

ENVIRONMENT OF CARE/SAFETY MANAGEMENT

Fire or Smoke in your area (Code Red)

1. Locate the fire extinguishers and red fire alarm pull boxes on your unit. In case of fire or smoke in your area, do not shout "FIRE!", stay calm.
2. R.A.C.E:
 - a. REMOVE - Get everyone away from immediate danger.
 - b. ALARM - Activate the alarm by pulling lever on nearest red alarm box.
Or using nearest phone:
Dial 1111
Dial 6911
Dial 911 (Pathways and other Off-Site facilities).
Upon answer, explain you have a Code Red and give location.
 - c. CONFINE - Close doors and windows to keep fire and smoke from spreading.
 - d. EXTINGUISH - Attempt to extinguish the fire if it's small and confined.
Use the fire extinguisher properly (PASS).
 - a. PULL the pin.
 - b. AIM the extinguisher low, point the nozzle at the base of the fire.
 - c. SQUEEZE the handle to release the extinguishing agent.
 - d. SWEEP back and forth as you walk backward away from the area.

Electrical Equipment Safety

- 1 Check connections and cords for the following:
 - a. Be alert for damaged cords, plugs, and outlets.
 - b. Avoid using extension cords.
 - c. Keep cords out of the way of traffic.
- 2 Use Equipment Safety:
 - a. Read and follow all instructions posted on equipment.
 - b. Don't put anything wet on electrical equipment.
 - c. Turn equipment off before unplugging.
 - d. Always unplug by pulling the plug, not the cord.
 - e. Don't use any equipment that sparks or gives the slightest shock.
 - f. Never try to repair equipment - contact Biomedical or Engineering.
- 3 Electrical equipment brought in by patients, i.e. hair dryers, electric razors, etc.
 - a Any equipment brought in from home by patients must be assessed by the Engineering department for safety prior to patient using item.

Blood Borne Pathogens and Personal Protective Equipment

1. Exposure to blood borne pathogens can occur through: contact with broken, chapped, or cut skin; needle stick injuries; and contact with mucous membranes.
2. The medical center maintains a Universal Precautions policy.
3. Personal protective equipment helps you practice universal precautions and is one of your best defenses against exposure to infectious materials. When you use the appropriate personal protective equipment, and use it correctly, you can significantly reduce your risk of infection.

When using personal protective equipment, be sure it:

 - a. Fits properly each time you use it.
 - b. Provides you with the protection you need. It should not allow blood or other potentially infectious materials to pass through or reach your clothes, skin, eyes, mouth, or other mucous membranes.
4. Anne Arundel Medical Center provides the following personal protective equipment for your safety:
 - a. Gloves - powered/powder-free/latex-free
 - b. Face masks
 - c. Particular respirator face masks (to be used with respiratory isolation)
 - d. Face shields
 - e. Goggles
 - f. Impervious gowns
 - g. Shoe covers
 - h. Surgical caps
 - i. ABG needle resheathers
 - j. Protective IV angiocaths
 - k. Safety BGM lancets
 - l. Sheathed syringes
 - m. Protected butterfly needles
 - n. Protected vacutainer barrels
 - o. Plastic blood collection tubes
 - p. Sharps containers in various sizes
 - q. Needleless IV system

For the location of this equipment or if you have any questions, please see your area manager.

Material Safety Data Sheets (MSDS)

1. MSDS sheets describe the hazards of the chemicals that an employee uses on the job.
2. If a MSDS sheet is required, ask a department supervisor for the copy of the MSDS you want.
3. If more information is needed, check with the manager on duty.

Hazardous Material/Spill Response Plan

1. Contact the hospital's Spill Team (Code Orange) by call 6911 for Medical Park if:
 - a. you are unfamiliar with clean-up procedure.
 - b. spilled material is listed on the Spill Response Policy 101-35A Code Orange.
 - c. chemical spill is over one gallon.
 - d. chemical is highly toxic/volatile.
2. Spills are contained by using the "Think C.L.E.A.N. Plan"

Contain the spill.

