

Environment of Care Core Training

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- This is the Environment of Care (EC) Core Training Module for the South Texas Veterans Health Care System (STVHCS).
 - This training module will cover only the basic core aspects of the EC Training Program.
 - To receive credit for this course, employees must pass the EC Mastery Exam with a score of 70% or higher.
 - Any questions regarding incorrect answers should be addressed to Joan Ahrens, Chief, Safety, Occupational Health, Fire and Environmental Protection, STVHCS at (210) 617-5300 extension 14039.
 - Completion of this module only satisfies 1/2 of the EC Training Requirement. You will receive the other 1/2 training credit from your Service Chief/Supervisor. Mastery Exams taken online are automatically entered into Tempo.
- **NOTE:**
 - In addition to this training module, Service Chiefs and Supervisors are responsible for providing EC Service Specific Training that is service/job specific for their employees and for assuring that this job specific training is documented in the TEMPO Employee Education and Tracking System.
 - Completion of service/job specific training fulfills the 2nd part of this training requirement.
 - Questions and comments regarding course content should be directed to:
 - Joan Ahrens, Chief, Safety, Occupational Health, Fire and Environmental Protection, STVHCS
 - Phone: 617-5300 Extension 14039
 - Pager: 869-6284, or cell number 386-2902
- **ENVIRONMENT OF CARE (EC) OVERVIEW**
 - The Environment of Care (EC) is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) set of standards including **three** basic

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components: processes, systems and structures. Priority focus areas (PFA's) constitute the framework for this. PFA's are the processes, systems and structures in a health care organization that significantly impact the safety and quality of care. Of the 14 identified PFA's, the majority are strongly related to the EC. These include equipment use, orientation and training, infection control and patient safety. The EC includes **eight** programs. These are Safety Management, Emergency Management, Equipment Management, Utility Management, Hazardous Materials and Wastes Management, Fire and Life Safety Management (including Interim Life Safety Management), Security Management and Management of the Social Environment (which includes the No-Smoking Policy).

- **SAFETY MANAGEMENT (EC.1):**

- **What is it?**

- It includes the **management** of all the above. Each of the eight programs requires a hospital or health care system to develop a written plan:
 - * Safety Program Management (EC.1.10)
 - * Hazardous Materials and Wastes Management (EC.3.10)
 - * Emergency Management (EC.4.10)
 - * Fire Safety (EC.5.10)
 - * Security Management (EC.2.10)
 - * Medical Equipment Management (EC.6.10)
 - * Utilities Management (EC.7.10)
 - * Management of the Social Environment (EC.9.10)

- **You must know how to find each of the eight management plans in your work area!**

- **What is my responsibility?**

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- Reporting of Unsafe and Unhealthy Acts/Conditions is **everyone's** responsibility. Abatement (correction) of unsafe or unhealthful conditions are given the highest priority.
- All employees are responsible to attend Safety education (at least annual refreshers following new employee Orientation)
- All employees are responsible to help prevent and **report** all accidents and injuries.
- All need to understand that means of egress (ways of escape in event of fire or disaster) must be kept clean and clear, except for very short periods of time (15 minutes), or when the equipment can be rolled into a room in the event of an emergency. **Nothing** must ever be placed in a stairwell.
- All should be able to explain the proper use, maintenance and storage of Personal Protective Equipment (PPE) that I may need to use in my job.
- Become familiar with and comply with **all** Safety/Health regulations, policies and procedures. You must review *all* policies pertinent to your area and position annually.
- Safety personnel may be contacted at anytime, 24/7 (14040) or at night 869-6284. The ultimate responsibility for safety is the Director of the STVHCS.
- **The STVHCS Safety Committee:**
 - Is chaired by the Associate or Assistant Director
 - Has multidisciplinary membership and consists of both management and labor union representatives
 - Meets monthly
 - Covers all aspects of Safety, Occupational Health, Environmental Protection, Fire Protection, Patient Safety, Infection Control and Radiation Safety.
 - Reviews Safety Program Effectiveness, Service Subcommittee minutes and safety accidents, illnesses and incidents pertaining to safety.
 - Assigns Action

