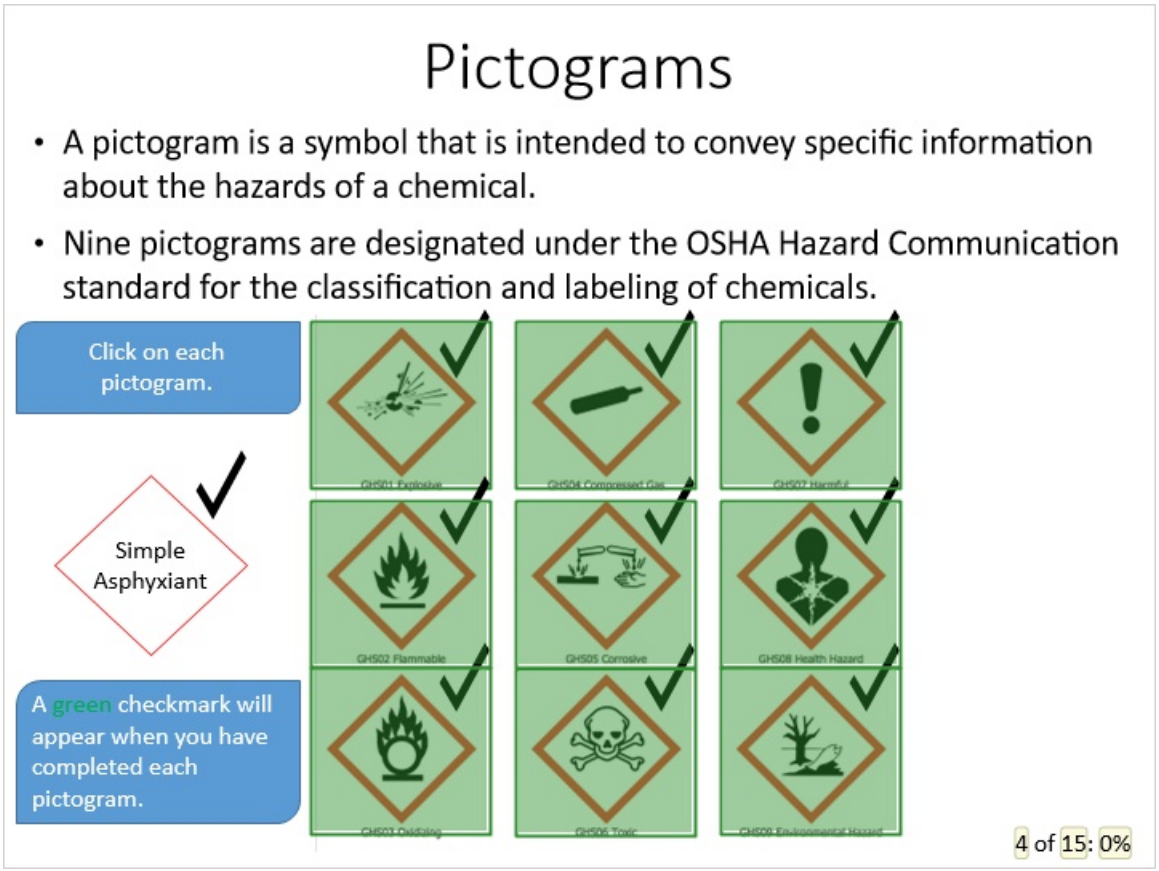
- Flame
  - This pictogram indicates a physical hazard and it includes:
  - Flammable gases, aerosols, liquids, or solids,
  - Pyrophoric materials which may ignite, even in small quantities, when in contact with air,
  - Self-heating materials which may ignite in large amounts after long periods of contact with air,
  - Water-reactive substances that may spontaneously combust or emit flammable gases when in contact with water,
  - Non-explosive self-reactive materials, and
  - Non-explosive organic peroxides
- Flame over Circle
  - This pictogram indicates a physical hazard called an oxidizer
  - Oxidizers include any solid, liquid, or gas that can cause or contribute to a fire by increasing the concentration of oxygen in the air.
  - It is important to keep flammable or combustible materials away from oxidizers.
- Compressed Gas
  - Compressed gases are a physical hazard and include compressed, liquefied, or dissolved gases under pressure.
  - Remember to keep compressed gas cylinders upright and secured. Damage to a cylinder under pressure can create a

dangerous projectile.

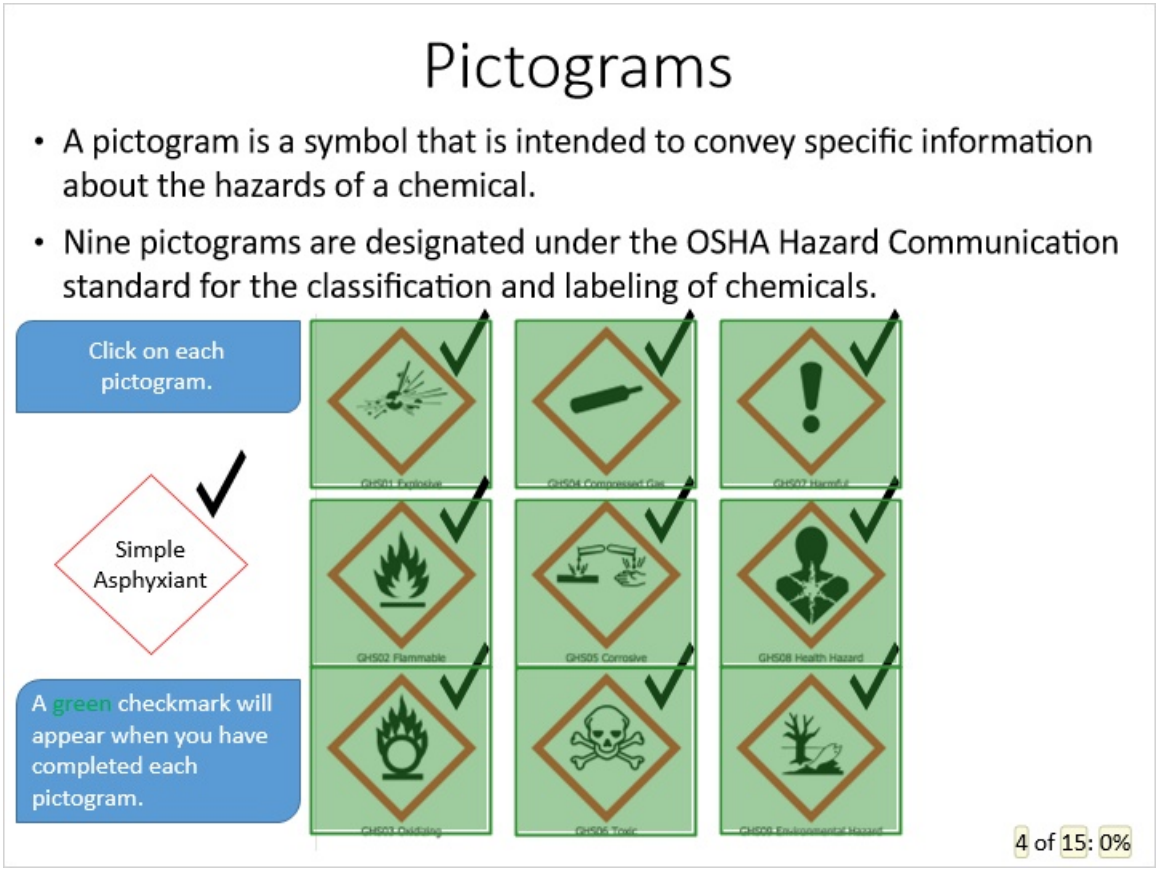
- Corrosives
    - Corrosive substances or mixtures present both a physical and a health hazard
    - Corrosives can cause permanent damage to skin and eyes and can also damage or destroy metals
- Skull and Crossbones
    - This pictogram denotes a health hazard with acute toxicity
    - Acute toxicity means that exposure to a small amount this chemical, by breathing it in, ingesting it, or touching it, can result in serious injury or even death
- Exclamation Point
    - The exclamation point is used to indicate substances with any of the following health effects:
    - Irritation to the skin, eyes, or lungs,
    - Allergic reaction when touched,
    - Dizziness, drowsiness, or a lack of coordination, and
    - Acute toxicity, with less severity than Skull and Crossbones or Health Hazard categories
- Health Hazard
    - The Health Hazard pictogram is used for substances that:
    - May cause cancer or genetic defects
    - May cause respiratory irritation
    - May damage fertility or unborn children
    - May damage organs or organ systems, and
    - May be fatal if swallowed or if the substance enters the airway
- Environmental Hazard
    - The Environmental Hazard is a non-mandatory pictogram that indicates that a substance may be toxic to the aquatic environment

- Simple Asphyxiant
    - o While simple asphyxiants present a workplace hazard, they are not associated with a pictogram.
    - o A simple asphyxiant is a substance or mixture that displaces oxygen in the air. The presence of a simple asphyxiant, particularly in an enclosed space, can cause oxygen deprivation leading to loss of consciousness and death. Examples of simple asphyxiants include nitrogen, helium, and carbon dioxide.
    - o The label and SDS of a simple asphyxiant use the signal word "Warning" and the Hazard Statement "May Displace Oxygen and Cause Rapid Suffocation"

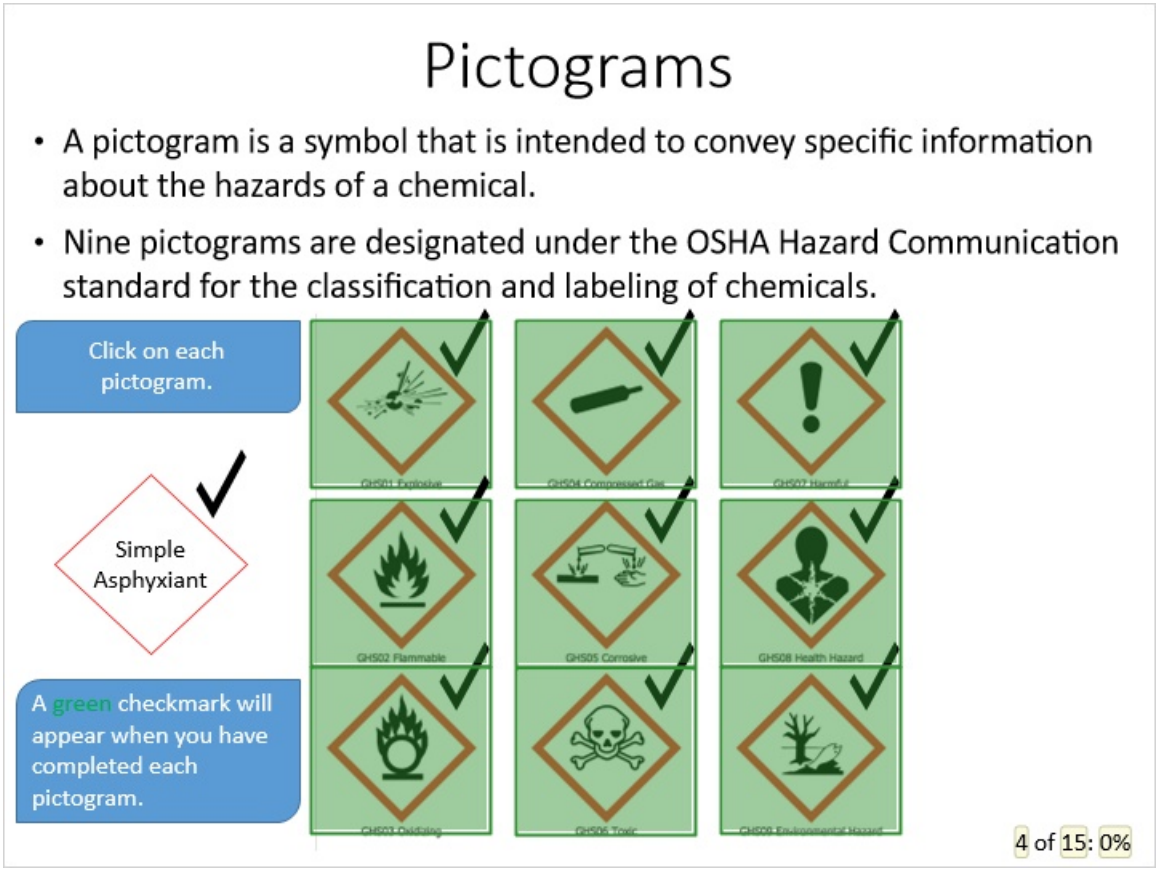
Intro (Slide Layer)



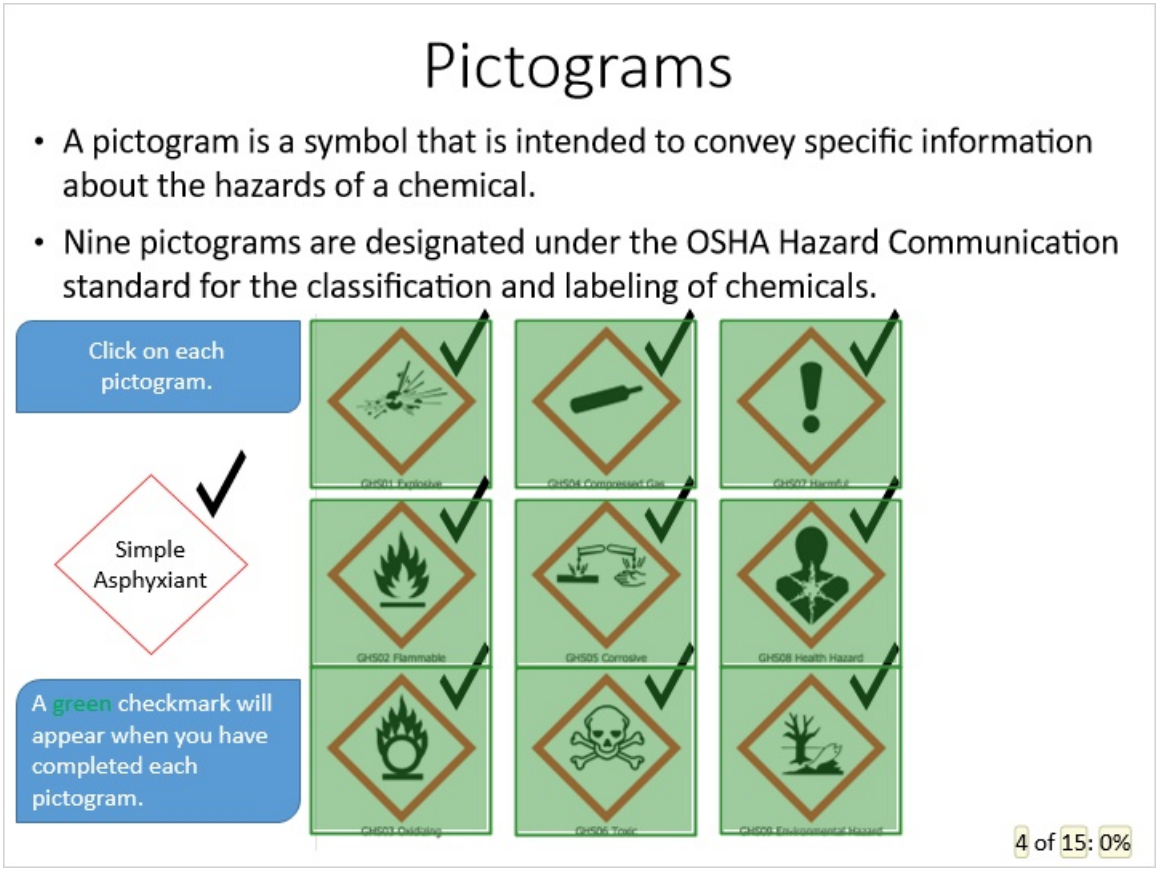
Explosive (Slide Layer)