Leave the area.

Emergency: eye wash, shower, medical care.

Access spill procedure.

Notify Security at 6911.

3. Chemical Spills - All chemical spills are contained according to OSHA guidelines following procedures as outlined on the MSDS sheet.
4. Biohazard Spills
 - a. Use personal protective clothing and equipment.
 - b. Contain spill and prevent splashes by covering with paper towel or chux.
 - c. Pour generous amounts of disinfectant onto the contaminated surface.
 - d. Allow disinfectant to sit on spill for at least 10 minutes.
 - e. Broken glassware should be removed carefully with disinfectant soaked gauze and placed into an impervious sharps container.
 - f. Carefully wipe up and dispose of contaminated material into marked Biohazard waste container. Rinse area with soap and water. Dry with mop or paper towel.

Smoking Policy

It is the intent of the medical center to provide a safe, healthy environment for patients, visitors, employees, auxillians, and physicians. Our goal is to have a smoke-free environment, however, we recognize the special needs of patients, staff, and visitors. Smoking is PROHIBITED on medical center property with the exception of designated areas.

Bomb Threat

When a call is received in a work area, have a co-worker notify the following center that a bomb threat is in progress:

1. Security Center 6911.
2. Pathways and other off site facilities 911.

Using the Bomb Threat Checklist found with the Bomb Threat Policy 101-35, get as much information about the caller as possible. Until a co-worker is able to locate this checklist for you, ask the following questions:

- a. Time bomb is set to explode.
- b. Where located.
- c. What kind of bomb.
- d. Why is he/she doing this.

Note the following details: sex, accent, speech impediment, age, background noises, unusual phrases.

Internal Disaster Evacuation Plan

1. Horizontal Evacuation - Horizontal evacuation is the lateral movement of all patients utilizing wheelchairs, stretchers, blanket drags, or other conveyances, to the nearest and safest protected area.
2. Vertical Evacuation - In the absence of corridor separations, downward movement to a safe area is necessary. One floor below the fire is usually safe, but two are recommended.
3. Methods of Evacuation
 - a. For non-ambulant patients, use stretchers, blankets if possible, beds if practical, and wheelchairs if possible.
 - b. All ambulatory patients form a chain and are led to the nearest exits.
 - c. An individual is assigned at exit door to maintain order and give directions.
 - d. All patients should be wrapped in blankets.
 - e. Carry patients as a last resort, if no other way is available, in order to escape dangerous areas. However, in carrying patients, consider: The weight and condition of a patient the adaptability of the rescuer.

External Disaster Plan

To respond to mass casualties as a result of any manmade or natural disaster in the community which will exceed the normal capacities of the Emergency Department. The plan is intended to provide emergency medical services with a minimum amount of interruption to the routing patient services of the medical center. Upon hearing "Disaster Plan now in effect" over the overhead paging system:

1. Report to your department if not already there and remain there unless assigned by the department manager to do otherwise.
2. Restrict use of the telephone and elevators unless absolutely necessary.
3. All questions from the media should be directed to Public Relations at ext. 4700.
4. If the external disaster involves chemicals and/or hazardous materials, the plan will be initiated by announcing: CODE YELLOW.
5. If the external disaster involves radiological materials, the plan will be initiated by announcing: CODE YELLOW.

Safe Body Mechanics

1. Bend at your hips and knees, not at the waist.
Keep loads close to your body. If you lift 50 pounds with your arms away from your body, the force of the load on your back reaches 500 pounds.
3. During the lift, contract your stomach muscles to protect your back. Use the force of your legs to do the work - not your back and arms.
4. Avoid twisting motions. They misalign your back and increase risk of injury. Instead, take small steps and pivot.
5. Avoid overreaching, whether up, down, or across. Use a step stool when reaching something high.
6. Don't lift objects above shoulder height or below waist.
7. Always keep your working surface slightly higher than waist level to avoid back strain.
9. Push whenever possible instead of pulling.
10. When you have to stand for long periods, minimize back strain by placing one foot on a stool or another similar object. Change positions frequently.
11. Never lift a load that is too heavy for you

