

# ENVIRONMENT OF CARE (EOC)



# HOSPITAL

# **EOC REFERENCE CARDS**

SAFETY MANAGEMENT/HAZARD COMMUNICATION
FIRE SAFETY/SECURITY MANAGEMENT
MEDICAL EQUIPMENT MANAGEMENT
UTILITIES MANAGEMENT
HAZARDOUS MATERIALS & WASTE MANAGEMENT
RADIATION PROTECTION SERVICES
EMERGENCY MANAGEMENT
SPILL RESPONSE
CLEAR EGRESS/AIR PRESSURE MONITORS



# SAFETY MANAGEMENT

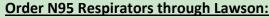
# Occupational Injury & Illness Prevention (OIIP) Tips—Be Aware & Care

- If you see something, say something. Immediately report unsafe conditions to your supervisor, EH&S (4-6783), or University Police (911).
- Be careful and alert to your surroundings. If you see a wet floor, please take immediate action to remedy, or call appropriate personnel.
- Follow applicable work procedures and policies.
   If you are unfamiliar with a specific procedure, request training.
- Prior to using a new product, review the Safety
   Data Sheet (SDS), and product label. SDS are located on Hospital Intranet under "Resources".
- **Use lifting equipment** or ask for assistance when handling patients, heavy supplies or equipment.
- Wear personal protective equipment (PPE) such as gloves, goggles, gown or N95 respirator, as required.
- Avoid rushing as you or others may be injured.
- Secure loose wires to minimize tripping hazards.
- See Admin EC:0046, Occupational Injury and Illness Prevention (OIIP) for more information.

# **Respirator Information**

Monthly Respirator Fit Testing: EH&S' schedule for monthly training and fit testing is posted on:

- Hospital's weekly announcements, Intranet under "Hot Topics" and EH&S website
- Call EH&S at 4-6783 to RSVP.
- Training & Fit Testing is required <u>annually</u> for those in Respiratory Protection Program



- ♦ 3M 1860S (small): Lawson #24815
- 3M 1860 (regular): #21723
- Moldex 1510 (XS): #51154
- Moldex 1511 (S): #26414
- Moldex 1512 (M): #26416
- Moldex 1513 (L): #26415
- ⇒ Only wear the respirator make/model/size you were fitted with.

Reference: Admin EC:0038, Respiratory Protection Program

# **Employee Injury/Illness Notification Procedures**

- ⇒ Notify your supervisor or designee.
- ⇒ If medical attention is needed, report to Employee Health & Wellness. If life threatening injury or off-hours, go to the ED.
- ⇒ Ensure Employee Injury/Illness Report is completed within 24 hours and immediately fax to 706 -4230 (Hospital staff) or 632-2417 (Research Foundation). Employee, supervisor, witness and medical provider must complete their sections. Retain original injury report; Supervisor keeps a copy. Also complete a Sharps Injury Log if the injury involves a needlestick or other sharp. Both forms are available on the intranet in the "Resources" section, under "Forms".
- $\Rightarrow$  Call the NYS Accident Reporting System (ARS) at 888-800-0029.
- ⇒ Ensure medical provider accepts Workers' Compensation prior to an office visit and inform the provider that the injury is work-related. Employee must notify their supervisor of any time off due to injury/illness AND provide medical documentation from their private physician to Timekeeping. Reference: Admin HR:0016, Employee Occupational Injury/Illness Reporting

**Important Contacts:** 

Timekeeping: 4-4377 Environmental Health & Safety: 4-6783

Employee Health & Wellness: 4-7767 Accident Reporting System (ARS): 888-800-0029



### **Hazard Communication Standard Labels**

OSHA has updated the requirements for labeling of hazardous chemicals under its Hazard Communication Standard (HCS). As of June 1, 2015, all labels will be required to have pictograms, a signal word, hazard and precautionary statements, the product identifier, and supplier identification. A sample revised HCS label, identifying the required label elements, is shown on the right. Supplemental information can also be provided on the label as needed.

#### For more information:



Occupational Safety and Health Administration

(800) 321-OSHA (6742) www.osha.gov

#### **SAMPLE LABEL**

**Product Product Name** Identifier

City\_\_\_\_ Postal Code State Country\_

Keep container tightly closed. Store in a cool, well-ventilated place that is locked.

Keep away from heat/sparks/open flame. No smoking. Only use non-sparking tools.
Use explosion-proof electrical equipment

Take precautionary measures against static discharge

Ground and bond container and receiving equipment.

Wear protective gloves.

Do not eat, drink or smoke when using this product.

Dispose of in accordance with local, regional, national, international regulations as specified

In Case of Fire: use dry chemical (BC) or Carbon Dioxide (CO2)

If on skin (or hair): Take off immediately any contaminated clothing. Rinse skin with water.

Wash hands thoroughly after handling.

fire extinguisher to extinguish.

If exposed call Poison Center.

Emergency Phone Number

Do not breathe vapors.

Supplier Identification





Signal Word Danger

Hazard Pictograms

Highly flammable liquid and vapor. May cause liver and kidney damage.

**Statements** 

OSHA 3492-02 2012

**Precautionary Statements** 

Supplemental Information

Directions for Use

Lot Number Expiration Date:

# Etiquetas para la norma sobre la comunicación de peligros

De acuerdo con su norma de comunicación de peligros (HCS, por sus siglas en inglés), la OSHA ha actualizado los requisitos para las etiquetas de los productos químicos peligrosos. A partir del 1.º de junio de 2015, se exigirá que todas las etiquetas incluyan pictogramas, una palabra de advertencia, indicaciones de peligro, consejos de prudencia, identificación del producto y la identificación del proveedor. A la derecha se presenta la muestra de una etiqueta modificada de acuerdo con la HCS, que indica los elementos obligatorios. La etiqueta puede contener también información suplementaria según sea necesario.