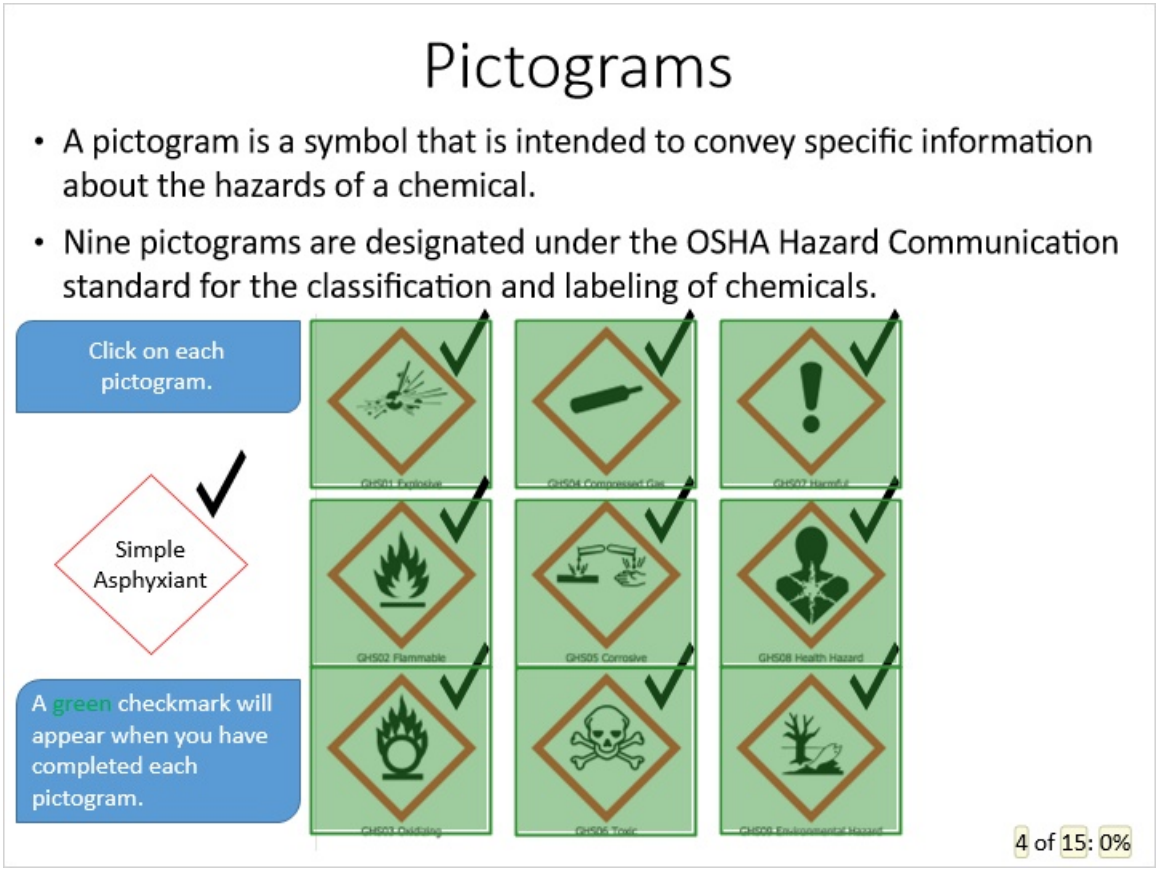
Flammable (Slide Layer)



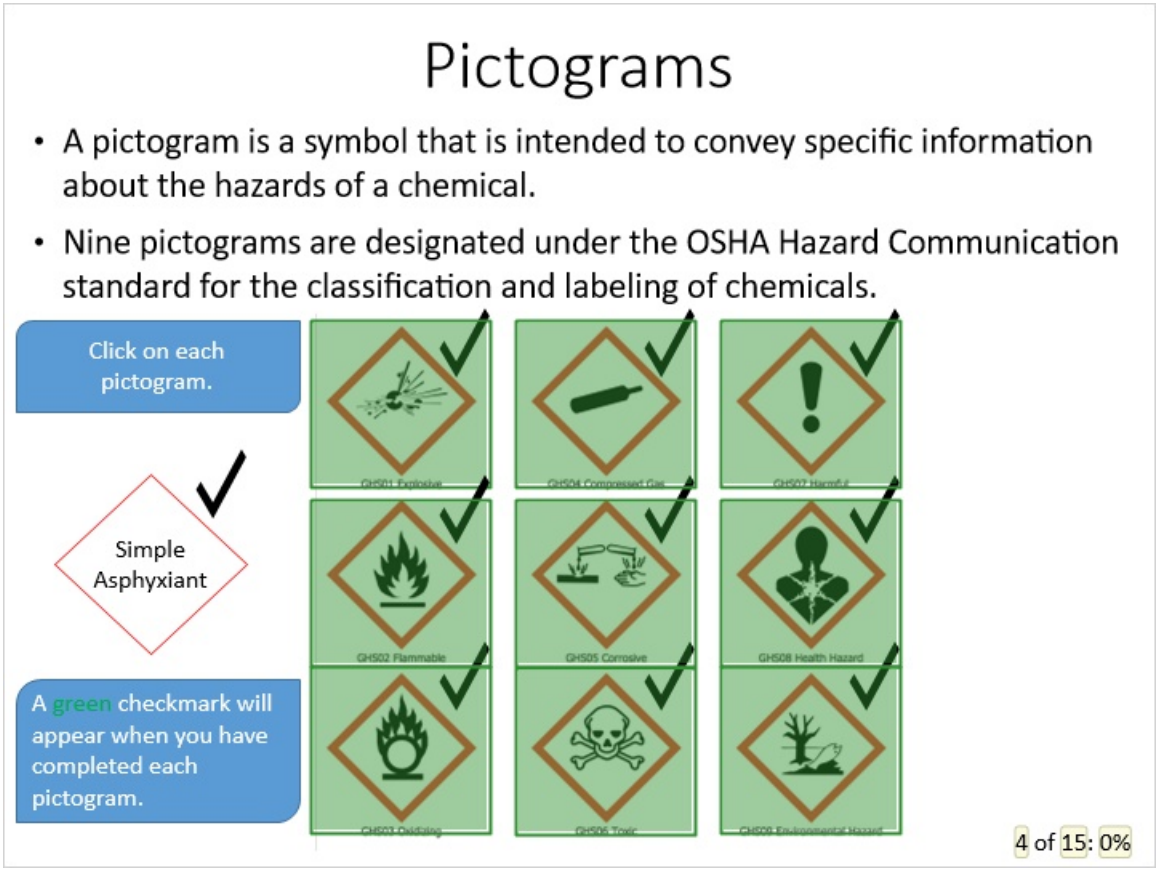
Oxidizing (Slide Layer)



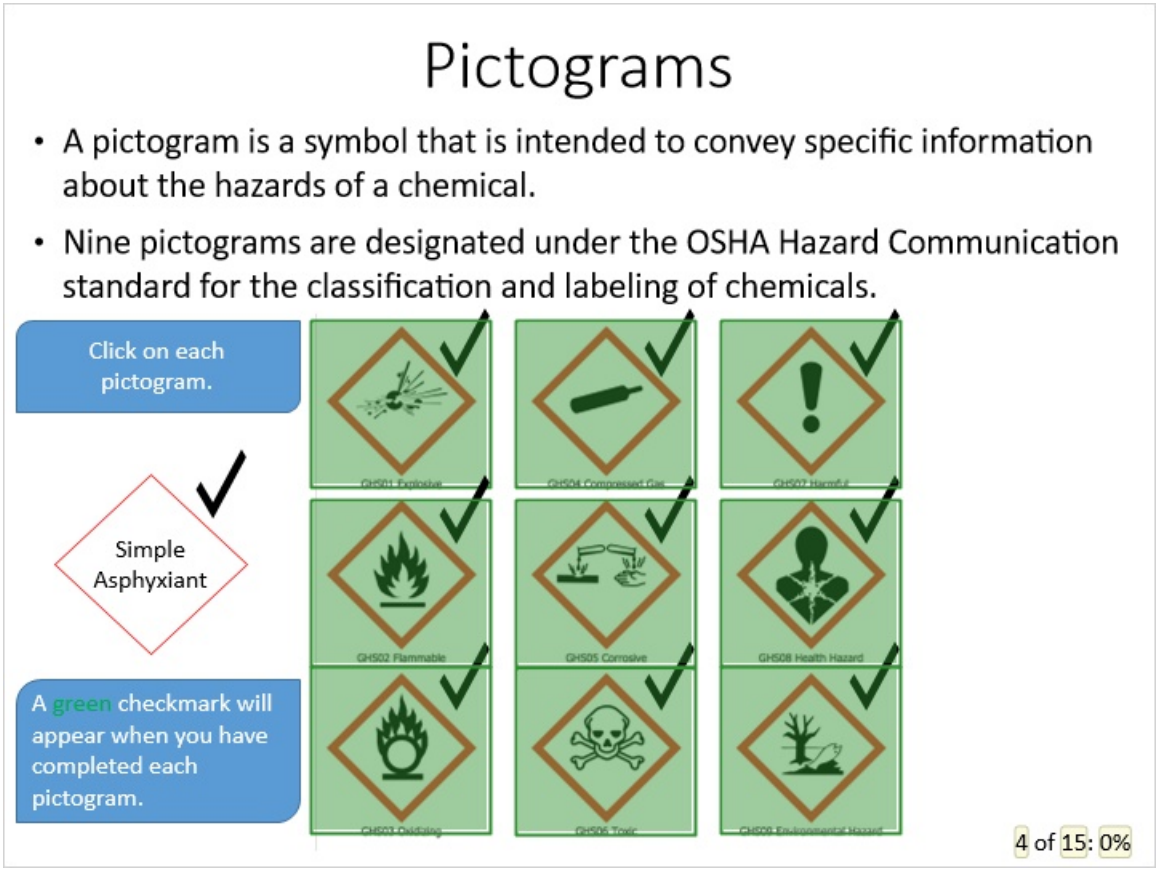
CompressedGas (Slide Layer)



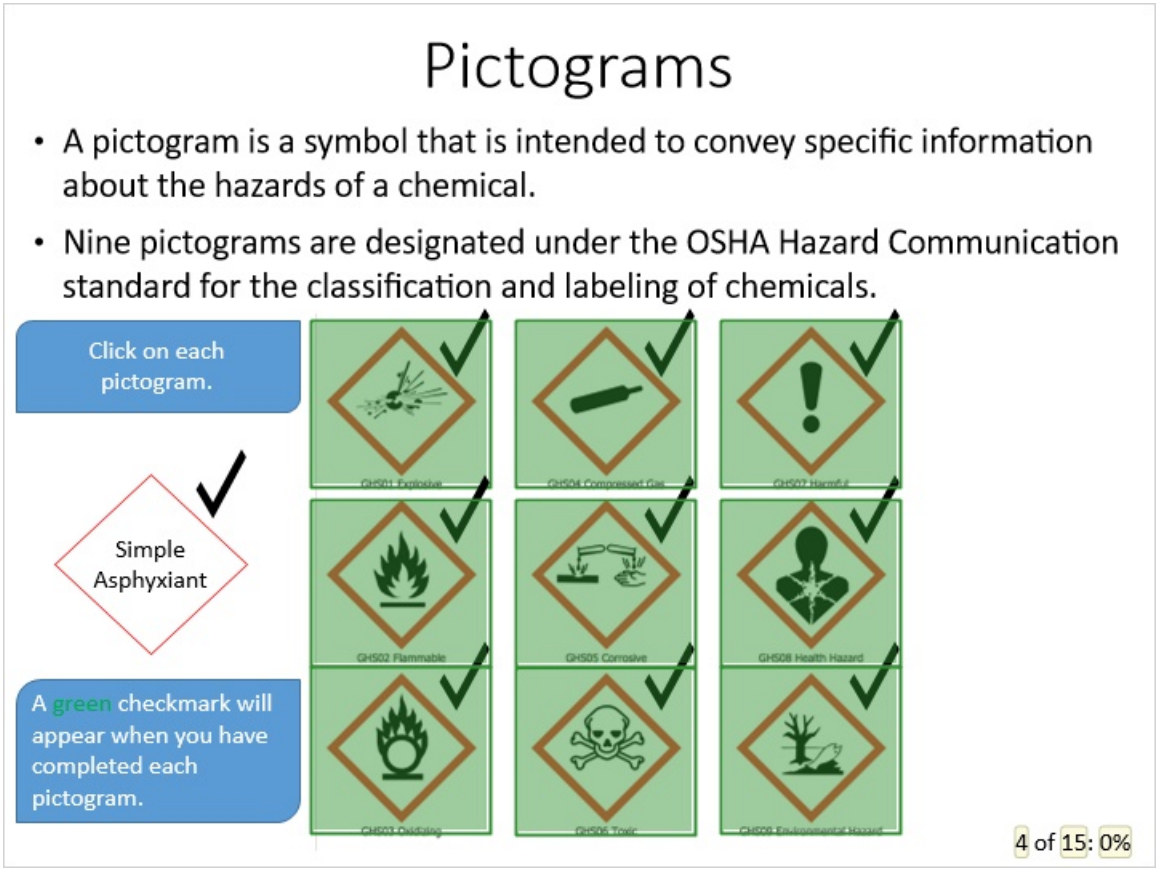
Corrosive (Slide Layer)



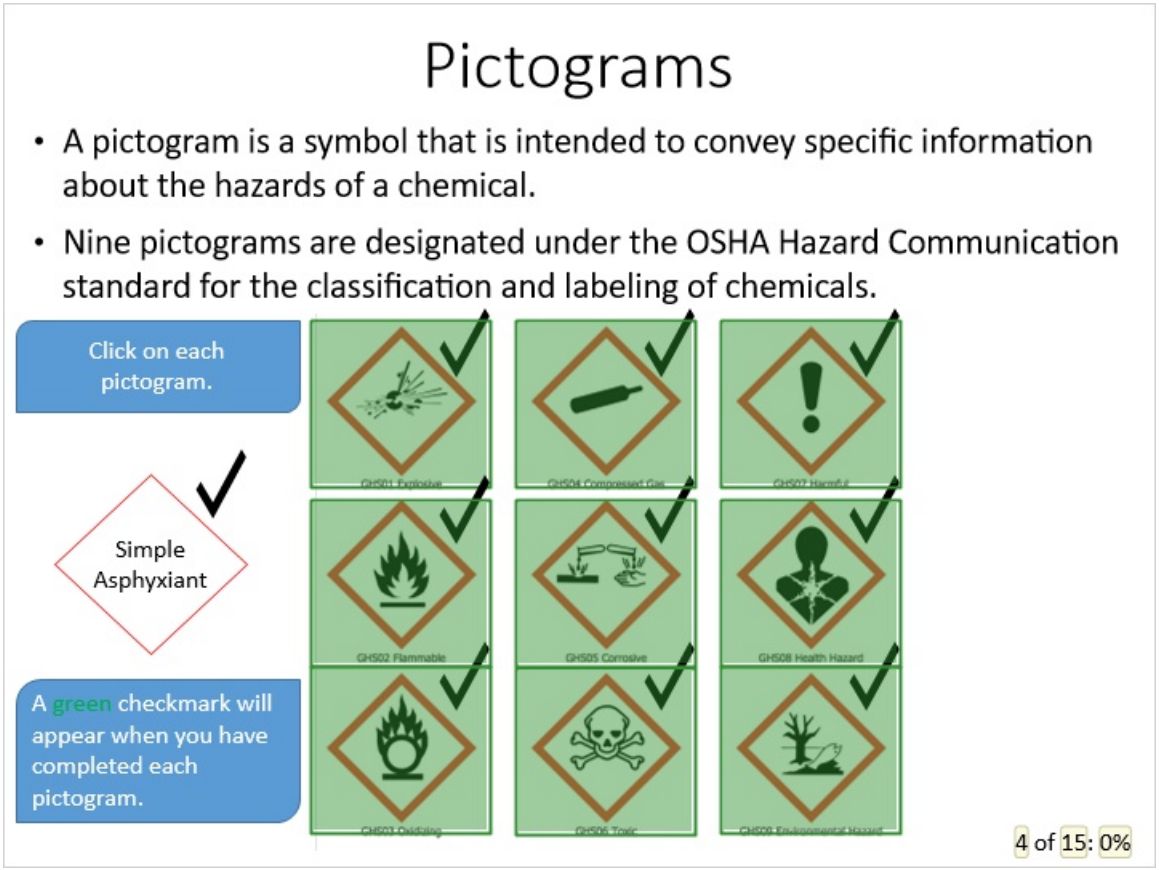
Toxic (Slide Layer)