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- Reports quarterly on Environment of Care (JCAHO standards), including interpretation and methods of compliance.
- Reports on system fire drill response
- Employees are encouraged to report **unsafe and unhealthy working conditions/acts to any of the following:**
 - Supervisor
 - Chief, Safety and Occupational Health Section
 - Union Representative
 - STVHCS Safety Committee
 - Service level (safety sub-committee)
- **What if I am injured? What do I do?**
 - Let your supervisor know immediately!
 - The supervisor will begin an accident/illness report (2162) in the Automated Safety Incident Surveillance Tracking System (ASISTS).
 - Complete a CA 1 if you have an injury and wish to file a claim.
 - Complete a CA 2 if you have an occupational illness and wish to file a claim.
 - The 2162 is sent to Safety while the CA 1/2 is sent to the Workman's Compensation Program (WCP).
- **Safety Training:**
 - All employees are required to complete all mandatory training, including JCAHO Environment of Care (EC), on an **annual basis**.
 - All completed Safety Training is reported in the TEMPO computer program and is entered into the Employee Training Records. These are used as a part of each employee's competency.
- **You also need to know that:**
 - All departmental safety policies are reviewed and updated as needed.
 - Hazard Surveillance/Safety Inspection reports are available to all personnel.
 - Patient and public risk assessments are *reviewed*.

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- All incidents, accidents and other safety issues are investigated.
- Inspections are conducted monthly by the Service Safety Sub-committee and semi-annually by Safety Office personnel, as well as weekly by top management (Administrative Rounds).
- **EMERGENCY MANAGEMENT PROGRAM (EC.4) - EMERGENCY MANAGEMENT PLAN (FORMERLY CALLED DISASTER PREPAREDNESS)**
 - **What is it?**
 - A comprehensive emergency plan that provides direction to the STVHCS in the event of a community or internal event and/or disaster that may disrupt the systems ability to provide continued patient care to veteran patients and provide minor emergency medical treatment for casualties resulting from the event. ***All employees are involved and safety of humankind has first priority!***
 - **Each employee needs to:**
 - Be familiar with *both the system and your service* Emergency Management Plan and know where to find copies.
 - Know what the STVHCS *Cascade System* is used for (recall of key players should an emergency event occur after regular business hours).
 - Understand your role in an emergency even if it is to *"stand by and await further instructions from your supervisor"*.
 - Perform your duties during an emergency and know that you could be called upon to do additional duties not described in your PD.
 - Know that the system used is the Hospital Emergency Incident Command System (**HEICS**), which links us to other hospitals in the greater San Antonio area. This is the standard for healthcare emergency management.
 - The Incident Command Center (ICC) if activated is under the Chief of Staff.
 - **Know the difference between an internal and external disaster.**

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- **An Internal Emergency (Disaster) is one that occurs within the STVHCS!**
- **What is considered an External Emergency (Disaster)?**
 - An *external emergency* is an incident that occurs *within the community* (outside the STVHCS), which may require expansion of services for receiving patients. Examples include:
 - Fire/Explosion
 - Aircraft/vehicle accidents
 - Chemical Spills
 - Release of toxic gases
 - Tornadoes, floods, ice storms or other natural disasters
 - Food and/or chemical poisoning
- **The *HEICS system includes a:***
 - Predictable chain of management
 - Flexible organizational chart that allows flexible response to specific emergencies. HEICS allows the STVHCS to expand or contract the response depending on the need.
 - Prioritized response checklists
 - Accountability of position function
 - Improved documentation for improved accountability and cost recovery
 - Common language to promote communication and facilitate outside assistance
 - Cost effective emergency planning within health care organizations
- **Each employee also needs to know that the STVHCS has the following emergency plans** **Note:** Utilities, medical equipment and emergency management have numerous overlapping aspects:
 - Emergency Electrical Plan
 - Emergency Heating Ventilation and Air Conditioning Plan

