

## II. EMPLOYEE SAFETY



# Back Safety

- Back pain is due to the way we eat, sleep, sit, walk, lift and play sports.
- Keep it healthy by using the right moves and the power position.



# Causes of Back Pain

- Slouching, twisting and bending (poor posture).
- Wrong lifting techniques.
- Driving or riding.
- Slip, fall, twist (trauma).
- Lack of exercise/fitness.
- Poor nutrition.



## Prevention: Bending

- Correct posture, changing positions frequently.
- Bending with the knees and hips and keeping the back in the neutral position.
- Bend down on one knee, if necessary.
- Get as close to the object as possible.



## Prevention: Lifting

- Get a firm footing, keeping your feet shoulder width apart.
- Lift using your hips and legs, not your back.
- Keep the load close to your body.
- Tighten your stomach muscles to support your back when you lift.
- Feet apart, knees bent, back in neutral position and chest forward.

## Prevention: Pushing

- Pulling larger objects can be as hard on your back as lifting. Push whenever possible.
- Push with both arms, keeping elbows bent. Tighten stomach muscles as you push.
- Stay close to the load, without leaning forward. Keep a straight back.

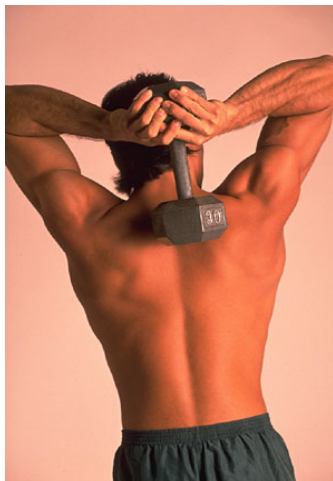


## Prevention: Turning

- When you turn, turn with your whole body (pivoting). **DO NOT** twist your back.
- Use your arms and legs to do the work –not just your back.



## Keys to Improving Your Back Health/Safety on the Job



- Change positions frequently.
- Use the equipment provided to you properly.
- Know your limits and stay within them.
- Get help when needed.
- Exercise regularly.



# Falls



# Reduce Your Risk of a Fall



## Sources of hazards:

- Wet floors
- Frayed or loose carpets
- Electrical cords
- Cluttered areas
- Rushing down the halls
- Improper shoes

# Hazardous Materials & Chemicals



# Hazardous Materials

- The Hazardous Chemical Information Act, known as the **“Right to Know” law**, requires employers to tell their employees about the effects of exposure to hazardous chemicals in the workplace.
- Depending upon which department you work in, the type of hazards you are exposed to will vary.



# Safety Data Sheets



## What is a Safety Data Sheet (SDS)?

- A **Safety Data Sheet** (SDS), previously called a **Material Safety Data Sheet (MSDS)**, is a document that provides information on the properties of hazardous chemicals and how they affect health and **safety** in the workplace.

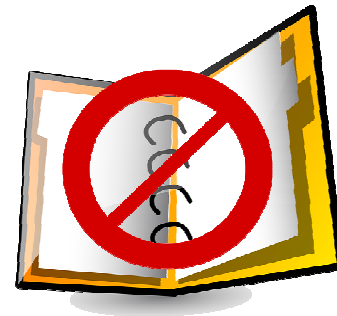
## When do you need to find a Safety Data Sheet?

- When there is an exposure to a product to some part of your body.
  - Eyes
  - Mouth
  - Skin
  - Lungs
- When there is a product spill that needs to be cleaned up.

## What has changed?

- The **yellow notebooks** have been **retired** and are **no longer needed**.

All SDS information is online on RHINO





# Eyewash Stations



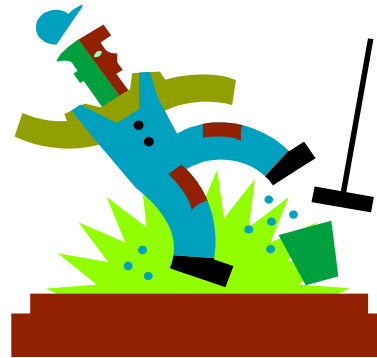
# Eyewash Stations

## Eyewash stations are located in:

- Laboratory
- Maintenance
- Boiler Room
- Food Services
- Pharmacy
- Emergency Department ABG room
- MPS3
- Cancer Center
- SPU
- ABG room on 4<sup>th</sup> floor