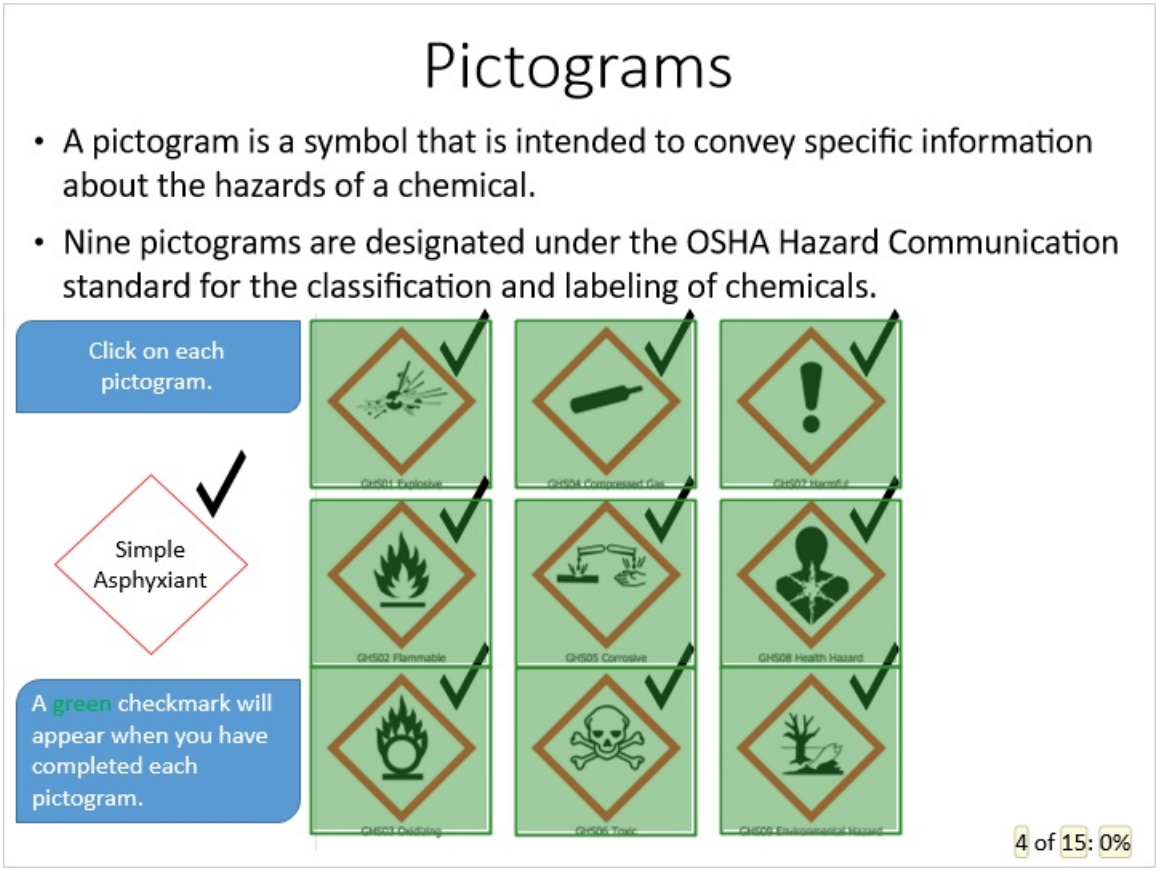
Harmful (Slide Layer)



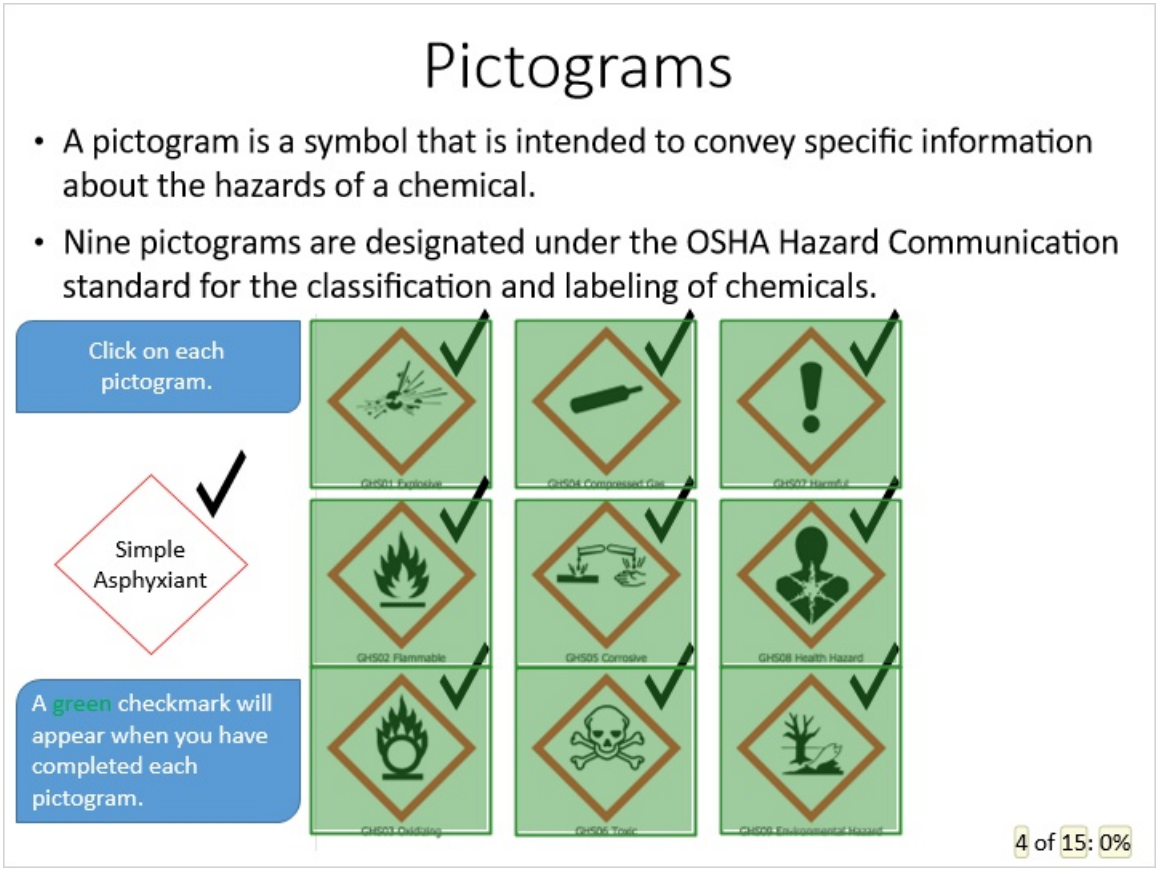
HealthHazard (Slide Layer)



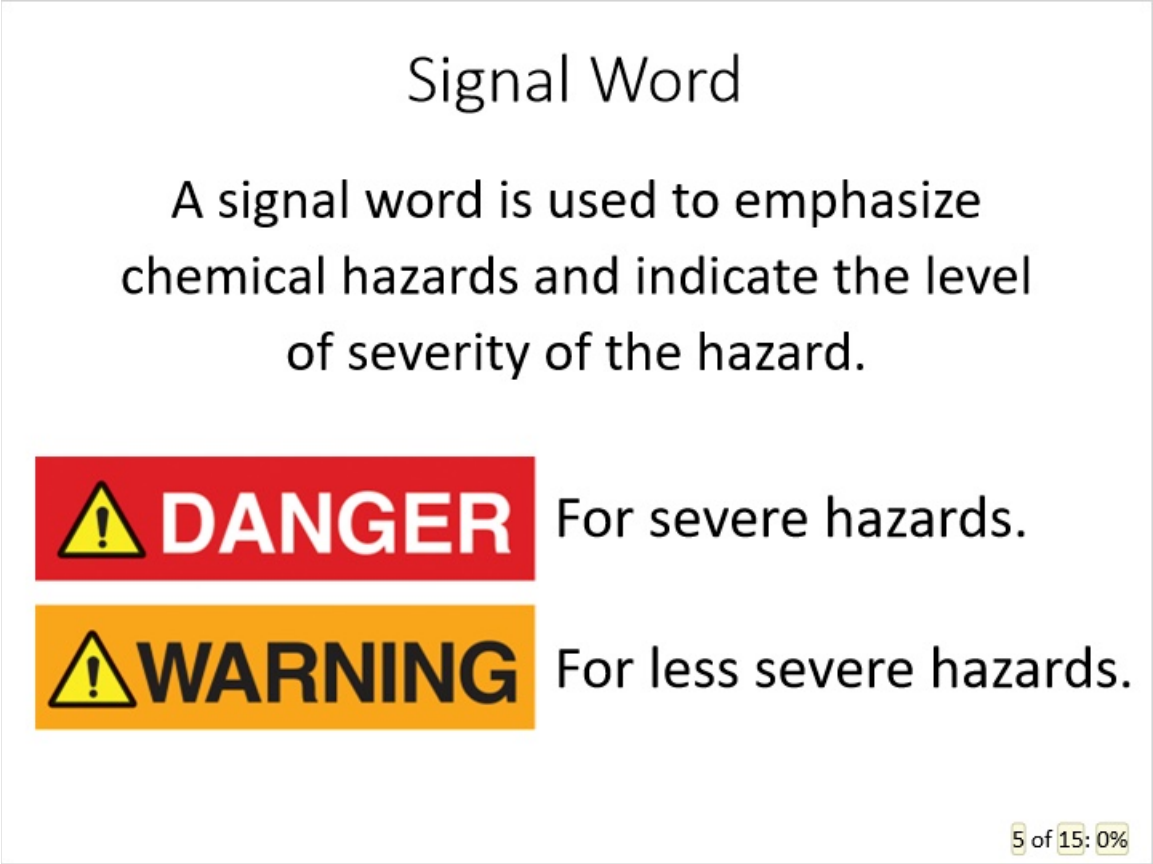
EnvironmentalHazard (Slide Layer)



SimpleAsphyxiant (Slide Layer)



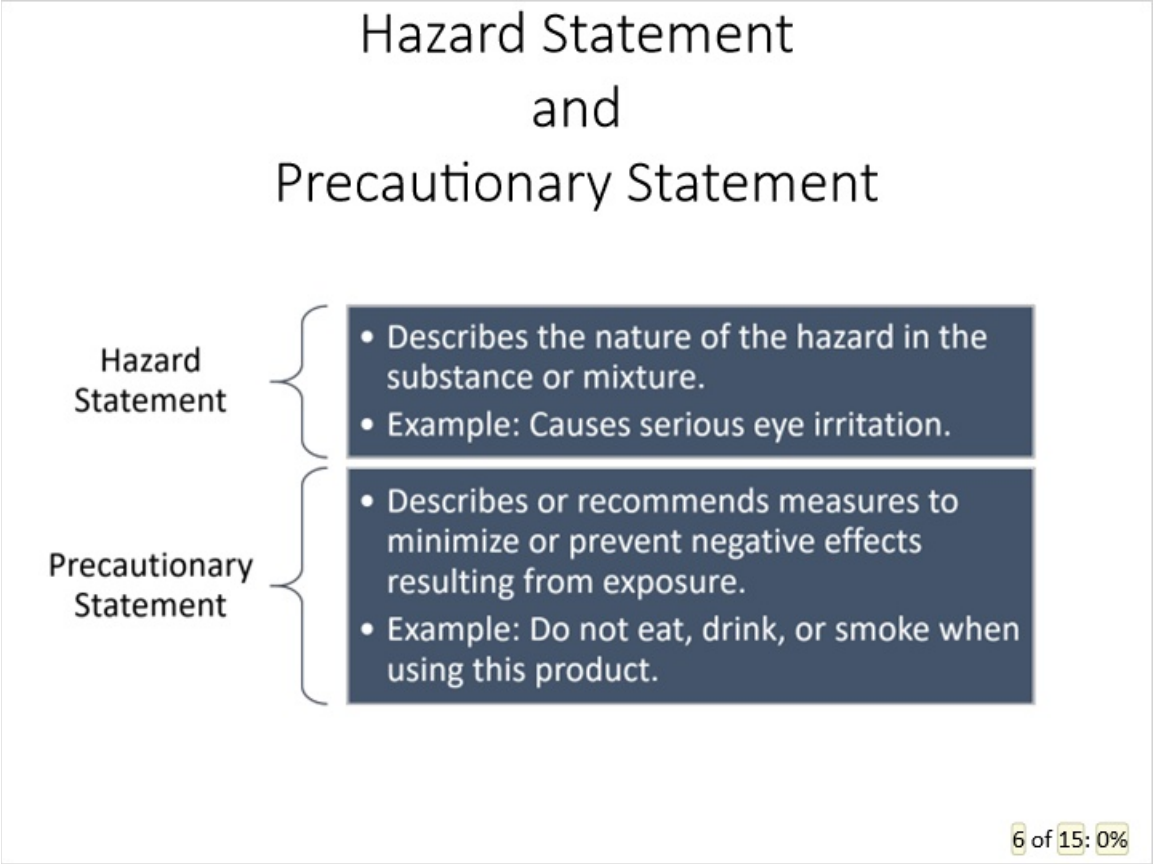
4.5 Signal Word



Notes:

A signal word is used to indicate the level of severity of a hazard. Severe hazards use the signal word “Danger”. Less severe hazards use the signal word “Warning”. Note that some chemicals, with low hazard severity, may not have a signal word at all.

4.6 Hazard Statement



Notes:

Labels and Safety Data Sheets also contain Hazard Statements and Precautionary Statements. Hazard statements are used to describe the nature of the hazard and correspond to the appropriate pictogram. An example Hazard statement is “Causes Serious Eye Irritation”. This hazard statement corresponds with the signal word “Warning” and the Exclamation Point Pictogram. Precautionary Statements describe actions to take to decrease the likelihood of an adverse event while using the chemical. For example “Do not eat, drink, or smoke when using this product”. This precautionary statement may be associated with a toxic material that is dangerous to ingest.