Occupational Exposure to Blood Borne Pathogens

1. Reportable Exposures
 - a. All needle sticks and skin penetrations from sharp instruments.
 - b. Splashes involving contact of body secretions with mucosal surfaces.
 - c. Skin contact with body secretions.
 - d. Accidental ingestion of body secretions.
2. Reporting Procedure - Immediate reporting is essential, since treatment regimens, when indicated, must begin within one to two hours.
3. Report to:
 - a. Notify the supervisor on duty. AND
 - b. Call the Employee Health Office at ext. 1965 (M - F 7:30 a.m. - 4:00 p.m.) if open. AND
 - c. Call the company you work for. AND
 - d. Go to the Emergency Department within the hour to have the exposure evaluated.

SYSTEM FAILURE

EMERGENCY PHONE NUMBERS:

Biomedical	4750
Environmental Services	5150
Dietary	5088
Information Systems	5202
Engineering	4777
Materials Management	4951
Security Office	1430
Security STAT	6911
Hospital Emergency	1111
Oncology Center	5800
Edwards Pavilion	5700
Mr. Firestone	6911
Off-Site Emergency	911

Emergency Codes

Code Red:	Mr. Firestone
Code Pink:	Child Abduction
Code Blue:	Cardiac Arrest
Code Gold:	Bomb Threat
Code Orange:	Hazardous Material Spill
Code Yellow:	Emergency or Disaster



EOC4.3.05 - Hazard communication (right-to-know)

ADMINISTRATION 018610, approved by AAMC

Scope

Right-To-Know law requires employers to obtain, maintain and submit certain information to local and state governments as well as the employee. This law applies to most employers in the state and covers more than 50,000 chemicals as well as hundreds of thousands of chemical products. The information provided should lead to well informed employees thus creating a safer and healthier workplace.

Policy Statement

Procedures

Information concerning the hazards of chemicals used in the work place will be communicated to employees by means of a comprehensive hazard communication program. This program will include the following.

A. Right-To-Know-Law (explanation of employee rights);

B. M.S.D.S - access and utilization;

C. Work Practices;

D. Chemical Definitions List;

E. Responsibilities;

A. RIGHT - TO - KNOW - LAW): Explanation of employee rights. Employees have three basic rights under the right-to-know-law;

A.1. Access to the chemical list and MSDS within (1) one working day of request. (WRITTEN REQUEST)

A.2. One copy of the requested information or the means to make a copy without charge, within five working days.

A.3. If the employer fails to provide access to or a copy of the information about a hazardous chemical in accordance with the provisions of this law, an employee may refuse to work with the hazardous.

B. MSDS ACCESS AND UTILIZATION;

Material Safety Data sheets are prepared by the chemical manufacturer and describe the hazards associated with all chemicals that you utilize on your job. Your supervisor must supply you with information on hazardous chemical that you utilize. You may request a hard copy M.S.D.S. for any chemical that you utilize while on the job. In cases of an emergency spill or exposure you must be aware of how to secure a faxed copy of an M.S.D.S. MSDS's are available 24 hours a day, 7 days a week.

Please follow the following procedure:

1. Call the 3E Company - 1-800-451-8346.
2. Identify the facility - Anne Arundel Medical Center.
3. Identify Chemical.
4. Give Your Name.
5. Give Your Phone Extension.

6. Give Fax Number for Sending of MSDS. - (see Table 1). Note: In cases of chemical spill where the Response Team is summoned please obtain the proper M.S.D.S. and make available to the team upon arrival. See spill procedures for more detailed instruction.