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- Emergency Sewage Plan
- Emergency Elevator Shut Down Plan
- Emergency Communication Plan
- Emergency Medical Gas Cessation Plan
- Fire Response Plan
- **Electrical Plan:**
 - Outlines actions personnel take in the event of the loss of electrical power from CPS.
 - Electrical Power is vital to the life support capability of the hospital divisions.
 - There are both life support and non-life support utilities. Life support utilities and other essential things (such are computers) are on red plugs.
 - Engineering Service is fully prepared to maintain and continue electrical power in vital life support areas and functions of the STVHCS.
- **Emergency Heating Ventilation and Air Conditioning (HVAC) and Emergency Sewage Plans:**
 - Outlines action in the event of a disruption of our system due to internal/external causes.
 - Is vital to patient areas such as intensive care, surgery and bed units. These have priority in receiving services when limited.
 - Building personnel will coordinate with each other to maintain a safe and healthy environment for patients, visitors and personnel
 - Temporary systems will be installed, monitored and maintained as required until systems are back to normal operations.
- **Emergency Water Plan (same as above, with this additional information:**
 - The STVHCS ensures that an adequate supply of water is available for use in the event of an external or internal disruption of water services.
 - Bottled water will be purchased for drinking and cooking.

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- Pool Water will be used for cleaning and flushing of toilets.
- 55 Gallon Drums on station will be filled with pool water and transported to each unit. Emergency Water Drills are rehearsed periodically
- **Emergency Elevator Shut-Down Plan:**
 - Outlines actions that are to be taken in the event of a total loss of vertical transport in the building due to internal or external events.
 - First concern is for the safety of people (*patients, visitors and employees*).
 - Employees may be called upon to assist in the movement of patients, food and/or supplies.
- **Cascade Recall Rosters:**
 - Are maintained up-to-date and distributed to supervisors.
 - All employees are responsible to keep supervisors informed of changes in their home phone numbers
 - If the Cascade Recall is initiated:
 - Contact the next person on the list and pass on emergency instructions to them.
 - Continue down the roster until you reach the next person
 - The Chief of Staff is the Incident Command Center (ICC) person in charge (the Incident Commander) and is responsible for transmitting counts of available beds to the National Disaster Medical System (NDMS) coordinator.
 - The ICC will be located in J114 for the STVHCS at AD during emergencies, and in the Chief Medical Officers Office at KD.
- **During an Oxygen Fire:**
 - The Nurse Manager, Organizer and/or person in charge in each area is responsible for assuring that:
 - Oxygen is shut off
 - Patients are checked
 - Engineering Service is called at 15025/15024 (ALMD) or at 2197 at (KD)

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- Back up oxygen bottles from SPD are obtained
- **Bomb Threats, hostage situations and demonstration issues** are detailed in attachments to the Emergency Management Plan (Policy Memorandum 001-04-39) as well as in Police and Security Service policies.
- **The Computer Systems Failure and the Emergency Communication Plans** are also detailed in the Emergency Management Plan as well as in Office of Information Service (OIT) policies.
- Each service will also have individual plans for computer failure and emergency communication that all employees of that service must know.

- **MEDICAL EQUIPMENT MANAGEMENT PROGRAM (EC.6)**

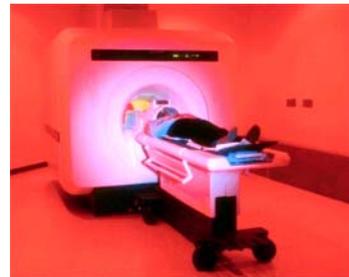
- **What is it?**

- The Medical equipment Management Program is designed to assess, monitor

and control the clinical and physical risks of equipment used for the diagnosis, treatment, monitoring and care of patients.