4.7 Safety Data Sheet

Notes:

In addition to the correct labels, every chemical in Catholic Health must have a Safety Data Sheet, or SDS. Do not bring any chemicals onsite without prior approval from your manager and the Health, Safety and Environment Department. All SDSs are stored on MSDS Online, available through the Catholic Health intranet page, for easy access and reference. SDSs must be in the GHS compliant format with the following 16 sections:

Section 1: Product Identification

Section 2: Hazard Identification (this section will include the signal word, pictograms, hazard statements and precautionary statements associated with the product or chemical)

Section 3: Product composition and ingredients

Section 4: First-Aid Measures

Section 5: Fire-Fighting Measures

Section 6: Accidental Release Measures

Section 7: Handling and Storage Requirements

Section 8: Exposure Control and Personal Protective Equipment (PPE) Requirements

Section 9: Physical and Chemical Properties

Section 10: Stability and Reactivity

Section 11: Toxicological Information

Section 12: Ecological Information (Not Regulated by OSHA)

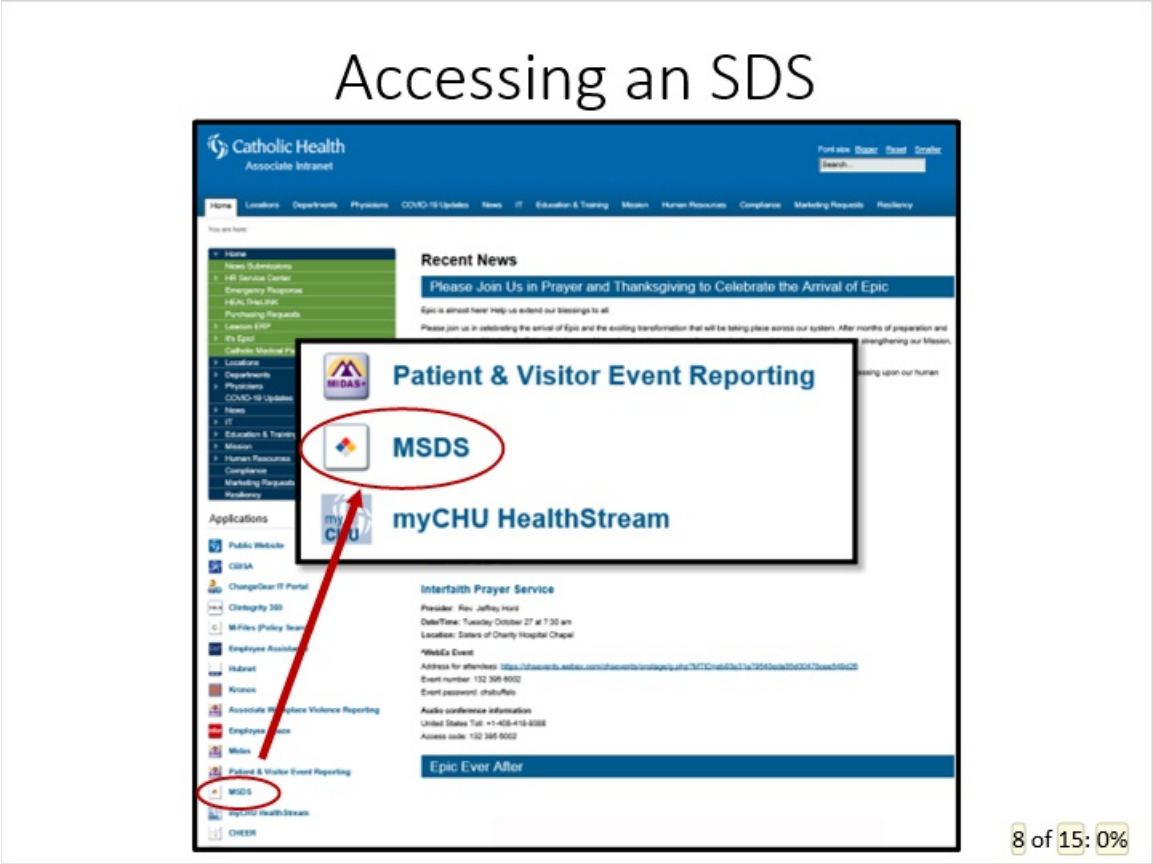
Section 13: Disposal Considerations (Not Regulated by OSHA)

Section 14: Transportation Information (Not Regulated by OSHA)

Section 15: Regulatory Information (Not Regulated by OSHA)

Section 16: Other Information

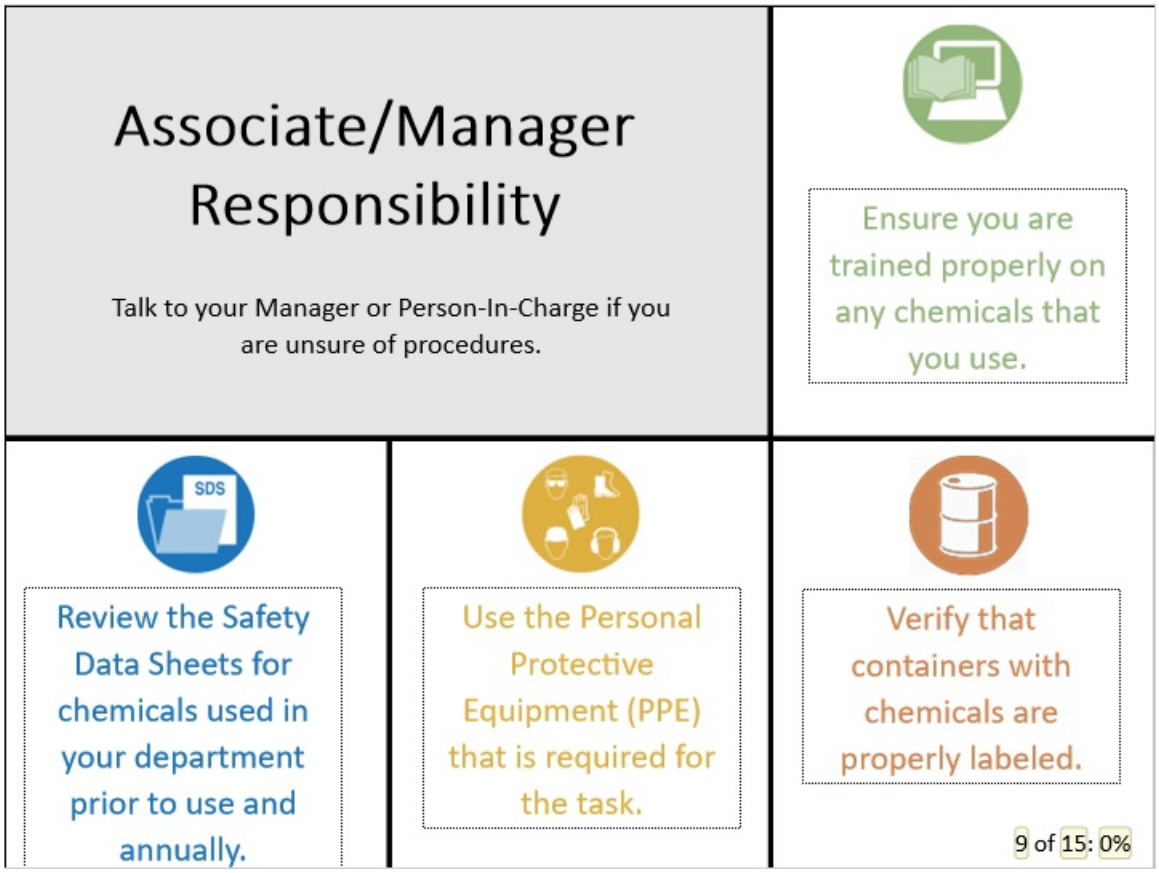
4.8 Accessing an SDS



Notes:

To Access an SDS, open the Catholic Health Intranet page, scroll down and click on “MSDS” in the left-hand column. A new MSDSOnline window will open and display a search bar. Type in the chemical or product name to find the corresponding SDS. Be sure to enter the name of the product or chemical as accurately as possible. You can also search for an SDS by location and department by selecting the “Locations” tab on the left side of the screen

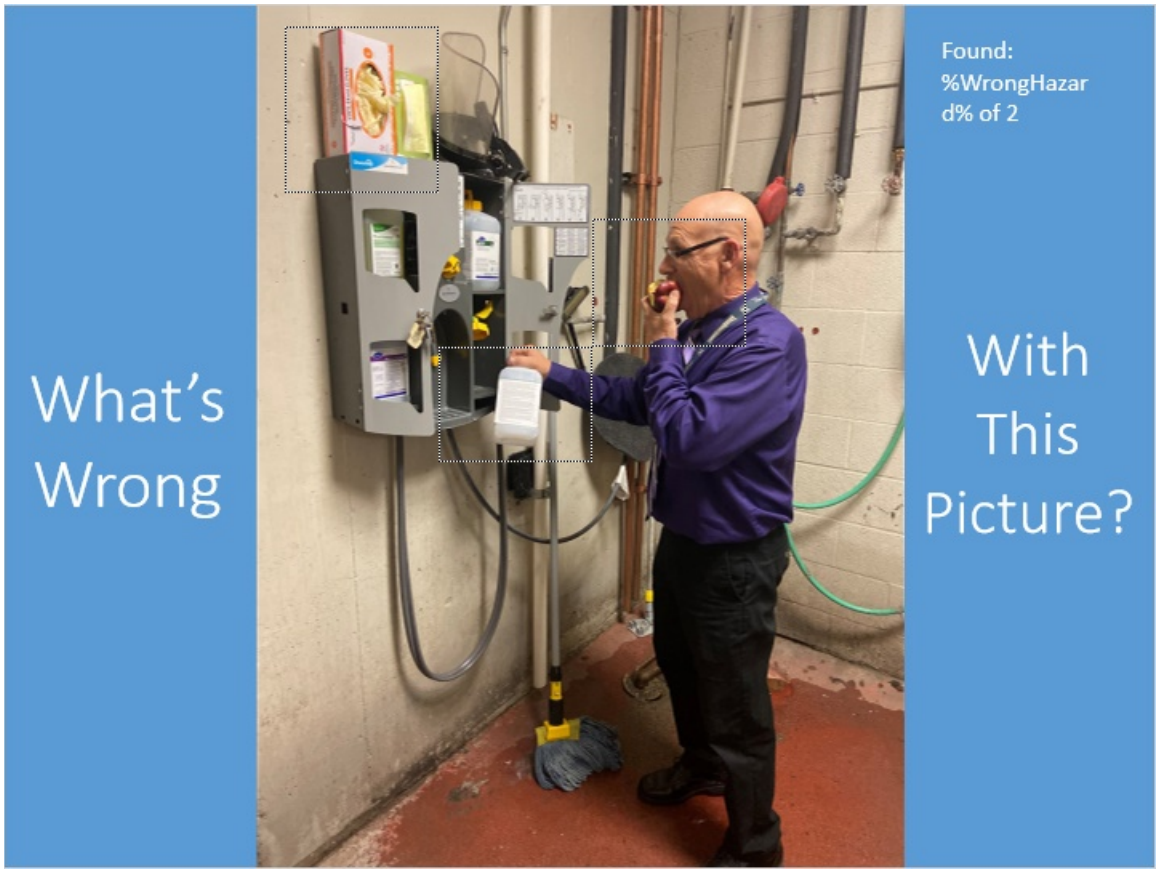
4.9 Associate/Manager Responsibility



Notes:

Let's review your roles and responsibilities related to the Catholic Health Hazard Communication Program. Before using any chemicals, be sure that you are properly trained, have reviewed the Safety Data sheet, and have the necessary controls and personal protective equipment in place. Always ensure that primary and secondary containers are properly labeled. Do not put any substance in an unlabeled container. Remember that chemical manufactures may update the SDS for their product, be sure to review the SDSs for the chemicals in your work area at least annually.

4.10 What's Wrong - Hazardous Area?

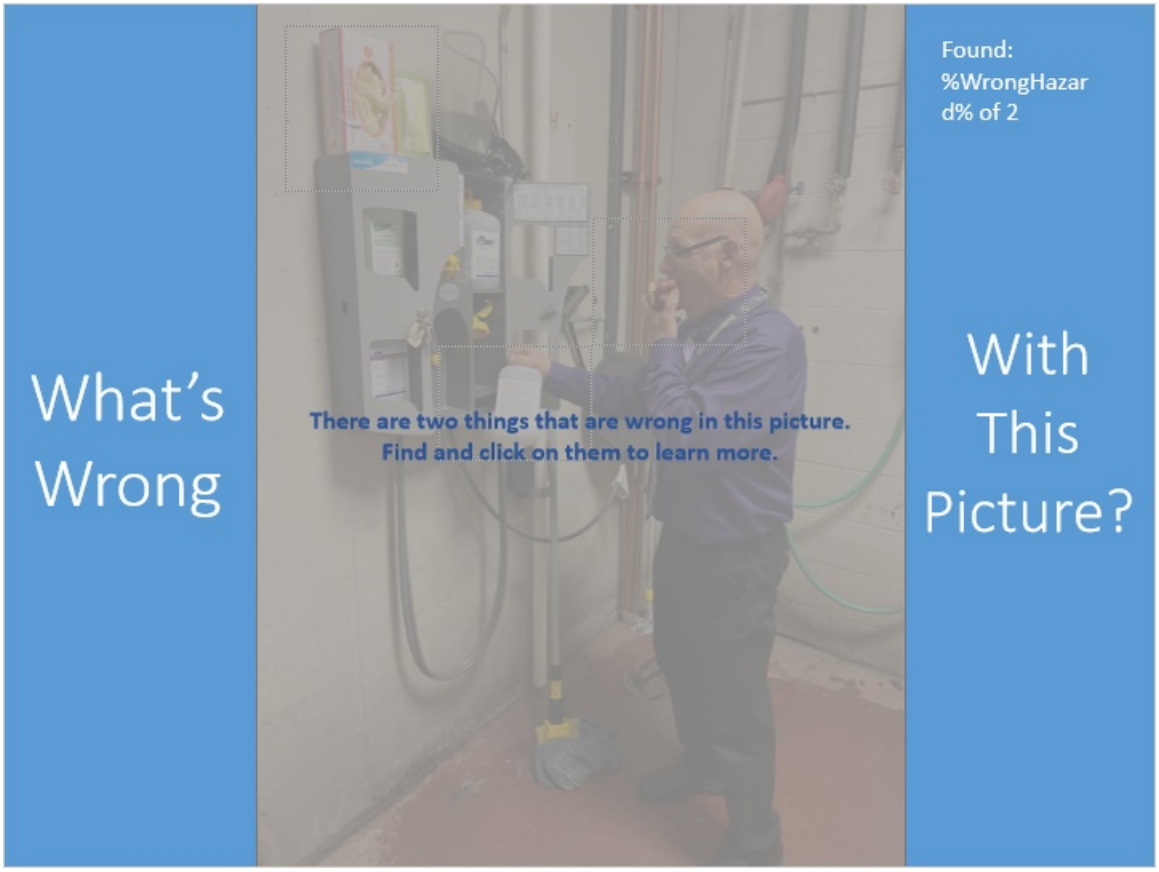


Notes:

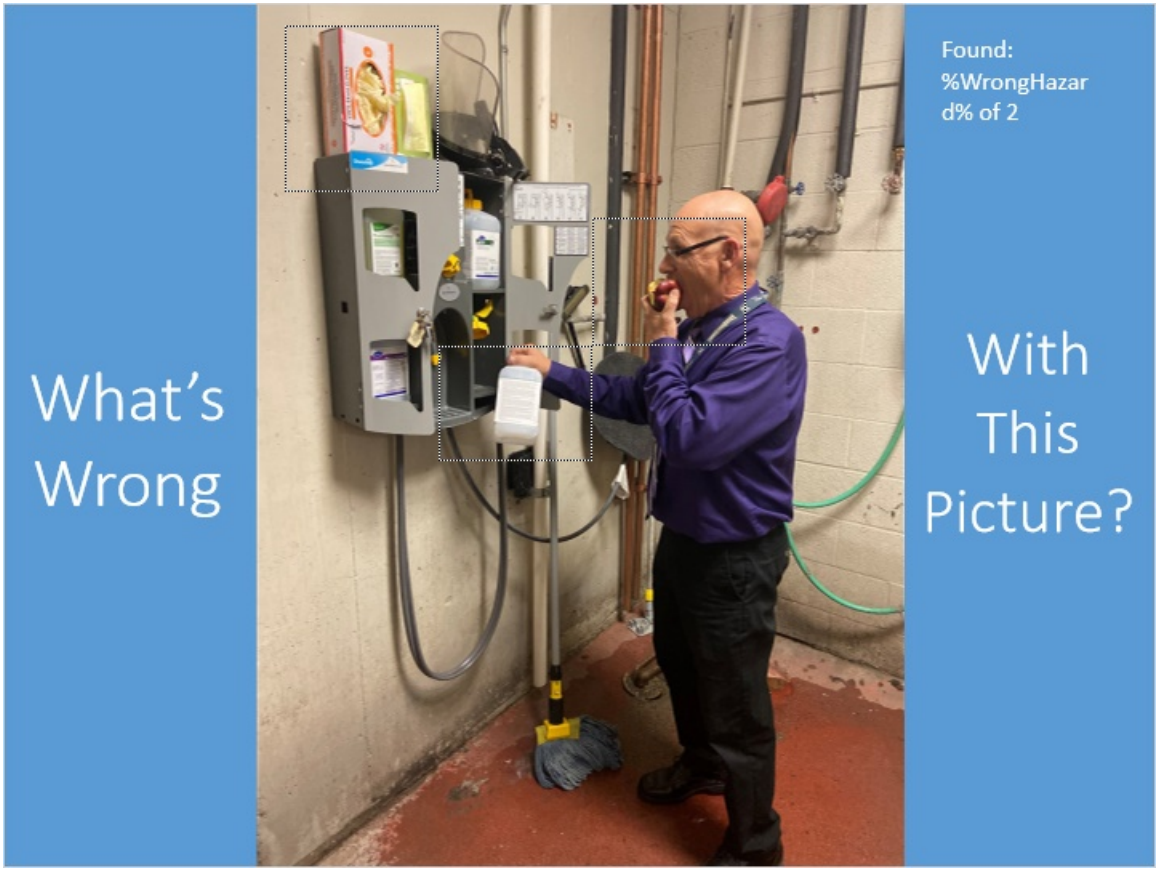
What's wrong with this picture?