#### Para más información:



Administración de Seguridad y Salud (800) 321-OSHA (6742) www.osha.gov

#### **ETIQUETA DE MUESTRA** CÓDIGO Identificación del producto Identificación Código postal Número de teléfono de emergencia Mantener el contenedor herméticamente cerrado. Guardar en un lugar fresco, bien ventilado y cerrado bajo llave. Mantener alejado de fuentes de calor, chispas o llama

Usar sólo con herramientas que no generen chispas. Usar equipo eléctrico a prueba de explosiones. Tomar medidas de precaución contra descargas estáticas. Fijar y conectar a tierra el equipo contenedor y receptor No respirar los vapores

Abstenerse de comer, beber o fumar cuando se usa este rse muy bien las manos después de manejar este

char el producto según las especificaciones y los mentos locales, regionales, nacionales e internacionales

En caso de incendio: usar un extintor de polvo químico (tipo BC) o de bióxido de carbono (CO<sub>2</sub>).

Primeros auxilios Si hay exposición a este producto, llamar al Centro de Control de Intoxicaciones. En caso de contacto con la piel o el cabello: quitarse de

inmediato toda la ropa contaminada. Lavarse la piel con agua

Pictogramas de peligro





Palabra de advertencia Peligro

Líquido y vapores muy inflamables Puede provocar daños al hígado y a los riñones.

Indicaciones

Consejos de prudencia

Información suplementaria

Número de lote: Fecha de llenado Fecha de caducidad:

# OSHA QUICK

For assistance, contact us. We can help. It's confidential



U.S. Department of Labor | www.osha.gov (800) 321 OSHA (6742)

# **Hazard Communication** Safety Data Sheets

1, 2015, the HCS will require new SDSs to be in a uniform the hazards of hazardous chemical products. As of June Material Safety Data Sheets or MSDSs) to communicate format, and include the section numbers, the headings, provide Safety Data Sheets (SDSs) (formerly known as and associated information under the headings below: The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to

number; emergency phone number; recommended use; Section 1, Identification includes product identifier; manufacturer or distributor name, address, phone restrictions on use

Section 2, Hazard(s) identification includes all hazards regarding the chemical; required label elements.

includes information on chemical ingredients; trade secret Section 3, Composition/information on ingredients

Section 4, First-aid measures includes important symp-

Section 5, Fire-fighting measures lists suitable extinguishing techniques, equipment; chemical hazards from fire.

toms/effects, acute, delayed; required treatment.

Section 6, Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup. Section 7, Handling and storage lists precautions for safe handling and storage, including incompatibilities.

(Continued on other side)

or more information:



www.osha.gov (800) 321-OSHA (6742) U.S. Department of Labor

OSHA 3493-02 2012

or more information:

® Occupational Safety and Health Administration U.S. Department of Labor

www.osha.gov (800) 321-OSHA (6742)

# **Hazard Communication**

# Safety Data Sheets

Threshold Limit Values (TLVs); appropriate engineering Section 8, Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); controls; personal protective equipment (PPE)

Section 9, Physical and chemical properties lists the chemical's characteristics. Section 10, Stability and reactivity lists chemical stability and possibility of hazardous reactions.

Section 11, Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 13, Disposal considerations\* Section 15, Regulatory information\* Section 12, Ecological information\* Section 14, Transport information\*

Section 16, Other information, includes the date of preparation or last revision. \*Note: Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15

Employers must ensure that SDSs are readily accessible 29 CFR 1910.1200(g)(2))

See Appendix D of 29 CFR 1910.1200 for a detailed to employees.

description of SDS contents.

OSHA 3493-02-2012

# Y I

# **Hazard Communication** Standard Pictogram

the chemical hazards to which they may be exposed. Each As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of hazard(s). The pictogram on the label is determined by pictogram consists of a symbol on a white background framed within a red border and represents a distinct the chemical hazard classification.

# **HCS Pictograms and Hazards**

**Exclamation Mark**  Acute Toxicity (harmful) **Exploding Bomb**  Irritant (skin and eye) Layer (Non-Mandatory) and Crossbones Organic Peroxides Hazardous to Ozone Respiratory Tract Narcotic Effects Self-Reactives Acute Toxicity Skin Sensitizer fatal or toxic) Skull Explosives Irritant Emits Flammable Gas Eye DamageCorrosive to Metals Organic Peroxides Aquatic Toxicity Environment (Non-Mandatory) Skin Corrosion/ Corrosion Self-Reactives Flame Pyrophorics Self-Heating Flammables Gases Under Pressure Reproductive Toxicity Target Organ Toxicity Respiratory Sensitizer Flame Over Circle Aspiration Toxicity Health Hazard **Gas Cylinder** Mutagenicity Carcinogen Oxidizers

Occupational Safety and Health Administration U.S. Department of Labor

or more information:

www.osha.gov (800) 321-OSHA (6742)

OSHA 3491-02 2012

# FIRE SAFETY

The Hospital Fire Safety group is responsible for the fire and life safety environment of care for the Hospital, Pavilion, Cancer Center, Ambulatory Care Pavilion, and Ambulatory Surgery Center. The Fire Safety Program at the hospital is designed as a prevention program, and should that fail, ensures the facility and staff is capable of dealing with any fire condition. Safe building design and maintenance of protective features is the first step in protecting building occupants. Our goal is the quick detection of potential hazards including those that could result in fire or smoke conditions as well as those that would prevent containment of fire or smoke or impede response or evacuation. The objective of the fire safety training and education program is to prevent risks through recognition, detection and correction of potential hazards.

### SERVICES AND PRODUCTS OFFERED BY THE FIRE SAFETY GROUP:

**Fire Warden Training**: A key element of the hospital's fire safety plan is fire wardens that coordinate evacuations in the event of a fire. Each area is required to have enough fire wardens for each shift to ensure at least one fire warden on duty. Training is provided by our fire marshals.