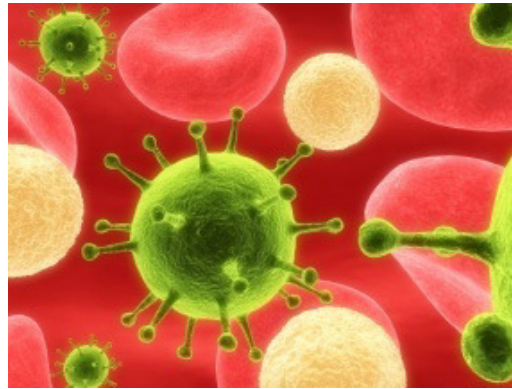
# Reporting Job Injuries



# Reporting Job Injuries

- Document with your Supervisor/Director **by the end of that shift -same day the injury happened.**
- Call or email the Employee Health Nurse within 1 working day.
- Turn the completed “Occupational/Injury Report” form in to the Employee Health Nurse by your next shift.

# Infectious Waste



## Disposal Method



- **Separate infectious waste** from other waste by placing in a red biohazard bag. Red biohazard bags should be placed into an impervious, rigid container provided by the disposal company and labeled with the biohazard symbol.
- **Needles and sharps must be contained** in disposable rigid puncture-proof containers which will be sealed closed with a tight fitting lid. Place in biohazard containers in the dirty utility room.

## Disposal Methods, cont.

- **Containers of waste and sharps** will be picked up by Environmental Services personnel and transported to the Infectious Waste storeroom to be processed for disposal.
- **Infectious waste** will be taken off site for incineration.

**\*\*DO NOT put ordinary trash in biohazard bags or red containers for disposal.**

**\*\*\*NEVER place a red bag into another type of bag. Place in another red bag if necessary.**

# Electrical Hazards

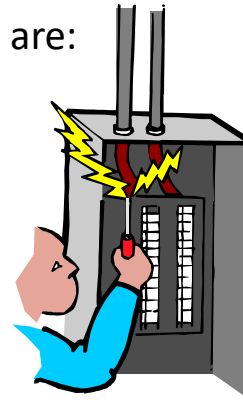




# Primary Hazards of Electricity

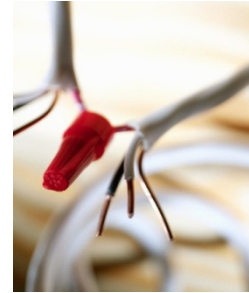
The **five primary hazards** of electricity are:

- Shocks
- Burns
- Arc-blast
- Explosions
- Fires



# Causes of Electrical Accidents

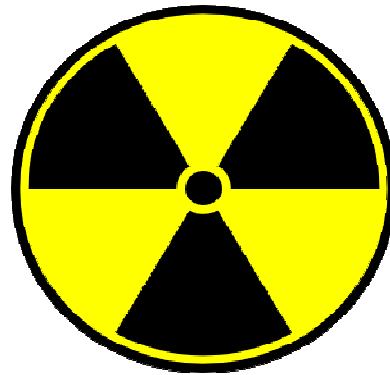
- Frayed cords.
- Unsafe use of electrical equipment.
- Unsafe work practices.



**Any electrical apparatus** brought into the hospital  
**MUST** be approved by the Maintenance  
Department (x5218) before use.

# The Radiation Symbol

- All radioactive materials and radiation generating devices must be labeled with this universal symbol
- Only personnel properly trained by Radiation Safety Staff should handle devices of materials labeled with this symbol