- **Always wear the PPE for the task:** The correct PPE is readily available, but is not being worn. (#1 & #2)
- **Food or drink in hazardous areas:** Consumption of food or drink, as well as applying cosmetics, in unauthorized areas is not permitted. Many areas may be contaminated with blood or other body fluids, chemicals or other sources of exposure. Breakrooms and cafeterias are safe places for you to enjoy food or drinks.

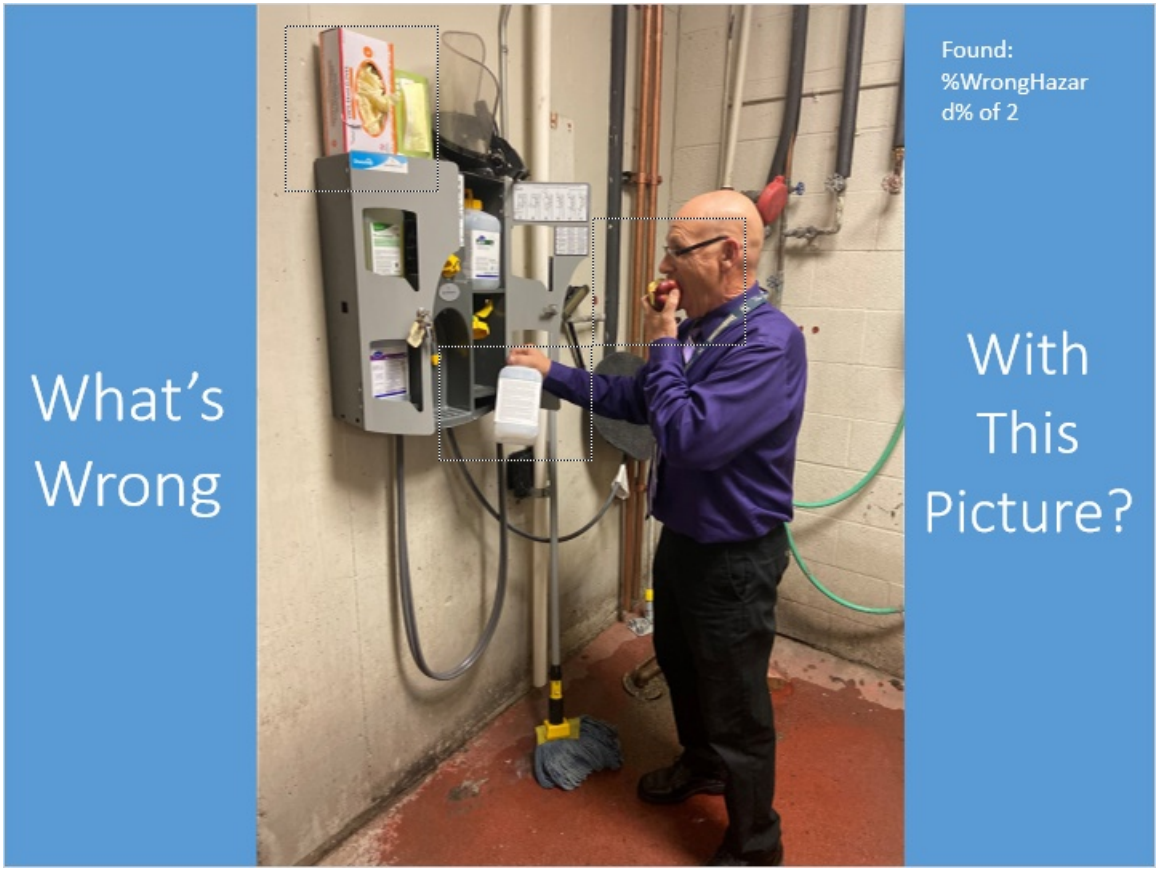
Intro (Slide Layer)



Food (Slide Layer)



PPE (Slide Layer)



4.11 Unit 3: Hazard Communication - Knowledge Check

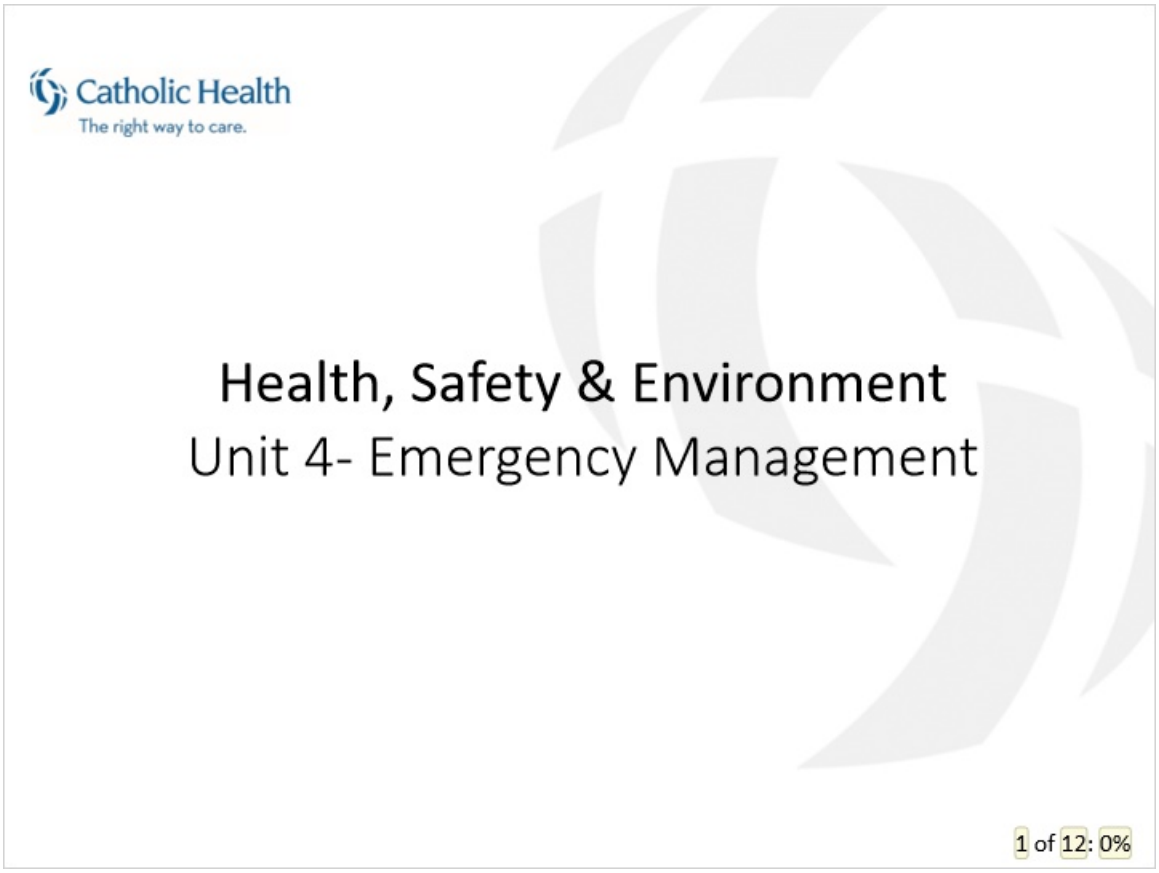
4.13 Unit 3: Hazard Communication - Knowledge Check

4.14 Unit 3: Hazard Communication - Knowledge Check

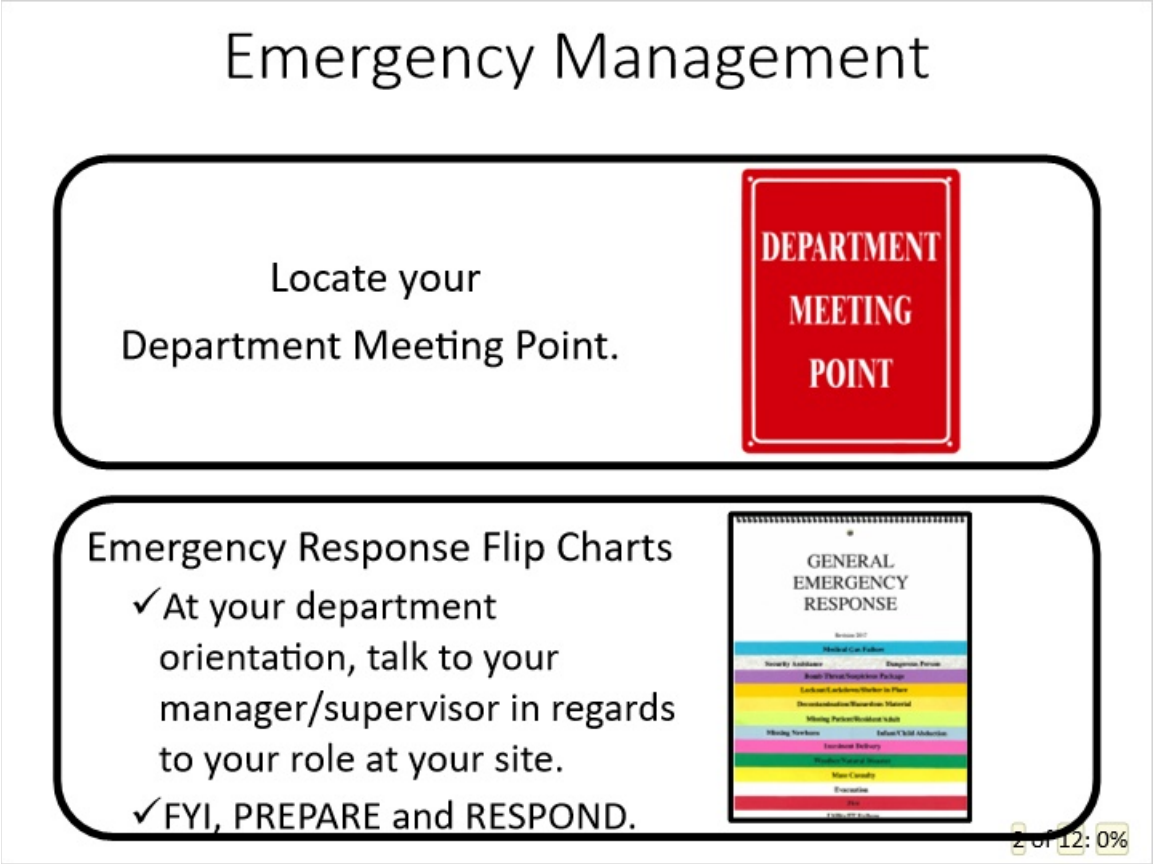
4.15 Unit 3: Hazard Communication - Knowledge Check

5. Unit 4- Emergency Management

5.1 Unit 4- Emergency Management



5.2 Emergency Management



Notes:

Healthcare staff play an important role in emergency preparedness and response efforts for all types of events, including natural or man-made disasters, pandemic outbreaks or terrorist attacks. The availability of healthcare services is essential to accommodate the surge in demand that accompanies an emergency or disaster.

When you get to your work location, be sure you can locate your department meeting point. Within Catholic Health, this is usually depicted by a red sign on the wall. This meeting point will serve as a gathering place for you and your colleagues to give and receive information during an emergency event.

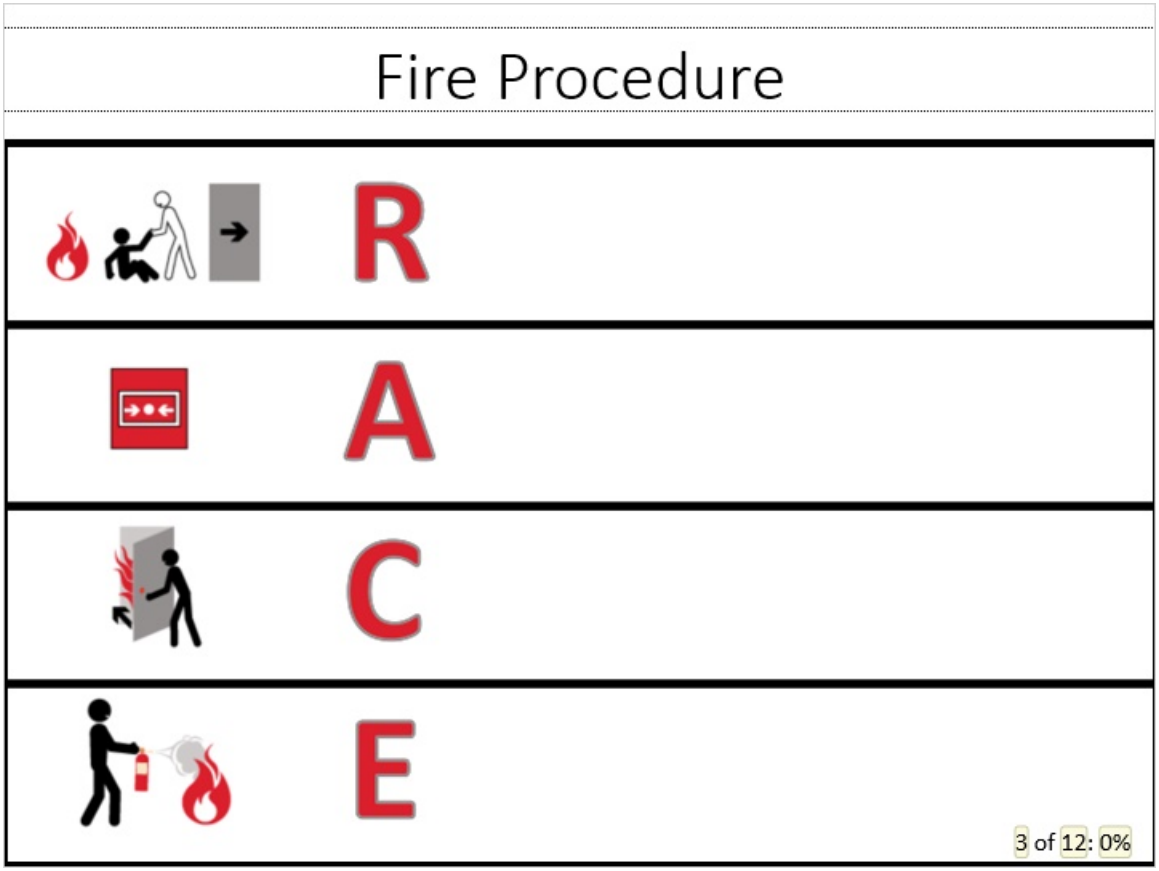
At the department meeting point, or close by, you should also find a copy of the emergency response flip cards. These cards act as a reference, giving brief directions for our response procedure in an emergency event. Take a

few minutes to find the flip charts and look them over. While we do not expect them to be memorized, we do need you to be familiar with them.