**Fire Extinguisher Training**: Small, incipient fires can usually be readily extinguished by staff with fire extinguishers that are located throughout the facility. Knowing not only the locations of extinguishers, but also how to use them is vitally important. The fire marshals have a burn simulator that supervisors can arrange to have their employees trained on, giving valuable hands-on live extinguisher training.

**Site-Specific Fire Safety Training:** Right to Know training contains general fire safety information. Knowing specific actions to take for fires in your unit can include a more in-depth understanding of your areas fire zone layout and other fire protection features. These site-specific fire safety classes can be provided on an as-needed basis.

**Fire Evacuation Plans**: Hand-in-hand with site specific fire evacuation, is having fire evacuation plan drawing for each unit. Since the majority of the hospital's population will not evacuate to the outside, knowing where the evacuation zones, or

adjacent areas of refuge are located is important. These drawings are posted in each unit and will indicate the fire barriers and areas of refuge to move patients while the fire is being extinguished. It is the responsibility of staff to be knowledgeable of the plans content.



EMERGENCY PHONE NUMBERS: Fire/Smoke (Hospital/Cancer Center/Pavilion): Call 911 Fire/Smoke (ASC/ACP): Call 911

For a Code Red incident (Fire and/or visible smoke): Call 911 <u>and</u> activate fire alarm by pulling manual station

If you have any Fire Safety questions, contact EH&S at 4-6783.

# **RACE Procedures:**

- Remove
- Alarm
- Confine
- Extinguish or Evacuate

# **Fire Extinguisher Procedures:**

- •Pull pin, start from 8 feet back
- Aim at base of fire
- •Squeeze handle
- •Sweep side-to-side

# Fire Code Phrases:

Code Red: Fire/Smoke Code Green: All Clear



# SECURITY MANAGEMENT

Providing and maintaining a safe and secure hospital environment is the work of the University Police Department and Public Safety Staff.

The University Police Department offers many services to Stony Brook University Hospital through the presence of Police Officers and the Public Safety Staff in and around the Hospital and Health Science Center. The Public Safety Office can be reached at 4-2825 on-campus or 444-2825 off-campus.

In the *Event of an Emergency*, Dial 911 from any Hospital or Campus phone. If you are using a non-campus phone or need to reach University Police from off-campus, dial (631) 632-3333.

# Services offered include:

- 1. Access control of patients, visitors, guests and vendors.
- 2. Assist staff with handling unruly or disruptive individuals.
- 3. Crime Prevention
- 4. Escort to and from the parking lots (Call University Police at 911.)
- 5. Foot and motor patrol of the campus
- 6. Identify, report and follow-up on potential safety and security hazards.
- 7. Lost and Found
- 8. New staff orientation
- 9. Police response to criminal activity and investigation
- 10. Respond to incidents.

# As a Member of our Community, Help Create a Safe and Secure Environment:

- 1. Display your University ID, above your waist, at all times while within Stony Brook University Hospital or Health Science Center.
- 2. Report unauthorized visitors and guests to University Police (911).
- 3. Report any security issues or potential hazards to Public Safety staff immediately through University Police (911).
- 4. Secure all valuables when leaving your office or work area.
- 5. Comply with directives given by University Police Officers, Public Safety and Hospital Administration.
- 6. Report suspicious activities immediately: "See something, say something." Call University Police (911).
- 7. For an Active Shooter Event: Run. Hide. Fight.

"Service is our Business"



# MEDICAL EQUIPMENT MANAGEMENT

Biomedical Engineering Department (BME) is responsible for the maintenance and management of diagnostic and therapeutic equipment used in the care of patients at Stony Brook University Hospital.

**HOURS** – Biomedical Engineering is staffed Monday through Friday, excluding SUNY Holidays. Technicians are on call 24 hours/day for emergencies (ADN calls Operator to page Hospital or O.R. BME Technician).

**PHONE** – 4-1420 or 4-HELP **LOCATION** – HSC Level 1-141

BME performs Preventive Maintenance/Safety Checks (PMs) and inspections as required by each piece of medical equipment in the BME program as evidenced by a BME Inspection tag. You can check if preventative maintenance is due by checking the date on the BME Inspection tag. The date on the tag will represent the date equipment is due for inspection and the inspection interval (e.g. Annual).

#### **HOW TO GET SERVICE:**

- Go to the BME Service Request link using the procedure on the next page.
- Find the BME tag on the piece of equipment you are having trouble with and enter that number and a brief description of the problem onto the online request form.



### **BME Tag**

Put broken equipment aside with printout of service request taped to the device so no one will use it.

#### WHAT TO DO IN CASE OF MEDICAL EQUIPMENT EMERGENCY:

- **DAYS** call BME at 4-1420 or 4-HELP.
- **OFF Hours** contact the ADN to have operator page the Hospital or O.R. BME Technician on call
- INCIDENT REPORTING For any SB Safe event, record the BME # of equipment that could possibly have been involved in the patient/equipment incident. All equipment and disposables involved in the SB Safe event must be clearly labeled and sequestered for BME investigation.
- LOSS OF POWER Use only the red emergency outlets for emergency power.

# WHAT TO



- UNREGISTERED EQUIPMENT All electrical medical equipment in the BME program should have a BME tag or a rental company tag. Our BME tag is evidence that the equipment has received an incoming inspection by BME. If you find a device without a BME tag, report this to BME by calling 4-1420 or 4-HELP. All new medical equipment purchases made by a department other than BME must have a BME Checklist completed and submitted to Purchasing as part of the procurement package.
- UNREPORTED BROKEN EQUIPMENT Contact BME for service using the service request link on the intranet or call 4-1420 during regular business hours.