C. Work Practices;

C.1. Engineering Controls

C.2. Ventilation Systems

C.3. Exhaust Hoods

C.3.a. Personal Protective Equipment

C.3.b. Gloves

C.3.c. Eye Protection

C.3.d. Protective Clothing

C.3.e. Face Masks or Respirators

C.3.f. Information Sources

C.3.g. Container label

C.3.h. Material Safety Data Sheets

D. CHEMICAL DEFINITIONS;

D.1. Carcinogen: A chemical that causes cancer. A chemical that is regulated by OSHA as a carcinogen, designated as a carcinogen or potential carcinogen by the International Agency for Research on Cancer (IARC), or listed as a carcinogen or potential carcinogen by the National Toxicology Program (NTP).

D.2. Combustible Liquid: Any liquid having a flashpoint at or above 100F(37.8C), but below 200F (93.3C), except any mixture having components with flashpoints of 200F (93.3C), or higher, the total volume of which make up 99 percent or more of the total volume of the mixture.

D.3. Corrosive: A chemical that causes visible destruction of, or irreversible alterations in, living tissue.

D.4. Explosive: A chemical that causes a sudden, almost instantaneous release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperature.

D.5. Exposure: Employee subjection to a hazardous chemical by inhalation, ingestion, skin contact, or skin absorption.

D.6. Flammable aerosol: An aerosol that yields a flame projection exceeding 18 inches at full valve opening, or a flashback at y degree of valve opening, when tested by the method described in 16 CFR 1500.45.

D.7. Flammable gas: A gas that forms a flammable mixture, in Ambient air, of 13 percent by volume or less or that forms a range of flammable mixtures, in ambient air, wider than 12 percent by volume, regardless of the lower limit.

D.8. Flammable liquid: A liquid having a flashpoint below 100F 37.8c), except any mixture having components with flashpoints of 100F(37.8C) or higher, the total of which make up 99 percent or more of the total volume of the mixture.

D.9. Flammable solid: A solid that is liable to cause fire. Through friction, absorption of moisture, spontaneous chemical change, or retained heat from manufacturing or processing, or which can be ignited burns vigorously and persistently as to create a serious hazard.

D.10. Hazard warning: Words, pictures, symbols or combination thereof appearing on a label or other appropriate form of warning which convey the hazards of the chemical(s) in the container.

D.11. Hazardous chemical: Any chemical that is a physical hazard or a health hazard.

D.12. Health hazard: A chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term "health hazard" includes chemicals which are carcinogens, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic system, and agents which damage the lungs, skin eyes, or mucous membranes. Refer to 29 CFR 1910.1200 for further explanation.

D.13. Highly toxic: A chemical falling within the following categories.

D.13.a. A chemical that has a median lethal dose (LD50) of 50 milligrams or less per kilogram of body weight when administered orally to albino rats weighing between 200 and 300 grams each.

D.13.b. A chemical that has a median lethal dose (LD50) of 200 milligrams or less per kilogram of body weight when administered by continuous contact for 24 hours with the bare skin of albino rabbits weighing between two and three kilograms each.

D.13.c. A chemical that has a median lethal concentration (LC50) in air of 200 parts per million by volume or less of gas or vapor, or 2 milligrams per liter or less of mist, dust, or fume, when administered by continuous inhalation for one hour (or less if death occurs within one hour) to albino rats weighing between 200 and 300 grams each.

D.14. Irritant: A chemical, which is not corrosive, but which causes a reversible inflammatory effect on living tissue by chemical action at the site of contact. A chemical is a skin irritant if, when tested on the intact skin of albino rabbits by the methods of 16 CFR 1500.41 for four hours exposure or by other appropriate techniques, it results in an empirical score of five or more. A chemical is an eye irritant if so determined under the procedure listed in 16 CFR 1500.42 or other appropriate techniques.

D.15. Sensitizer: A chemical that causes a substantial exposed people or animals to develop an allergic reaction in normal tissue after repeated exposure to the chemical.

D.16. Toxic: A chemical falling within any of the following categories.