An activation level will be associated with every emergency response. The severity of the activation level is based on impact to our normal operations.

We use the terms FYI, PREPARE, and RESPOND to indicate these impacts. FYI is informational only, no action needed. Prepare means there is an event with the potential to impact patient care or operations. Respond means an event is actively impacting patient care or operations.

5.3 Fire Procedure



Notes:

One of the most common emergencies that you will encounter at work is a fire alarm activation. Any time the fire alarm is heard, it should be treated as

if there is a fire somewhere within the building. If you notice any of the warning signs of fire, such as visible flames or smoke, unexpectedly hot doors or walls or odor of smoke, activate our fire response plan. All fires, no matter how minor, should result in immediate action.

What is our fire procedure? The acronym RACE, R, A, C, E, will help you remember your basic responsibilities during a fire event.

R. The first step in the R.A.C.E. procedure is to rescue or remove patients and employees in immediate danger. All healthcare professionals should know the evacuation route in their area.

A. The second step of the R.A.C.E. procedure is to activate the fire alarm. If you are the first to discover the fire and the fire alarm has not been activated, immediately activate the alarm.

C. The purpose of closing doors and containing the fire is to limit the fire's access to oxygen. Close all doors to patient and storage rooms and make sure that the fire doors have automatically closed. Closing all doors helps prevent the spread of the fire and smoke to other areas.

E. Extinguish. If the fire is small and contained, you can extinguish it by using the correct type of fire extinguisher. Finally, only if absolutely necessary or if you are directed to do so, evacuate.

Fire Procedure - Content (Slide Layer)

Fire Procedure

R

“Rescue”

REMOVE ANYONE IN DANGER

A

“Alarm”

ACTIVATE THE NEAREST FIRE ALARM

CALL 55555 or 911

C

“Confine”

CONFINE THE FIRE

E

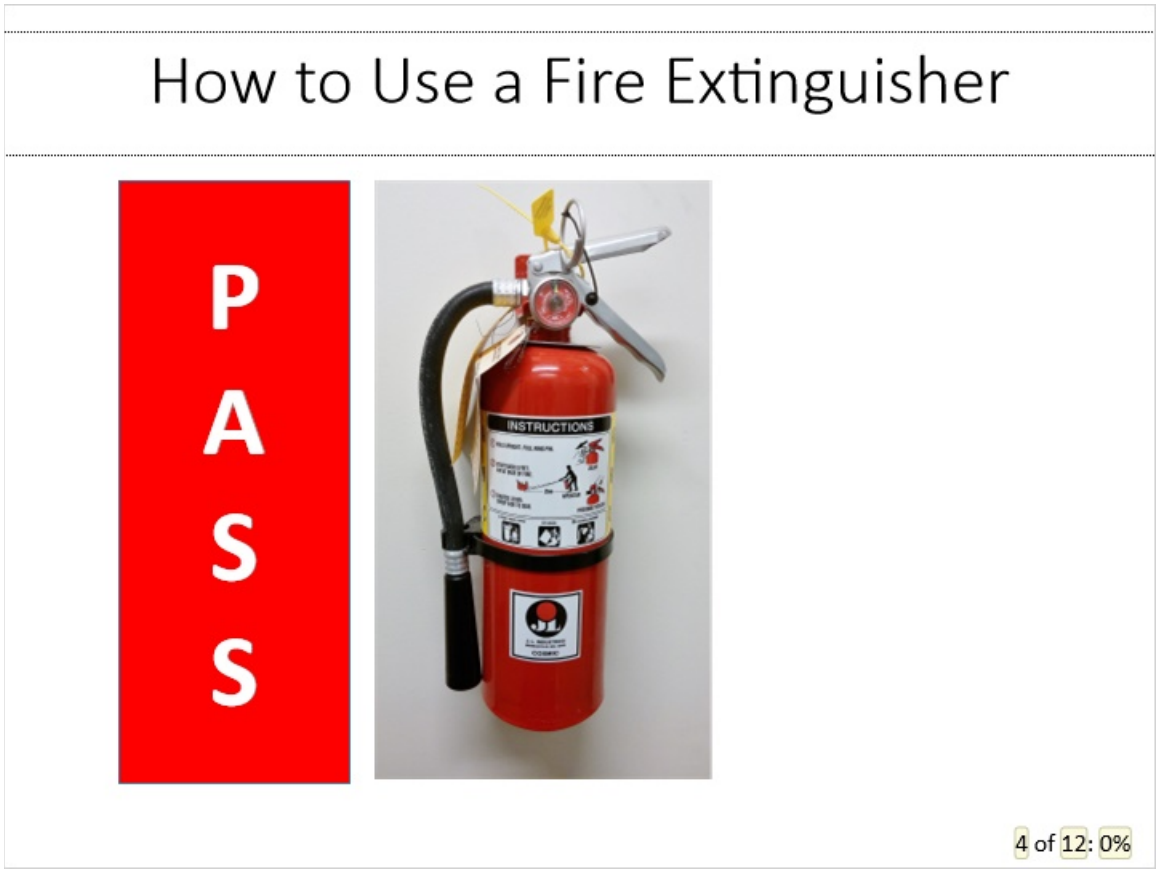
“Extinguish/Evacuate”

EXTINGUISH IF SAFE TO DO SO

EVACUATE IF DIRECTED

3 of 12: 0%

5.4 How to Use Fire Extinguisher



Notes:

The type of extinguisher used is based on hazards present in each location; however, the ABC extinguisher is most commonly found in the healthcare setting, as it is for all types of fire. There may be different extinguishers found around your facility that are specific to an area or use. Familiarize yourself with the extinguishers in your department when you arrive at your work location.

How to use a fire extinguisher.

There are just four basic steps to operating a fire extinguisher. The acronym PASS, P, A, S, S, is used to describe them.

Pull the pin. Pull pin at the top of the extinguisher, breaking the seal. When in place, the pin keeps the handle from being pressed and accidentally

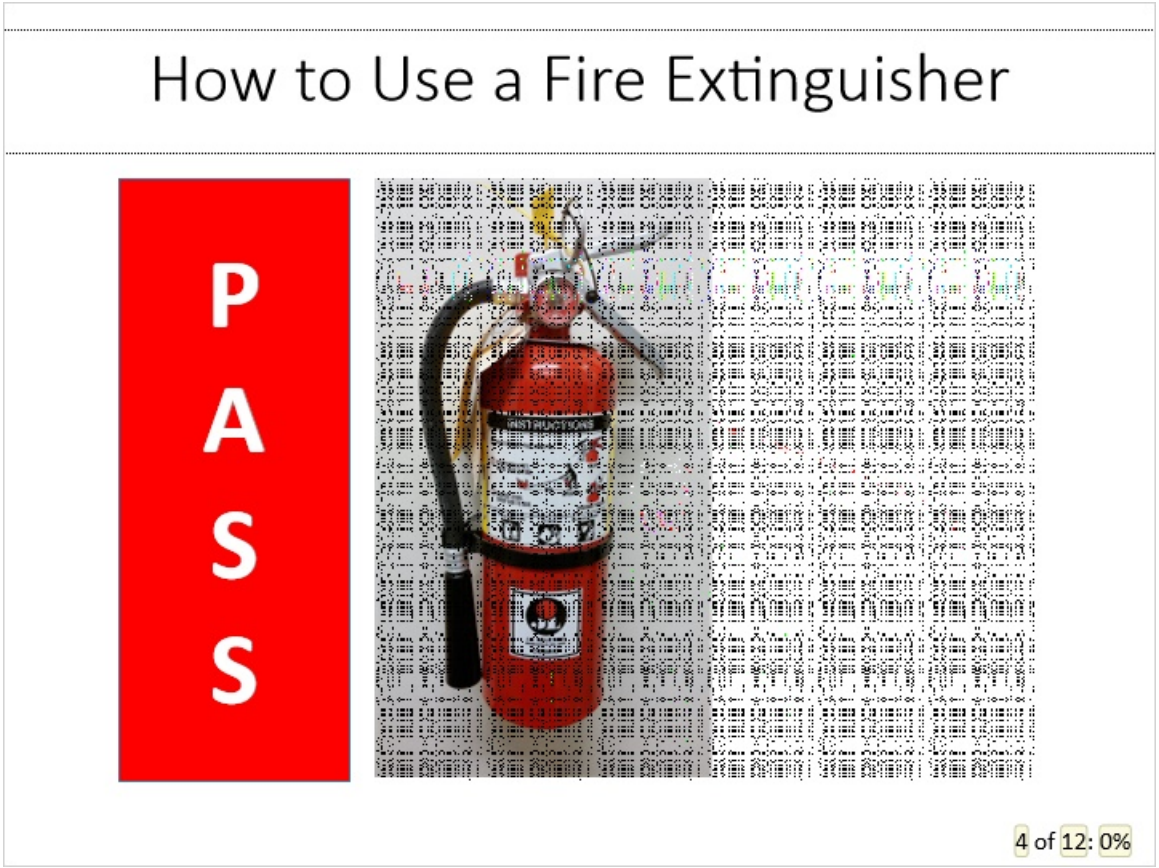
operating the extinguisher.

Aim. Approach the fire standing at a safe distance, about 8-10 feet away if possible. Aim the nozzle or outlet towards the base of the fire.

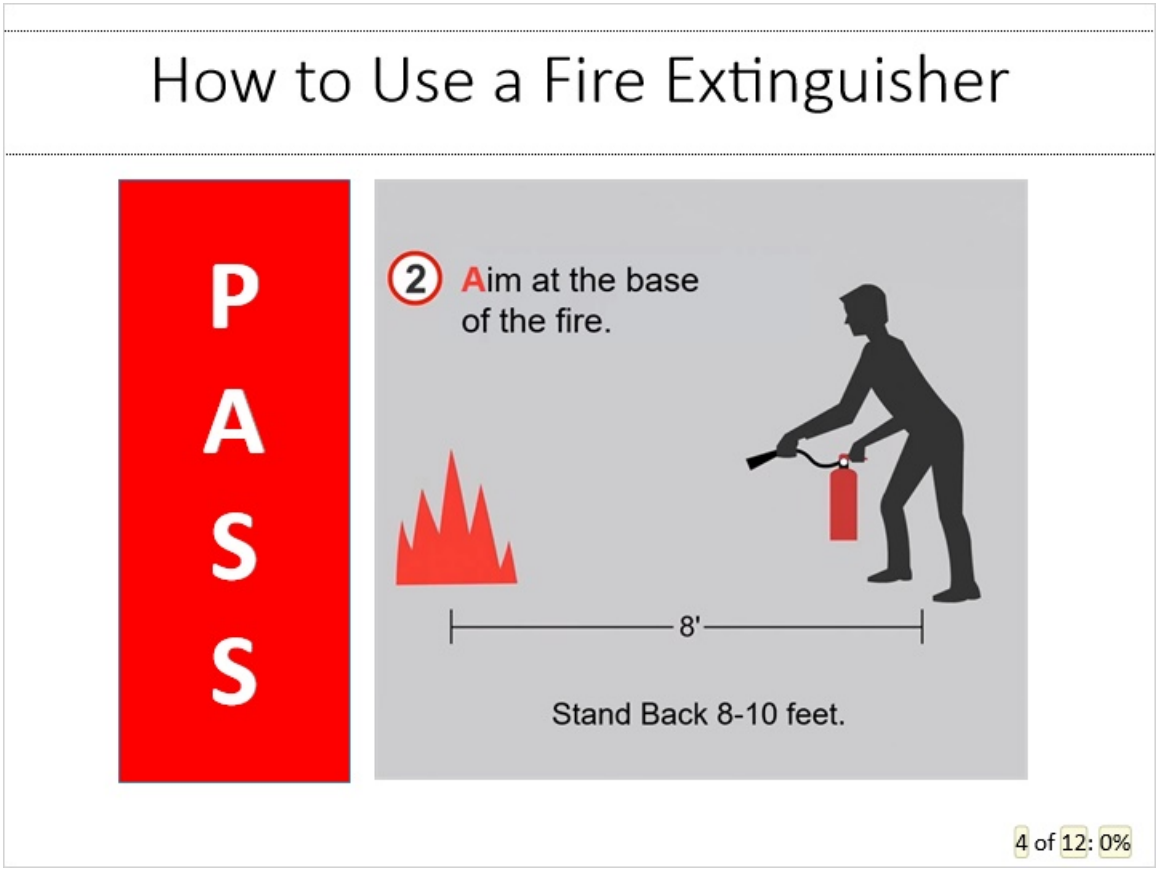
Squeeze. Squeeze the handles together to discharge the extinguishing agent inside. To stop discharge, release the handles.

Sweep. Sweep the nozzle from side to side as you approach the fire, directing the extinguishing agent at the base of the flames.