BME Inspected by: SJB Annual Due: 06/30/2018 BME Inspected by: SJB Semi-annual Due: 12/31/2017

BME Scheduled Inspection NOT Required

# Procedure for entering a BME Service Request:

- Go to the Stony Brook Medicine Home Page.
- Under "My Requests", Click on "BME Service Request".
- Enter all the required information and click on "Save".
- Click "Send to Printer" to get a copy of the work order.
- Tape the printed request on the device that requires service.

# Work Order New

BME Number*:	
Department*:	- Select the Der
Requester Name*:	
Requester Phone*:	
Problem Description*:	<u>~</u>
Priority*:	- Routine
Requester Remarks:	
	Save

<sup>\*</sup>These fields are required.

# UTILITIES MANAGEMENT

Mission Statement: To provide a safe, consistent and comfortable environment for Stony Brook University Hospital's patients, staff, employees and visitors through continuous evaluation, improvement and maintenance of utility systems.

Facilities and Plant Operations provides the following maintenance services: Heating, Ventilation & Air Conditioning (HVAC), Electric, Plumbing, General Building Maintenance, Lock & Key Control, Elevators and Automatic Doors.

Type of Service	SCOPE OF SERVICE:	CONTACT:
Emergency Services	24 hours a day, 7 days a week	4-2400
Routine Non-Emergencies	Non-Emergency Work Order Request	Customer completes a Non-Emergency Work Order Request on the hospital intranet (under "My Requests").

EQUIPMENT IN THE FOLLOWING AREAS ARE SERVICED BY **EMERGENCY POWER AND UNINTERRUPTIBLE POWER SUPPLY (UPS BATTERY BACKUP):** 

• DELIVERY ROOMS, OPERATING ROOMS, EMERGENCY ROOM, POSTOPERATIVE RECOVERY ROOMS, NEWBORN NURSERIES AND SPECIAL CARE UNITS.

ALL RED OUTLETS ARE SUPPLIED WITH EMERGENCY POWER.

TYPE OF EMERGENCY	IN ADDITION TO CALLING PLANT OPERATIONS (4-2400), DO THE FOLLOWING:
LOSS OF POWER	ALL CRITICAL EQUIPMENT SHOULD BE CONNECTED TO EMERGENCY POWER VIA THE RED OUTLETS.
PEOPLE STUCK IN ELEVATOR	CONTACT UNIVERSITY POLICE (911 FROM CAMPUS PHONE OR 631-632-3333 FROM CELL PHONE)
AUTOMATIC DOORS NOT WORKING	CONTACT PLANT OPERATIONS (4-2400)
MEDICAL GAS EMERGENCIES	CONTACT RESPIRATORY CARE (4-2390)
CEILING LEAKS AND OVERFLOWING SINKS	CONTACT HOSPITAL CUSTODIAL SERVICES (4-1455)

Failure of:	What to Expect:	Who to Contact:	Responsibility of User:
Computer Systems	Systems Down	Information Technology (4-HELP)	Use backup manual/paper systems
Electrical power failure with emergency generators working	Many lights are out; red plug outlets working	Physical Plant (4-2400)	Ensure life support systems are on emergency power (red outlets). Ventilate patients by hand if necessary. Complete cases in progress ASAP. Use flashlights.
Electrical power failure—Total	Failure of all electrical systems	Physical Plant (4-2400), Respiratory Care, 8 AM- 5 PM (4- 2390) Off hours: request on call Respiratory Care supervisors from Switchboard ("0" or 4-1077)	Utilize flashlights and lanterns, hand ventilate patients, manually regulate IVs, don't start new cases.
Elevators out of service	All vertical movement will have to be by stairwells.	Physical Plant (4-2400)	Review fire and evacuation plans. Establish services on lower floors. Use carry teams to move critical patients and equipment to other floors.
Elevator stopped between floors	Elevator alarm bell sounding	Physical Plant (4-2400), University Police (911 from campus phone or 631-632-3333 from cell phone)	Keep verbal contact with personnel entrapped in elevator and let them know that help is on the way.
Fire alarm systems	No fire alarms or sprinklers	Physical Plant (4-2400), University Police (911 from campus phone or 631-632-3333 from cell phone)	Institute fire watch. Minimize fire hazards. Use phone or runners to report fire.
Medical Gases	Gas alarms, no oxygen or medical air or nitrous oxide.	Physical Plant (4-2400), Respiratory Care, 8 AM- 5 PM (4- 2390) Off hours: request on call Respiratory Care supervisors from Switchboard ("0" or 4-1077)	Hand ventilate patients; transfer patients if necessary; use portable Oxygen, and other gases. Call for additional portable cylinders.
Medical Vacuum	No vacuum; vacuum systems fail and in alarm mode.	Physical Plant (4-2400)	Call for portable vacuum. Obtain portable vacuum from crash cart. Finish cases in progress and don't start new cases.
Natural gas, failure or leak	Odor, no flames on burner, etc.	Physical Plant (4-2400), Food Services (4-8083), University Police (911 from campus phone or 631-632-3333 from cell phone)	Open windows if possible. Turn off gas equipment; don't use any spark producing devices, electric motors, switches, etc. Institute cold meal policy.
Nurse call system	No patient contact	Physical Plant (4-2400)	Use bedside patient telephone if possible. Move patients; use bells; detail a rover to check patients.
Patient Care, Medical Equipment	Equipment/system does not operate properly	Biomedical Engineering (4-HELP or 4-1420)	Replace and tag defective equipment.
Sewer Stoppage	Drains backing up	Physical Plant (4-2400)	Do not flush toilets. Do not use water.
Steam Failure	Sterilizers inoperative, limited cooking. No heat/hot water.	Physical Plant (4-2400), Central Sterile Supply (4-2380) Food Services (4-8083)	Conserve sterile materials and linen; provide extra blankets; institute cold meal policy.
Telephones	No phone service	Switchboard ("0" or 4-1077)	Use overhead paging and pay phones. Use runners.
Water	Sinks and toilets inoperative. Sprinkler system inoperative	Physical Plant (4-2400)	Conserve water. Turn off water in sinks. Use red bag in toilet.
Water Non-potable	Tap water unsafe to drink	Physical Plant (4-2400), Food Services (4-8083)	Place "Do Not Drink" signs at affected drinking water sources including drinking fountains, water/ice machines, bottle-less water coolers and sinks. Use bottled water for drinking.
Ventilation	No ventilation; no heating or cooling	Physical Plant (4-2400)	If possible, open windows. Obtain blankets if needed. Restrict use of odorous/hazardous