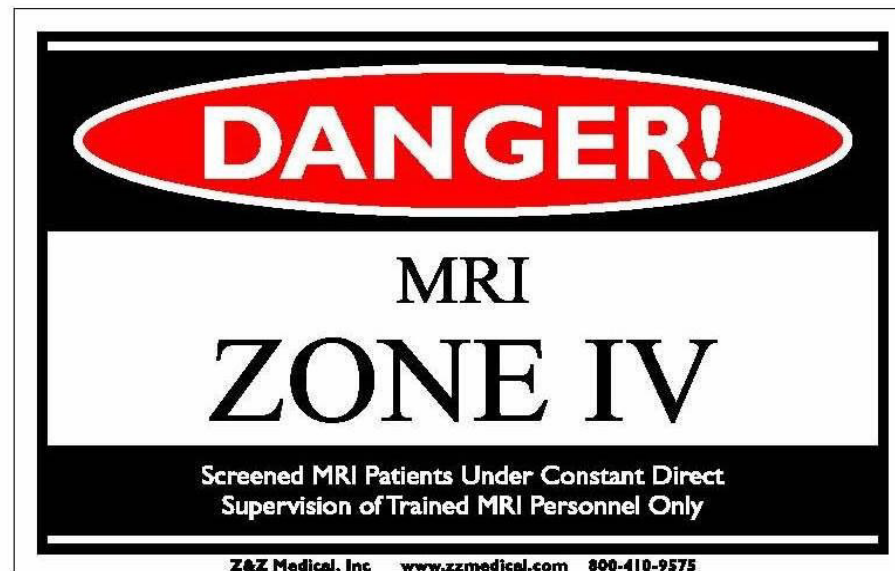
## Rules to follow

- Be aware of radiation **symbols** on doors and equipment
- Announce yourself and the purpose for entering the room/lab
- **Ask** diagnostic imaging personnel about areas to avoid
- Do not handle anything labeled with the radiation symbol unless directed by radiation safety personnel
- Call (919-814-2250) or notify [ncradiation.net](http://ncradiation.net) if you have any questions about possible exposures or safety hazards with radiation
- Leave all rooms closed and locked when unoccupied

# Emergencies

- In the event of an emergency follow normal emergency guidelines
- The potential of exposure is minimal
- After the emergency is over, evacuate the area and contact the radiation safety office
- If there is a spill of radioactive material, do not attempt to clean it up, secure the area and call the radiation safety officer
- Any damaged equipment must be inspected by the radiation safety officer

# MRI SAFETY



## MRI SAFETY WARNINGS AND ZONES

- All MRI departments are required by The Joint Commission and ACR to have clearly marked safety zones for patient and personnel safety.
- **Only** patients and **personnel** that have been either **trained**, screened or are escorted; are allowed into **zones III and IV**.



**MRI** accidents are on the rise!



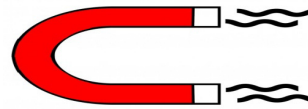
## Some examples of reported accidents

Here is a common example of a MRI accident. Someone has brought an unsafe MRI wheelchair in to the room where it was snatched up by the MRI unit. Note a person cannot pull the chair off the magnet a winch is typically needed and even that may damage the MRI unit



# COMMON CAUSES OF MRI ACCIDENTS

- One of the main causes of accidents is the failure to realize that the magnet is **ALWAYS** on.



- **ALWAYS ON!** No power in the department, still on. No power to the Hospital for two days....  
Yup you guessed it, the magnet is still on.

## COMMON CAUSES OF MRI ACCIDENTS cont.

The magnetic field perimeter, AKA the 5 Gauss line, cannot be seen, heard, smelled, or touched. However, it can grab items from your pockets or your hands and turn them into deadly projectiles. Common items used in hospitals such as **pens, scissors, stethoscopes, and laryngoscopes** can all seriously hurt another employee or patient when they enter the magnetic field

# **Personal Safety & Security**



# Personal & General Safety

- **Be alert** and continuously aware of your surroundings and the people around you.
- **Appear confident.** You are less likely to become the victim of an attacker.
- **Wear your name badge** at all times.
- **Limit** wearing articles that could be used as weapons: earrings, bracelets, ties, and/or stethoscopes.
- **Always be aware of the visitors** in the hospital. If you see someone loitering for no apparent reason, politely approach the person and ask them who they are, where they are going and make a mental note of their description. Please call Security to let them know about the incident.

# Security Personnel

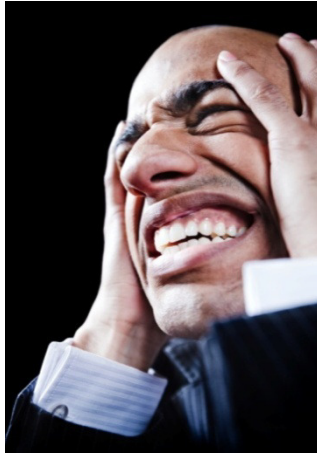


- The security officers are on duty 24 hours a day, patrolling the premises and the parking decks.
- It is important to keep them informed of any unusual activities or persons you notice around the hospital.
- They can be contacted by calling their wireless number (3110) or calling the operator and having them paged.