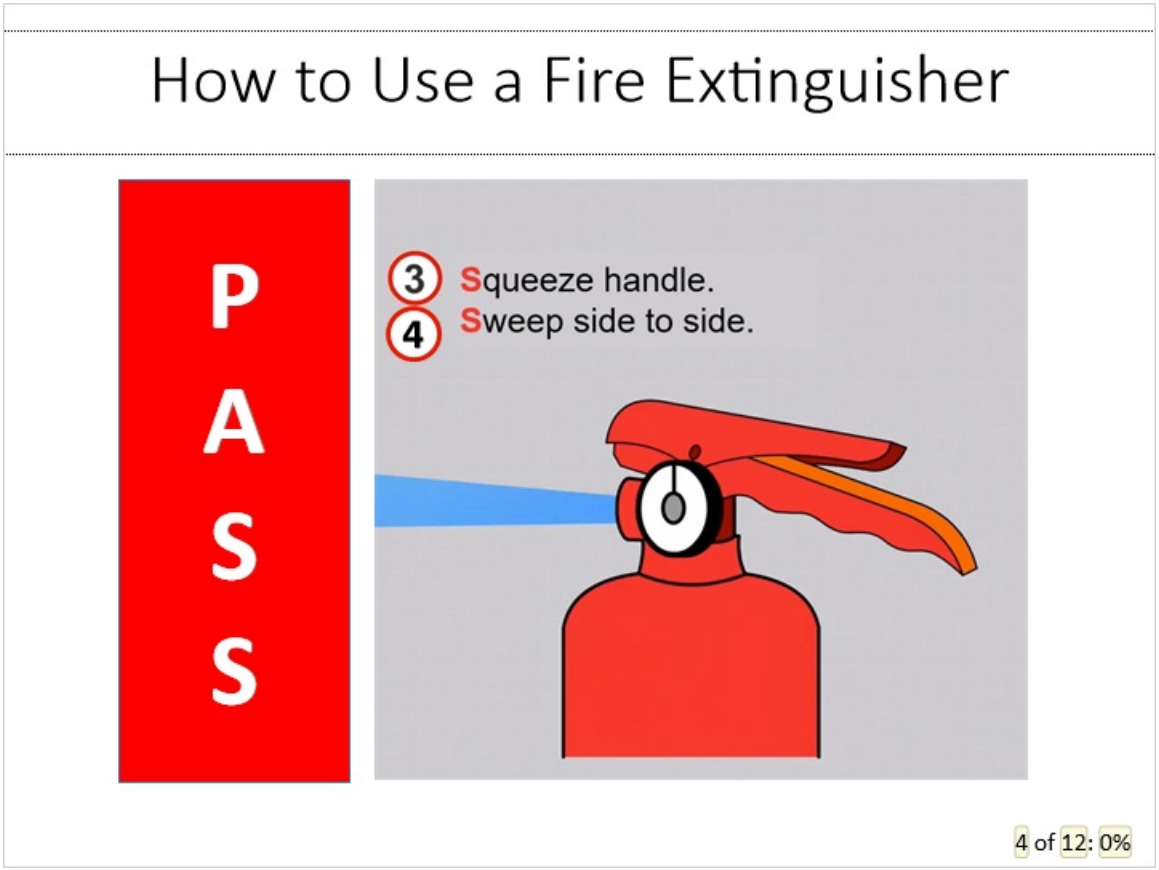
PullPin (Slide Layer)



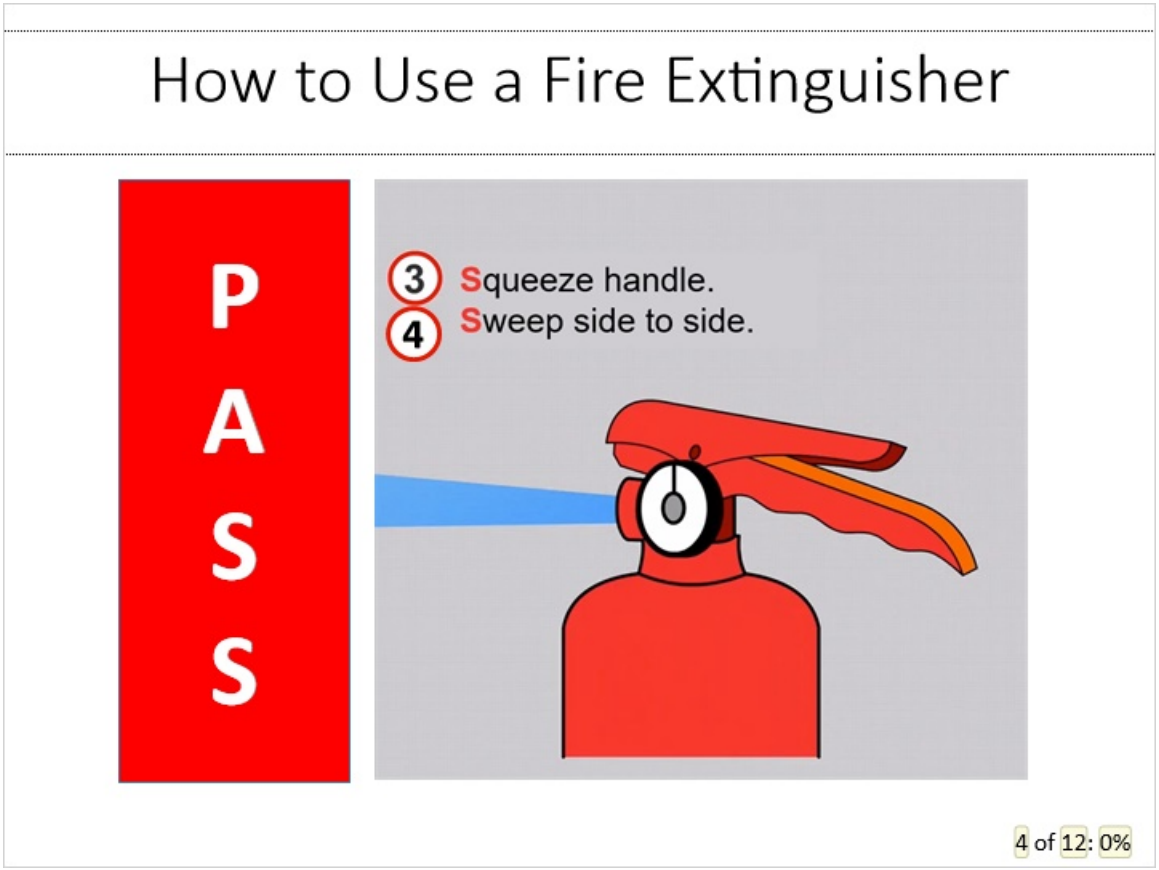
Aim (Slide Layer)



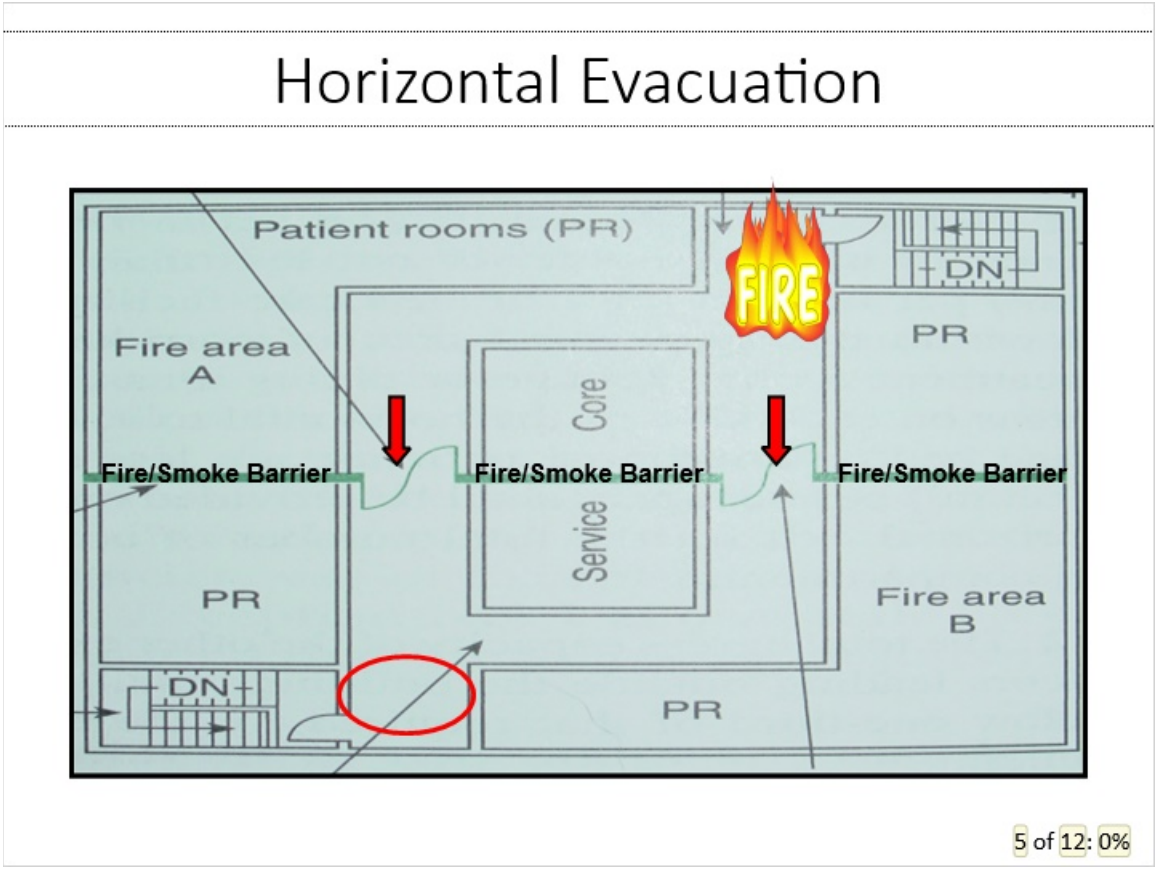
Squeeze (Slide Layer)



Sweep (Slide Layer)



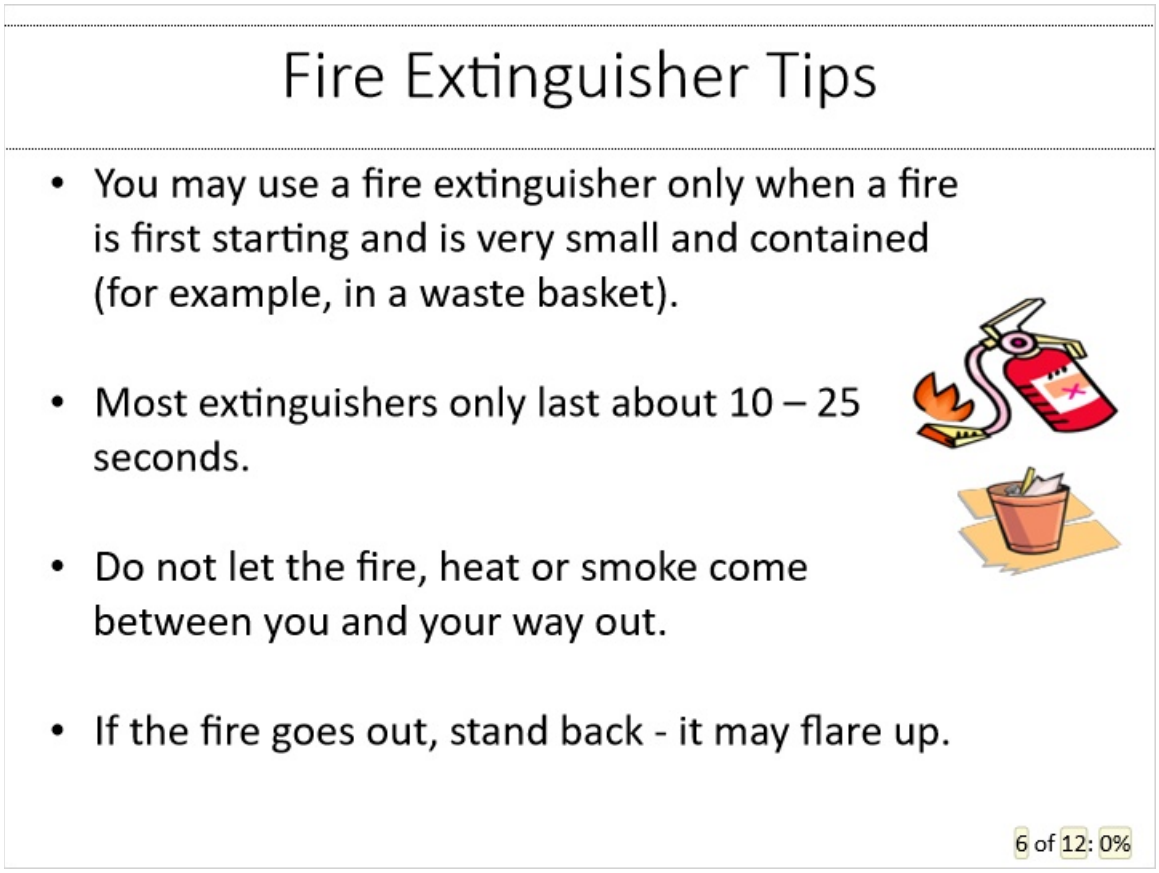
5.5 Horizontal Evacuation



Notes:

Horizontal evacuation means moving away from the area of danger to a safer place on the same floor. It is not practical or necessary for all patients, visitors and employees to evacuate down the stairs in a fire. If a horizontal evacuation is required, all occupants should move away from the area of imminent danger to a new smoke compartment. Smoke compartments are used to physically break up a floor area into smaller compartments, where you will be protected while firefighting operations occur. Identify the smoke compartment doors in your work area, when you arrive to your department. Horizontal evacuation should continue to adjoining smoke compartments until all horizontal movement has been exhausted. At this point, a vertical, or stairwell evacuation should be considered.

5.6 Fire Extinguisher Tips



Notes:

Fire extinguishers can be helpful in putting out fires, but they do have limitations.

You should only attempt to use a fire extinguisher when a fire is very small, such as one confined to a waste basket. A portable fire extinguisher is no match for a large or rapidly advancing fire.

Recall that ABC fire extinguishers are the most common type found in healthcare. These will only discharge for about 10-25 seconds before the extinguisher is empty.

Always stand between your escape route and the fire so you can leave safely if the fire grows out of control. If the fire does escalate, leave the area.

If the fire does extinguish, stand back. Many types of fires remain very hot and may continue to smolder or can flare up again. Fire residue often carries

enough heat to reignite.

5.7 What's Wrong - Emergency Management?

Notes:

What's wrong with this picture?

- Blocked pull station: In the case of a fire, you don't want any type of delay. A fire pull station can never be blocked for any length of time.
- Blocked fire extinguisher: It's important to ensure that the areas around fire extinguishers are completely free of obstructions, so employees can access this essential firefighting equipment as quickly as possible in the event of an emergency.
- Accessing above the ceiling: When anyone at a Catholic Health site needs to access above the ceiling, an "Above the Ceiling" permit is

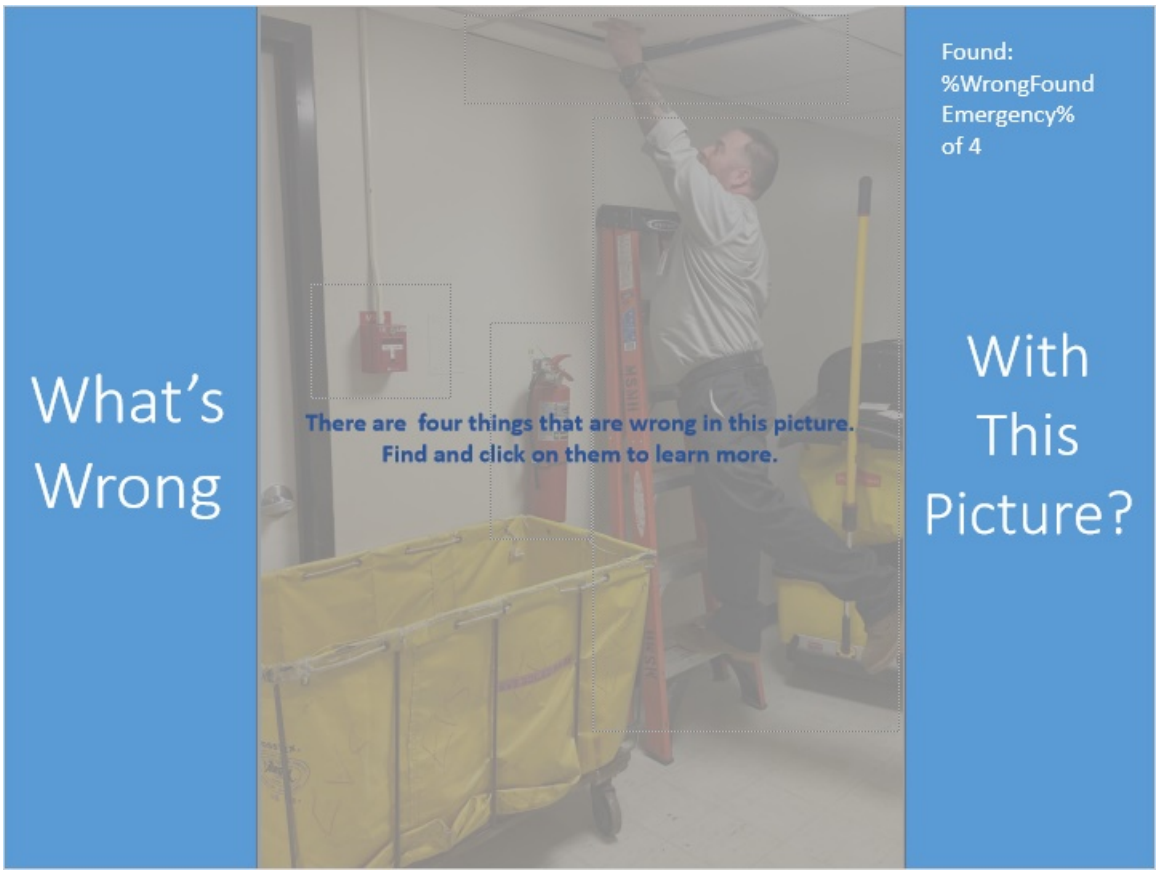
required. For more information, contact your site safety or facilities manager.