# HAZARDOUS MATERIALS AND WASTE MANAGEMENT

Motorial	Deceriation	Ougotiona/Contacts
Material	Description	Questions/Contacts
Batteries (Alkaline)	Alkaline batteries can be disposed in regular trash but recycling is encouraged. Recycling containers are available.	Hospital Recycling, 4-1462
Batteries (Non-Alkaline/ Rechargeable)	Ni-Cd, Ni-MH, Hg, Pb, Li-ion and lead acid batteries cannot be disposed in regular trash.	Hospital Recycling, 4-1462
Bulbs	Used bulbs cannot be disposed in regular trash. Contact Plant Operations to pick up used bulbs.	Plant Operations, 4-2400
Cans and Bottles	Bottles and cans are currently being collected in select patient areas for recycling.	
Cardboard	Flattened cardboard boxes are collected by Hospital Custodial Services. Hospital Recycling collects cardboard from ASC, ACP & Tech Park.	Hospital Custodial Services, 4-1455  Hospital Recycling, 4-1462
Cylinders (gas)	For gas cylinder return, contact Receiving or supplier.	Pickup of empty or extra oxygen tanks:  • M-F 8 AM-4:30 PM, call 5-8915 or 4-5498 (Receiving)  • M-F 4:30 PM-8 AM & weekends & holidays, call 4-2980 (Distribution Services)
Electronic Equipment (computers, printers, monitors, TVs, cell phones)	Remove data from electronic equipment; for assistance call 4-HELP. Complete Property Control form "Report of Surplus Property" (SUSB0591).	<ol> <li>Tape Property Control form on item.</li> <li>Contact Recycling, 4-1462, for pickup.</li> </ol>
Hazardous Chemical Spill	If trained, use appropriate spill kit for a minor chemical spill (≤1 gallon, or ≤50 ml hazardous drugs).	For a major spill or if assistance needed, call University Police at 911 (cell: 631-632-3333) Spill Waste: EH&S, 4-6783
Hazardous Chemical Waste	Follow the hazardous waste determination for proper chemical waste disposal. Refer to Admin policy EC0045.	EH&S, 4-6783
Paper	Place waste paper in proper recycling containers or confidential bins.	Recycling, 4-1462 (7AM-3:30 PM) Off hours: Distribution Services, 4-2980
Pest Control	Hospital Custodial Services manages the Integrated Pest Management contractor.	Hospital Custodial Services, 4-1455
Radioactive Material	Coordinated by EH&S Radiation Protection Services.	EH&S RPS, 4-3196 or 8-2356
Refrigerator, Freezers, Air Conditioners	Refrigerant and hazardous materials must be removed by Plant Operations prior to disposal.	<ol> <li>Contact Plant Operations, 4-2400, to remove refrigerant.</li> <li>Complete Property Control form "Report of Surplus Property" and attach.</li> <li>Call Recycling, 4-1462 for pickup.</li> </ol>
Regulated Medical Waste (RMW) or Red Bag Waste	Hospital Custodial Services manages red bag (RMW) waste and sharps containers.	Hospital Custodial Services, 4-1455
Scrap Metal	Scrap metal can be picked up from area/ unit.	Hospital Recycling, 4-1462
Toner/ Printer Cartridges	Toner can be picked up from your area/ unit or placed in drop off locations.	Hospital Recycling, 4-1462
Used Oil	Place in a covered container and affix "Used Oil" label available from EH&S.	EH&S, 4-6783 revised 6/8/17



# RADIATION PROTECTION SERVICES (RPS)



Radiation producing machines and radiation emitting sources are used at Stony Brook Medicine facilities for the diagnosis and treatment of diseases. Staff working in radiology, nuclear medicine, radiation oncology, and some laboratories must be specifically trained in the operation of radiation machines and the handling of radioactive materials and sources. Housekeepers, maintenance and other ancillary staff could have indirect contact and may be potentially exposed to radiation during performance of their normal duties. In addition, patient transport, operating room, and recovery room personnel may come in contact with radioiodine, brachytherapy (radioactive implant) and nuclear medicine patients.

Radiation Protection Services (RPS) establishes uniform policies and procedures for the <u>safe</u> use of ionizing radiation within the University, ensuring that operations conform with Federal, State and University regulations. RPS provides services to medical operations and staff to ensure that radiation exposure is maintained As Low As Reasonably Achievable (ALARA).