# **Violence in the Healthcare Setting**



# Potential Violence



- The two areas with the highest potential for violence are the :

**Emergency Department**

**Maternity Department**



# Crisis Intervention

- It is important to be able to **recognize early warning signs** that a person's behavior is beginning to get out of control.
- If a person does become violent, the staff member should find a way to control the violence while at the same time continuing to provide care, welfare, safety and security.

**Always call for help and never handle a situation alone.**

# STAMP

STAMP is a tool that can be used to recognize potentially violent individuals.

- S – staring and eye contact.
- T – tone and volume of voice.
- A – anxiety.
- M – mumbling.
- P – pacing.

# Triggering Event

- This can be any situation when a person feels a loss or threat of loss.



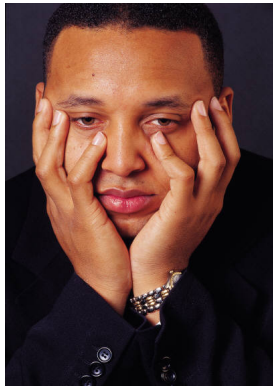
## Escalation Phase

- The person may show **obvious warning signs** of impending violence (stare, get red in the face, breathe rapidly, become tense, pace, challenge authority, or shout).
- Learn to **recognize the warning signs** and do the following:
  - **Allow** the person to express themselves
  - **Listen**
  - Show **respect and caring** (speak softly and clearly)
  - **Acknowledge** their frustration
  - **Do not** embarrass anyone

## Attack Phase

- After you have tried to peacefully diffuse the situation the person may still become violent. **GET HELP!!**
- **Initiate a “Security Alert-physical threat”** by calling 4444. Maintain an assertive body position next to perpetrator, keeping at least one arm’s length between them and yourself.
- When “Security Alert” is announced, there are designated persons throughout the hospital that will respond.

## Recovery Phase



- During this phase the perpetrator will become relaxed as their anger subsides.
- Be aware that they may easily become agitated again.

## Post Crisis Phase

- The perpetrator may become remorseful or even depressed. The person attacked may also become nervous or agitated. This is the time for them to seek help, or just to talk with someone to vent their fears.



## **Tips for Dealing with Impending Violence**

- Understand the mindset of the potentially violent person.
  - The person posing danger is in crisis due to some "triggering" event and is operating outside the bounds of acceptable behavior in both word and action.
  - Be aware of the INDIVIDUALITY OF EMOTION. Not all people will act the same to every situation.
  - Be aware that the person is acting on perceptions that are REAL TO THEM.
  - The person has a compelling need to communicate his grievance to someone now! DO NOT PUT IT OFF!



## **Recommendations for Volunteers**

- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
- Be vigilant throughout the encounter.
- Don't isolate yourself with a potentially violent person.
- Always keep an open path for exiting-don't let the potentially violent person stand between you and the door.

## **Recommendations for Volunteers, cont.**

- Remove yourself from the situation.
- Call security for help.
- Present a calm, caring attitude.
- Don't match the threats.
- Don't give orders.
- Acknowledge the person's feelings (for example, "I know you are frustrated").
- Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching or speaking loudly).

## **Take the Moral “High Road”**

- Establish an atmosphere of cooperation.
- Do not display anger, fear or anxiety.
- Talk in a calm voice, lower and slower than your counterpart. YOU set the example.
- Understand that angry outbursts on the part of that person can have a positive affect. It allows him to vent negative feelings and thereafter begin to defuse.
- Be absolutely truthful in any discussion with the person. To lose credibility at this stage can be catastrophic.

## **Five DON'Ts**

- Don't ignore the agitated person or avoid him.
- Don't threaten or demand obedience.
- Don't argue or become defensive or judgmental.
- Don't laugh, move suddenly, make threatening gestures, or invade his personal space.
- Don't try to handle a dangerous situation alone.

# Remember:

- Their perceptions are their reality. Do not argue with their perceptions.
- Do not play down the importance of the person's concerns however seemingly insignificant they are to you.
- If you talk at all, ask questions that call for long, narrative answers. This does two things:
  - You assure the aggrieved party that you want to hear ALL he has to say
  - Assists in the defusing process.
- A person in crisis will only respond favorably to someone who is:
  - Willing to listen
  - Understanding
  - Worthy of Respect
  - Non-threatening