- Ladder use: Associates should rarely be working on elevated surfaces, unless it is part of your job. When ladder use is required, it is important to use it safely. Maintain three points of contact on the ladder. This means two hands and a foot or two feet and a hand should be touching the ladder.

A stepladder should never be used in a closed or partially closed position. It is not designed for this task.

Further, this entire hallway is full of clutter and a door is blocked. A corridor should never be substituted as a storage room.

Intro (Slide Layer)



PullStation (Slide Layer)

FireExtinguisher (Slide Layer)

Ceiling (Slide Layer)

Ladder (Slide Layer)

5.8 Unit 4: Emergency Management - Knowledge Check

5.9 Unit 4: Emergency Management - Knowledge Check

5.10 Unit 4: Emergency Management - Knowledge Check

5.11 Unit 4: Emergency Management - Knowledge Check

6. Unit 5: Security Awareness

6.1 Unit 5- Security Awareness

6.2 Workplace Violence

Notes:

Workplace violence is a national concern for every industry but especially for healthcare workers. Many workplace violence incidents go unreported because it is inaccurately considered part of the job. Both physical violence and threats of physical violence, as well as verbal abuse, can cause significant psychological trauma and stress.

Violent incidents come from a variety of sources, including distraught family members, gang violence, domestic disputes and co-worker bullying. However, the number one source comes from the patient themselves.

Many healthcare workers consider accepting violence to be a part of their job responsibilities. Patients are often altered due to the nature of their illness or injury and can cause unintentional injuries to their caregivers.

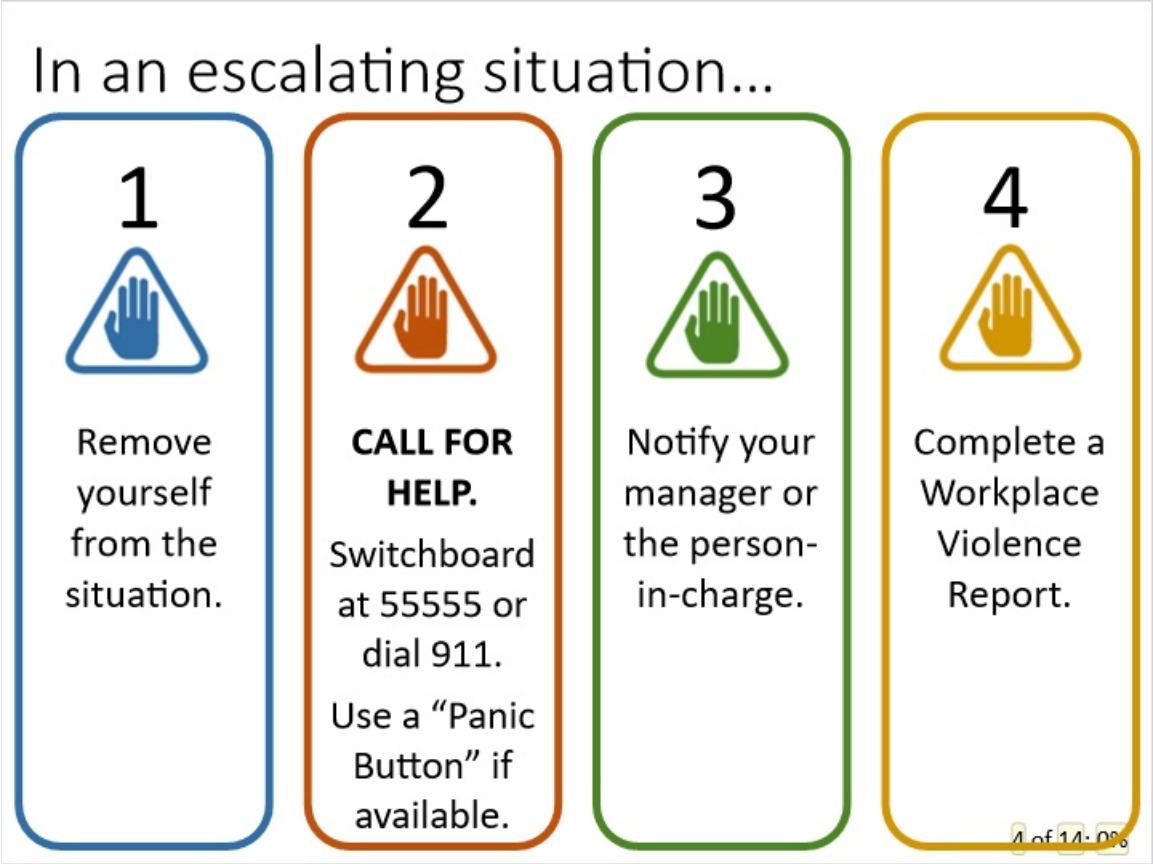
6.3 Workplace Violence

Notes:

While healthcare workers make up just 9% of the U.S. workforce, the industry experiences nearly as many violent injuries as all other industries combined.

In whatever capacity you work at Catholic Health, workplace violence is never an expectation of your job. While we believe that all people should be treated with respect and dignity, there is a zero tolerance policy in place for all forms of aggression.

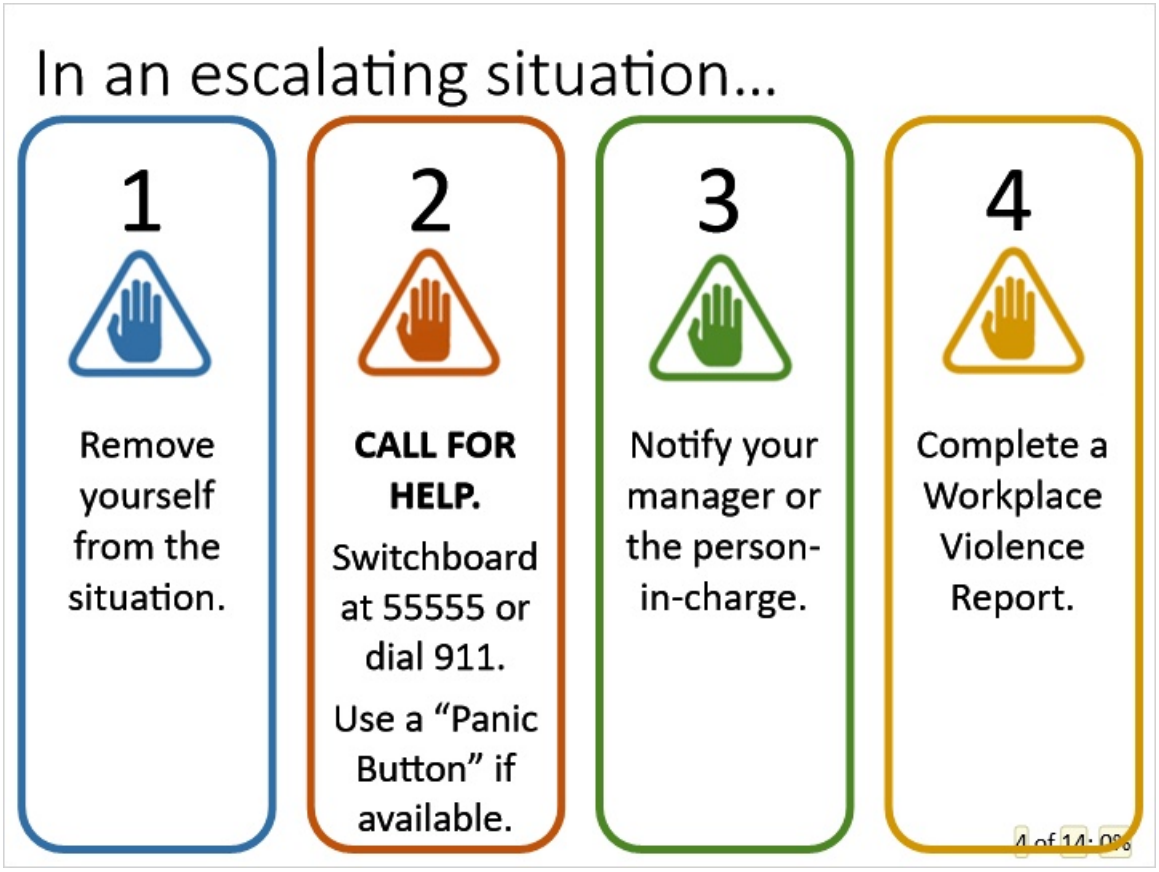
6.4 In an escalating situation…



Notes:

In the event that you are in an escalating situation, do not hesitate to remove yourself from the area. If appropriate, call for help by activating a panic button, dialing 55555 or calling 911. We ask that any associate who feels they have experienced a workplace violence event to notify your manager or the person in charge as soon as possible. They can help guide you on next steps, which will include completing a workplace violence report available on Midas. In addition, all associates are encouraged to enroll in one of our Workplace Violence education programs, which offer much more in depth information and training.

In an escalating situation… - Content (Slide Layer)



6.5 Dangerous Person

Notes:

Catholic Health defines a Dangerous Person as someone making threatening actions or displaying a weapon. This is an active threat to health and life safety, can occur without warning, and has the potential to cause serious injury or death.

Dangerous person events in a healthcare setting present unique challenges. Healthcare workers may be faced with decisions about leaving patients and patients or staff may not be able to evacuate due to age, injury, illness or a medical procedure in progress. These events are unpredictable and typically evolve very quickly. As such, there is no single best method to respond to a dangerous person incident, but prior thought and planning will allow you to choose the best options available, should you ever be in such a situation. If you see something or someone suspicious or out of place, do not be afraid to say something. Alert security to investigate.

6.6 Run, Hide, Fight

Notes:

Understandably, this is a sensitive and difficult topic. Upon seeing or hearing a weapon in their work area, individuals are to take immediate action to help protect themselves and others. For those that may be involved in direct contact with a Dangerous Person, you will have to decide what actions are appropriate based on your location and position.

Upon recognizing a Dangerous Person situation at Catholic Health, as soon as you are able, call 911, in an area that is safe to do so. Communicate your location and any additional details related to the incident. At Catholic Health, we will follow the run, hide, fight method.

Run, if you see a weapon or hear shots fired in your area.

- Get out of the area if possible and safe to do so.

- Do not intervene or try to negotiate.

Hide, if evacuation is not possible.

- If you cannot get away from the immediate area of danger, hide under a desk or behind a large object.

- If able, go into a nearby room and lock the door or block with anything heavy.

- Turn off all lights.

- Silence cell phones and pagers.

- Hide quietly behind large items in the room.

- Identify potential exit routes or possible weapons to use should the assailant enter the room.

Fight, if physically confronted

- This should be a last resort and only when your life is in imminent danger.

- Be prepared to act decisively, using equipment that you might have access to such as fire extinguisher, sharp objects, chairs, etc.

- Confront the armed person as a team, if possible.

Run, Hide, Fight - Content (Slide Layer)

6.7 Armed! Are You Ready?

Notes:

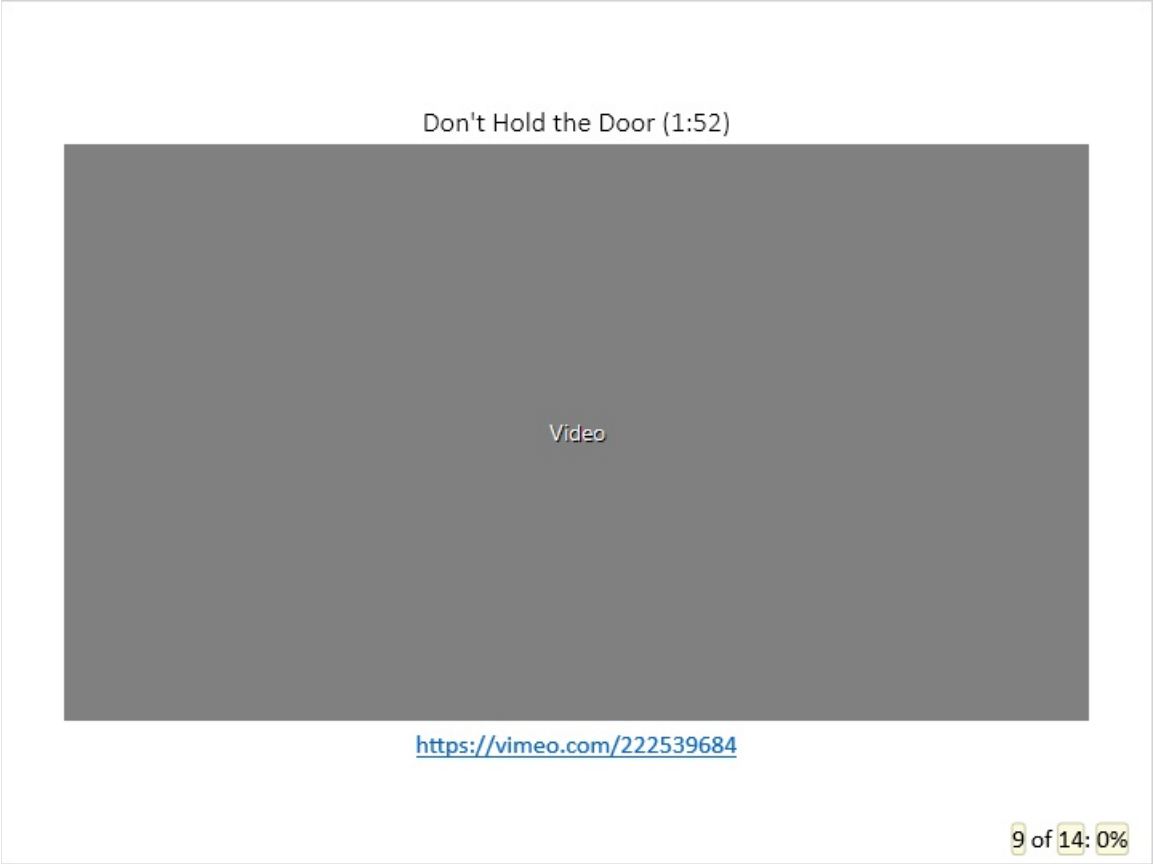
This video is an enactment of an evolving dangerous person situation, specifically developed for training healthcare organizations. It depicts the run, hide fight method just described.

6.8 Piggybacking and Tailgating

Notes:

In the process of tailgating or piggybacking, a person follows an authorized individual into a secure or restricted space.
Tailgating is when an unauthorized person follows an authorized person into a secure or restricted area WITHOUT the consent of the authorized person. Tailgating happens when strangers in hospitals tag-along behind personnel to gain access to secure areas.
Piggybacking is when an unauthorized person follows an authorized person into the secure or restricted area WITH the consent of the authorized person. Piggybacking happens when we choose to hold doors, rather than allow each individual to swipe their ID badge for their own access.

6.9 Don't Hold the Door



Notes:

This video, entitled “Don’t hold the door,” depicts how being nice can easily lead to unauthorized hospital access.

6.10 Unit 5: Security Awareness - Knowledge Check

6.11 Unit 5: Security Awareness - Knowledge Check

6.12 Unit 5: Security Awareness - Knowledge Check

6.13 Unit 5: Security Awareness - Knowledge Check

6.14 Unit 5: Security Awareness - Knowledge Check