## Services and products offered by RPS

- Inventorying, inspecting and surveying areas controlled for radiation safety
- · Providing staff and patients routine and special, tailored radiation safety training
- Administering the Personnel Monitoring Program (radiation badges)
- Supporting radiation safety for all uses of radiation in diagnosis and therapy
- Providing radiation survey instrument calibration service
- Administering the lead apron inspection program
- Emergency / radioactive spill response
- Managing of Low Level Radioactive Waste
- Providing non-ionizing radiation safety (RF, EMF & ELF) support

#### **Radiation Safety Tips**

- Be aware of radiation safety signage and do not enter posted areas without authorization from area manager/supervisor or RPS.
- Working in a radiological controlled area requires radiation safety training. Call RPS for training.
- Know how to keep your radiation exposure As Low As Reasonably Achievable (ALARA) using time, distance and shielding.
- Maintain security and control of all radioactive substances and sources in your work area.
- If issued dosimetry to measure your occupational radiation dose, wear badges and rings properly on the body as designated while working with radiation. Return badges to your department badge coordinator promptly at the end of the wear cycle (9th of the month).
- If wearing lead aprons/shields as PPE, before use inspect for damage and annual RPS inspection.
- If a radioactive spill occurs follow emergency procedures posted in your area and call RPS.

#### **UH RPS Contacts:**

- Associate Radiation Safety Officer University Hospital 8-2356 / short 3861-2631/ cell 631.506.1993
- Radiation Safety Associate
   4-3196 / short 3861-9006
- University Radiation Safety Officer 2-9676 / cell 631.872.0768





# **EMERGENCY MANAGEMENT**

### COMPREHENSIVE PLAN ADDRESSES MANY POTENTIAL EVENTS

- Emergency Management Policies and Procedures Manual is on every clinical unit and in every department.
- Staff must know where their unit's Manual and power outage emergency kit (containing flashlights, batteries, glow sticks, extension cord and duct tape) are located. To replenish kits, call 4-2400.

#### MANUAL TOPICS

- Command Post Policy
- External Disaster Policy
- Bomb Threat Policy
- Bioterrorism Policy
- Radiation/Hazmat Decontamination Policy
- Physical Plant Failure Plan
- Communication Failure Plan
- Weather Emergency Plan
- Medical Monitoring Equipment Failure Plan
- Fire & Evacuation Plan





## **DEPARTMENTAL PLANS**

# Every department must have a department specific emergency preparedness plan

- How would this department respond to an "event"?
- How would this department call in additional resources, i.e. personnel and equipment?
- How would this department allocate additional inpatient beds as needed?

### HOSPITAL INCIDENT COMMAND SYSTEM

- Identifies the specific chain of command
- Identifies responsibilities for all individuals
- Provides for a rapid and effective means of communication and notification
- Preplanned comprehensive system to allow rapid mobilization of required resources

#### **ACTIVATION OF PLAN**

- Any employee who learns that a large number of disaster victims may be received in the Emergency Department should immediately notify their administrative supervisor who will call EMS at 4-1911.
- All employees must be aware that if the plan is activated they should speak with their supervisor to get instructions as to what their role is.

# **VOLUNTEERS WELCOME**

CALL 4-6151 FOR INFORMATION ABOUT

- Patient Decontamination Team
- Hospital Emergency Radio Team
- Exercise Planning Teams
- Points of Distribution (POD) Teams

Employees should also have a personal household emergency plan!

Visit www.ready.gov



The emergency management manual and departmental specific plan should be referenced once the plan is activated.

T	en Critical Steps	for Handling Possible Bioterrorist Events	
1	Maintain an index of suspicion.	In an otherwise healthy population, some associations are very suggestive, especially when seen in clusters, high numbers, or unusual presentations.  Hemoptysis	
2	Protect yourself and your patients.	Use appropriate personal protection equipment (PPE). Prophylaxis: vaccines, if available; or antibiotics, if risks are known.	
3	Adequately assess the patient.	Review and assess the patient's history. Also, ask:	
4	Decontaminate as appropriate.	Do not use bleach on exposed people. Soap, water and shampoo are perfectly adequate for all biological and most chemical agents. Chemically contaminated clothes should be removed and discarded safely. Biologically contaminated clothes can be laundered with soap, water and, perhaps, bleach.	
5	Establish a diagnosis. All lab specimens to be hand carried and appropriately labeled. Do not use the pneumatic tube system.	Think clinically and epidemiologically; always send specimens for culture.  Symptom (individuals) Possible Diagnosis  Pulmonary Tularemia, plague, staph enterotoxin B (SEB) Neuromuscular Botulism, Venezuelan equine encephalitis (VEE) Bleeding/purpura VHF, ricin, plague (late) Rash (various types) VHF, T2 mycotoxin, smallpox, plague Flu-like symptoms Varies  Immediate Symptoms (large numbers) Possible Diagnosis Pulmonary SEB, mustard, Lewisite, phosgene, cyanide Neurologic nerve gases, cyanide  Delayed Symptoms (large numbers) Possible Diagnosis Pulmonary Biologic agents, mustard, phosgene Neurologic Botulism, VEE, other encephalitis	
6	Render prompt treatment.	Doxycycline can be used to treat virtually everything (except virals or toxins) while awaiting lab results. Observe pediatric precautions as appropriate.	
7	Provide good infection control.	Gown, gloves, mask and handwashing, and eyewear if necessary, are sufficient.  Recommended isolation precautions for biologic agents include:  Standard PrecautionsFor all individuals/patients  Contact Precautions(herpes, etc.) Viral Hemorrhagic Fevers  Droplet PrecautionsPneumonic Plague and Tularemia  Airborne PrecautionsSmallpox	
8	Contact Infection Control Nurse for all suspected infectious cases. All media contact should be channeled through SBUH Media Relations.	Agency Telephone Number  SBUH Healthcare Epidemiology	
9	Assist in the epidemiologic investigations.	Steps to be taken in an epidemiologic investigation so as to determine who may be at risk.  Count cases; Relate to the at-risk population; Make comparisons; Develop hypotheses; Test hypotheses; Make inferences; Conduct studies; Interpret and evaluate.	
10	Know and spread this information.	Adapted from a poster distributed by the NYS Department of Health Bureau of Communicable Disease Control from a lecture by Dr. Ted Cieslak, Colonel, US Army	