D.16.a. A chemical that has a median lethal dose (LD50) of more than 50 milligram per kilograms but not more than 500 milligrams per kilograms but not more than 500 milligrams per kilogram of body weight when administered orally to albino rats weighing between 200 and 300 grams each.

D.16.b. A chemical that has a median lethal dose (LD50) of more than 200 milligrams per kilogram but not more than 1,000 milligrams per kilogram of body weight when administered by continuous contact for 14 hours (or less if death occurs within 24 hours) with the bare skin of albino rabbits weighing between two and three kilograms each.

D.16.c. A chemical that has a median lethal concentration LC50) in air of more than 200 parts per million but not more than 2,000 parts per million by volume of gas or vapor, or more than two milligrams per liter but not more than 20 grams per liter of mist, fume, or dust, when administered by continuous inhalation for one hour (or less if death occurs within one hour) to albino rats weighing between 200 and 300 grams each.

D.17. Immediate use: Used by and under the control of the person who transfers the hazardous chemical from its labeled container (only within the work shift in which it is transferred).

D.18. Label: Any written, printed or graphic material displayed on or affixed to containers of hazardous chemicals.

D.19. Materials Safety Data Sheet (MSDS): Written or printed materials concerning a hazardous chemical which is prepared in accordance with 29 CFR 1920.1200 (g).

D.20. Mixture: Any combination of two or more chemicals if the combination is not, in whole or in part, the result of a chemical reaction.

D.21. Organic peroxide: An organic compound that contains that bivalent-O-O-structure and which may be considered to be a structural derivative of hydrogen peroxide where one or both of the hydrogen atoms has been

replaced by an organic radical.

D.22. Oxidizer: A chemical other than a blasting agent or explosive that initiates or promotes combustion in other materials, thereby causing fire either of itself or through the release of oxygen or other gases.

D.23. Physical hazard: A chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive), or water-reactive.

D.24. Pyrophoric: A chemical that will ignite spontaneously in air at a temperature of 130F (54.4C) or below.

D.25. Target organ effects: Signs and symptoms of chemical effects on organs including hepatotoxins, nephrotoxins, neurotoxins, agents that acts on the blood or hematopoietic system, agents which damage the lung, reproductive toxins, coetaneous hazards, and eye hazards. A categorization of these effects can be found in 29 CFR 1910.1200

D.26. Unstable: A chemical which in the pure state, or as produced or transported, will vigorously polymerize, decompose, condense, or will become self-reactive under conditions of shock, pressure, or temperature.

D.27. Water reactive: A chemical that reacts with water to release a gas that is either flammable or presents a health hazard.

E. RESPONSIBILITIES;

E.1. The Medical Center Safety Officer is responsible for.

E.1.a. Developing and maintaining a current list of hazardous chemicals used by AAMC. Compile the list bi-annually for transmission to the state. Within 30 days of a new chemical being added to the list, send an updated copy of the chemical list to the state.

E.1.b. Assuring that each department that is using hazardous chemicals has access to a current MSDS.

E.2. Department Directors are responsible for the following.

E.2.a. Develop a Department Hazard Communication Program.

E.2.b. Providing training and information as required by OSHA 29 CFR 1920.1200 (h) to their employees and contractors.

E.2.c. Preparation and maintenance of a chemical inventory.

E.2.d. Determining whether chemicals used are "hazardous" within the meaning of the definition established by OSHA 29CFR 1920.1200 (c).

E.2.e. Ensuring proper labeling on containers.

E.2.f. Ensuring that training for each employee occurs at the time of an employee`s initial assignment, annually thereafter, and whenever a new hazard is introduced into their work area.

E.3. Employees will receive training in the following

E.3.a. Methods to detect hazardous chemicals

E.4. Physical and health hazards of chemicals

References:

A. COMAR 09.12.33

B. OSHA 29 CFR 1910.1200

C. JCAHO, Plant Technology, and Safety Management Standards

D. Chemical Guide to the OSHA Hazard Communication Standard, Rytech Publications, 1986.