# CHEMICAL SPILL RESPONSE PROCEDURES

#### REMEMBER: FIRST AID FIRST, THEN ASSESS THE SPILL - Is the Spill Major or Minor? **Major Spill - Definition Minor Spill - Definition** Less than or equal to 1 gallon of chemical or More than 1 gallon of chemical or Less than or equal to 50 cc/ml of a hazardous drug More than 50 cc/ml of a hazardous drug or Only trained departmental staff in control of the Unknown hazardous chemical spill, any quantity chemical can respond to a minor spill. If the spill is larger than department staff feel they can safely clean, staff should call University Police at 911 (cell: 631-632-3333). **Minor Spill Response Major Spill Response** 1. Notify coworkers and evacuate necessary persons to Notify coworkers and have area evacuated. 1. a safe area. Secure area by restricting access and posting 2. 2. Secure area by restricting access and posting signs. If possible, trained staff can use a spill 3. 3. Remove any potential ignition sources and unplug kit/absorbent material to initially contain the spill nearby electrical equipment, if feasible. prior to evacuation. Do not attempt to clean up a 4. Review safety information on spilled chemical, major spill. including the Safety Data Sheet (SDS) and product Contact University Police at 911 (cell: 631-632-4. label. 3333) and give details of spill including specific location, chemical, quantity, and if anyone is 5. Locate appropriate spill kit and review spill kit injured. instructions. In case of an **injury or chemical contamination**: 5. 6. Don personal protective equipment (PPE) which a. Wear PPE and move victim from spill area. typically includes chemical splash goggles, chemical b. Remove any contaminated clothing and place resistant gloves, apron or lab coat. If splash potential in a plastic bag for laundering or disposal. exists, additional PPE such as a face shield or booties c. Locate nearest emergency safety shower or may be necessary.

- 7. Confine and contain spill. Cover spill with appropriate absorbent material.
- 8. Clean up spill using a scoop or other suitable item and place material in appropriate disposal container.
- 9. Decontaminate spill surface with hospital approved disinfectant (HAD), as appropriate. Note: for Hazardous Drug spill use HD Clean wipes instead of HAD.
- 10. Carefully remove PPE, place non-reusable items in disposal container and thoroughly wash hands. Contact EH&S at 4-6783 for proper waste disposal.
- 11. Investigate cause of spill. Document spill, response, and corrective action with staff.
- 12. Replenish spill kit. Glutaraldehyde/OPA spill kit (Lawson #41899), chemotherapy drug spill kit (Lawson # 60434) and Spill-X-FP for formalin spill kits (Lawson # 41858) are available through the Lawson system. Acid spill kits are available through EH&S.

- - eyewash. Flush affected areas using eyewash or emergency shower, if available, with copious amounts of water for 15 minutes.
  - d. If first aid trained, administer first aid as appropriate. Assist person to Employee Health & Wellness or Emergency Department (after hours) for treatment. If possible, bring SDS or product label.
- 6. University Police contact EH&S Fire Marshals for spill response.
- 7. Staff knowledgeable about the spill provides responders with all pertinent information and SDS.
- 8. The responders or designee informs staff when it is safe to re-enter spill area.

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# **Radiological Incident Response**

- A. EXTREME HAZARDS: High radiation levels or the possibility of airborne contamination from dry or volatile radioactive materials
  - Evacuate the area immediately. Close and lock the doors, or stand guard.
  - Call University Police at 911 (cell phone: 631-632-3333) and have them contact the assigned staff from Radiation Protection Services (RPS).
  - If you have to leave the area, remove your shoes if you suspect contamination and do not touch anything if possible.
- **B. NON-EXTREME HAZARDS**: Spills or suspected spills of radioactive materials where material does not become airborne

#### 1) Confine Contamination

- a. Localize the spill by placing absorbent material (i.e., chux or pad) on a liquid spill.
- b. Close door.
- c. Where possible, have ventilation adjusted to prevent spread of airborne contamination by contacting Plant Operations at 4-2400.
- d. Do not track contamination around the area. Check shoes with survey meter. Do not leave the spill area without surveying hands and feet.

#### 2) Protect Personnel

- a. Alert other staff and nearby persons of the hazard.
- b. Remove contaminated clothing and wash contaminated parts of the body with soap and warm water (be especially thorough in flushing out wounds).
- c. If thorough washing with soap does not remove contamination from the body, call RPS at 631-632-6410 during normal business hours or 911 off hours.

## 3) Decontaminate

- a. Trained staff will be expected to perform the major work of decontamination of their area. If assistance is needed, contact RPS at 631-632-6410 during normal business hours or 911 off hours.
- b. All potentially contaminated persons and areas must be monitored after decontamination by trained personnel before normal work is resumed.
- c. Always contact RPS at 631-632-6410 within 24 hours after an incident.

# **Biological Spill Response**

Staff wear nitrile gloves when cleaning up spills of blood or other potentially infectious materials (i.e., body fluids, unfixed tissue). If there is splash or splatter potential, eye/face protection and/or gown/lab coat is worn. The spill response is as follows:

#### 1. Patient care areas:

- a. Clinical staff in affected area removes visible bulk biological material i.e., vomit, feces, urine) using a chux and discard in regular trash. However, if biological waste material is blood, it must be disposed in a red bag.
- b. The remainder of the spill is cleaned by Hospital Custodial Services staff using the hospital approved disinfectant (HAD).
- c. The used microfiber mop head is removed and placed in a plastic liner for laundering.
- Non-patient care areas/Laboratories: Affected area staff covers the spill with absorbent material to contain spill and Hospital Custodial Services staff performs spill cleanup using the HAD, excluding lab equipment. Laboratory staff is responsible for decontaminating any affected lab equipment using the HAD.



# CLEAR EGRESS CONTACT INFORMATION



EQUIPMENT/MATERIALS	CONTACT US
Beds/Stretchers	Request a pick-up through Capacity Management or call 4-2980
Commodes	Request a pick-up through Capacity Management or call 4-2980
Dietary Carts	For pick-up or issues call 457-9015
Gas Cylinders	Pick-up of empty or extra oxygen tanks:  • M-F 8AM-4:30PM, call 5-8915 or 4-5498 (Receiving)  • M-F 4:30PM-8AM & weekends, call 4-2980 (Distribution Services)
Linen Carts	Call 4-1462 if the cart is no longer needed on the unit
Physical Therapy (PT) Stairs	Any concerns or inappropriate placement of stairs, call PT at 4-2620
Pumps	Request a pick-up through Capacity Management or call 4-2980
RIC/Patient Management Carts	For repair or adjustments, contact 4-HELP
Skids	Call 4-5498 Monday thru Friday for pick-up
Wheelchairs	Request a pick-up through Capacity Management or call 4-2980

# CLEAR EGRESS

- 1) <u>Dietary Carts No Longer Fly Solo</u>: The Food Service Ambassador for each floor coordinates dietary cart pick-up with the Food Service elevator operator. The Ambassador contacts the operator and waits with the dirty cart being returned. Additionally, the elevator operator rounds on all floors checking the elevator lobbies continuously and additional assistance from supplemental Food Service staff checking the floors. For hot food deliveries, the Ambassador receives a phone call that the hot food is on its way up and they meet the elevator operator to reduce hallway time.
- 2) Physical Therapy Stairs Find a Parking Space on the Units:
  - On MRN stairs stored near the entrance to EEG
  - On Level 5 near CACU stairs stored in the area by the door to the mechanical room
  - On 12S stairs stored in the lounge
  - On 8N, 9N, 15N, 15S, 16S and 18N stairs stored in the alcoves
  - If the stairs are moved from their storage space in the alcove for a patient, an alternative storage space is utilized.
- 3) No Skid Left Behind: When deliveries are made that require skids to be left behind, staff return to pick them up. Deliveries using skids are not made unless absolutely necessary. Call 4-5498 Monday thru Friday for pickup.
- 4) <u>Team Approach Puts Linen in its Place</u>: Small Rubbermaid carts are replacing the large metal racks. The large racks will be removed from service and the smaller carts will be used to distribute par levels for each room. The small carts are not to be stored in hallways.
- 5) Recycling is a "Good Thing": We need your broken items so please don't abandon in the hallway. Pick-up the phone and make the call to the Recycling Department at 4-1462. Recycling takes broken hampers, HIPAA bins, unwanted or broken furniture, chairs and file cabinets.
- 6) Clear the Deck: Administrators, Managers and Directors located on Level 1 rotate responsibility weekly to ensure clear egress through coordination of efforts and rounding. This process focuses on eliminating excessive boxes, skids and other stored items from blocking hallways on Level 1 and the loading dock.
- 7) Reducing the Hallway Patient "Carbon Footprint": Designated hallway areas are set-up when the unit receives notification of a hallway patient being received to the unit. Once the patient is removed from the hallway location, all the equipment including the privacy curtains, chairs and other medical equipment are removed immediately.



# **Air Pressure Monitors Fact Sheet**

# **Monitor Type**

# Price Room Monitor Deluxe (Model PMX-RPI-KP-RPS1-BAC)



# TSI Pressura Room Pressure



# How to Use

- Close door(s) leading into room.
- 2. Observe monitor. If green light is on, the pressure level is acceptable.
- 3. If red light flashes, notify your supervisor, Plant Operations at 4-2400, and Healthcare Epidemiology at 4-7430.
- 4. Room cannot be used as a pressure-required room until corrective measures are completed.
- 5. Once corrective measures are completed, observe monitor to confirm pressure is acceptable.

# **Placing Monitor in Unoccupied or Occupied Room Mode:**

- 1. Press Enter/Menu button. "Occ. Passcode:" is displayed.
- 2. Using up/down arrows, enter Down/Up/Up/Down.
- 3. Select either Occupied (alarms active) or Unoccupied (alarms disabled) using arrow.
- 4. Press Enter/Menu to save and exit. Note: If Unoccupied selected, blue light will be lit.
- 1. Close door(s) leading into room.
- 2. Observe monitor. If green light is on, the pressure level is acceptable.
- 3. If red light is on, notify your supervisor, Plant Operations at 4-2400, and Healthcare Epidemiology at 4-7430.
- 4. Room cannot be used as a pressure-required room until corrective measures are completed.
- 5. Once corrective measures are completed, observe monitor to confirm pressure is acceptable.

# Placing Monitor in Unoccupied or Occupied Room Mode (for monitor with a key switch):

- 1. Turn key switch to Neg (Occupied) or Neutral (Unoccupied) position.
- 2. Key is available at Nurses' station. After hours, call Nursing Office for a key.
- 3. For replacement key, contact Plant Operations at 4-2400.



# **Air Pressure Monitors Fact Sheet**

# **Monitor Type**

# Setra/Phoenix Controls Room Condition Monitor (Model SRCM) MART Cancer Center and Pavilion





# **How to Use**

- 1. Close door(s) leading into room.
- 2. Observe monitor. If green "NORMAL" is displayed, the pressure level is acceptable.
- 3. If <u>yellow "DOOR"</u> is displayed, recheck that all doors are closed fully.
- 4. If red "ALARM" is flashing, notify your supervisor, Plant Operations at 4-2400, and Healthcare Epidemiology at 4-7430.
- 5. Room cannot be used as a pressure-required room until corrective measures are completed.
- 6. Once corrective measures are completed, observe monitor to confirm pressure is acceptable.

For additional information, refer to Administrative Policy and Procedure, EC0063 Management of Air Pressure.