- **What Do I Need to Know?**

- Which equipment is in the medical equipment management program
- How to check and operate equipment, including response in an emergency
- The difference between life-support and non-life support equipment
- How to report Biomedical equipment failures
- That Preventive Maintenance (PM) inspection is regularly done at intervals not to exceed one year.
- How equipment is reported, documented and removed from service
- That safety recalls, hazard alerts and incident reviews are acted upon appropriately. These are tracked in Quality Management.
- That in event of a utility failure, which electrical outlets (**red plugs**) are supported by the Emergency Generator(s)



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- That Equipment in the "Medical Equipment Management Program" preventive maintenance is patient care (clinical) equipment.
- **Users of clinical equipment need to know how to tell the last day each piece of equipment may be used** (from the inspection sticker).
- **Some Helpful References:**
 - Policy Memorandum 001-04-40 covers *Product Safety Recalls, Hazard Alerts, and Incident Reviews*.
 - Policy Memorandum 001-04-41 covers *Safe Medical Device Act of 1990*
 - Policy Memorandum 138-04-18 covers *Acceptance Testing of New Equipment*
 - This requires that all patient care equipment and all electrically non-patient equipment, regardless of ownership, be inspected by Engineering Service prior to initial use. Personal equipment can be used **only** if patients have received written authorization. Space heaters are never permitted in hospital divisions.
 - Policy Memorandum 138-04-04, *Loaned and Leased Equipment* requires that all loaned and leased equipment receive an acceptance test by Engineering Service, prior to use in the STVHCS.
 - Engineering Standard Operating Procedure (SOP) 04-36, *Electrical Safety Program* establishes policy for safety testing, maintenance and use of electrical equipment. It covers:
 - Patient owned electrical devices
 - Use of extension cords (not permitted in healthcare except those which are heavy duty with surge protectors).
 - Employee-owned electrical devices
- **HAZARDOUS MATERIALS AND WASTE MANAGEMENT (EC.3)**
 - **What is it?**
 - This includes the **Hazard Communication Program**, the **Hazardous Materials and Waste Management Program** as well as the safe

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obtaining, handling and disposing of all chemicals (including radioactive materials, asbestos, hazardous energy, chemotherapy, and other pharmaceuticals). Medical surveillance, as well as BloodBorne Pathogen exposure (generally thought of as needlesticks and splashes) is also included in this program area.

- **What Do I Need to Know:**

- The **Hazard Communication Program** (OSHA 29CFR1910.1200), or "Right to Know Law" states that **Employees have both a need and a right to know the hazards and identities of the chemicals they are exposed to in the workplace.**
- Training must be provided when new chemical is introduced to provide information for working safely and reducing the number and severity of accidents, injuries and illnesses. Any chemical has the potential to be dangerous, even those used at home.
- Chemicals are inventoried annually in each work area or service.
- Material Safety Data Sheets (MSDS's) must be **readily accessible** (not locked up) for each hazardous chemical in the workplace. This must be reviewed by each employee using that product.
- Manufacturers and Importers must develop a MSDS for each hazardous chemical they produce. These should be obtained when the chemical is ordered. A phone call may be made to a manufacturer to obtain those not present or more than three years old.
- **What Information Can You Find on Your MSDS:**
 - Emergency phone number for additional information
 - Chemical identification
 - Ingredients which pose hazards
 - Physical and chemical characteristics
 - Fire and explosion hazards

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- Reactivity
- Health hazards
- Precautions for safe handling
- First aid procedures
- Leak and spill clean-up procedures
- Chemical Storage
- Disposal
- **Chemical Labeling:**
 - All *secondary containers* need to be properly labeled and marked legibly and prominently with the following information:
 - Identification of the Chemical by product name.
 - Appropriate Hazard Warnings (including target organ).
 - Flammable Chemicals must be stored in *Flammable Storage Cabinets*.
 - Corrosive Chemicals must be stored in *Corrosive Storage Cabinets*.
 - Never Store Flammable and Corrosive Chemicals in same storage cabinet.
- **Chemical Spill Clean-Up:**
 - Users are responsible for cleaning up chemical spills with the following exceptions:
 - ethylene oxide
 - formaldehyde
 - mercury
 - radioactive and antineoplastic (chemotherapeutic) agents
 - Spill Clean-up kits (for acids/bases/organics) - available in research, clinical labs and the STVHCS Safety Office.
 - **Good Hygiene** (handwashing, use of gloves, not eating in the work area, etc.) is a must to protect yourself from any hazardous material:

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- Wash up after handling hazardous materials; or whenever you get a chemical on your skin (especially before and after eating, drinking or smoking or putting on gloves), and after doing each task in patient care settings.
- Remove clothing that has been splashed with a hazardous chemical or potential bloodborne pathogen. Do not wash contaminated clothing with family wash.
- Wear personal protective equipment (PPE) including gloves, gown, and eye protection as appropriate.
- Given a large enough quantity **any** chemical can be a hazard.
- **When to Seek Medical Attention:**
 - If you repeatedly experience any of the symptoms such as dizziness, nausea, rashes, eye/nose irritation, etc.
 - When a hazardous chemical or body fluid is splashed into the eyes or in/on the skin (after you have first flushed with water).
 - If any dangerous substance is inhaled or ingested.
- **Incident Reporting:**
 - At the time of incident verbally report incident to the Safety Section (Ext. 14040)
 - Within three working days of incident initiate a Report Of Contact and send a copy to the Chief, Safety Section (138E).
- **Leading Causes of Needlestick Injuries:**
 - Improperly disposed of needles
 - During clinical procedures
 - If you are stuck by a needle or other sharp object which breaks the skin follow the procedure outlined in Policy Memorandum 001-04-21
 - Report to Employee Health (within 15 minutes)



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- A report of accident (2162) must be filed by your supervisor in the Automated Safety Incident Surveillance Tracking Systems (ASISTS).
- **UTILITY MANAGEMENT TRAINING (EC.7)**
 - **What is it?**
 - The Utility Management Program assures the operational response to failures of utility systems that support the patient care environment, as well as the periodic inspection of utility related equipment and systems (preventive maintenance). This includes emergency utilities.
 - **What Do I Need to Know? NOTE:** Some aspects are included under the emergency management section.
 - This program includes:
 - Electrical Distribution and Emergency Power
 - Plumbing System
 - Medical Gas System
 - Medical/Surgical Vacuum System
 - Boiler and Steam System
 - Heating Ventilation and Air Conditioning System (HVAC)
 - Communication System
 - Vertical Transport Systems (Elevators)
 - **NOTE: *All utility systems include a primary (such as CPS electrical power) and a secondary (back-up), such as the emergency generators should city power fail.***
 - **Electrical Distribution and Emergency Power:**
 - The City Public Service (CPS) supplies ALMD electrical power while Kerrville Public Utility Board (KPUB) supplies the KD.
 - There is a primary and secondary (back-up) source from these utilities. If both systems fail, the Emergency Generator(s) will come on within 10 seconds.

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- **What's on the Emergency Generator:**

- All alarm systems
- Computer mainframe and network hubs
- Emergency Lighting System
- Medical Air and Vacuum Systems
- Emergency Water Distribution System (pumps)
- Pager and Communication Systems
- Red plugs for Patient Life Support
- One elevator in each bank at ALMD and KD
- Nurse Call Systems
- Code Blue Systems



- **What you need to know about the generator system:**

- Availability of emergency power in your work area, including every third light in the hallways.
- Engineering Service conducts electrical inspections
- Report failures during the day to Engineering Service M&O (AD 15025, KD 2559).
- After hours report to Energy Control at ALMD (15724), and the boiler plant at KD (2234).

- **Plumbing System:**

- Domestic Water furnished by the San Antonio Water System (SAWS) at the ALMD and our own well at KD.
- Bottled water is used for drinking and cooking in event of water loss.
- Pool water is used for cleaning and flushing at ALMD in the event of water loss.

- **Medical Gas Systems (oxygen, nitrogen, medical air, etc):**

- Need to know where outlets, zones, pressure alarms in the unit and shut off valves are located in your area

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- Oxygen is supplied by large white bulk storage tanks by warehouse at ALMD and in front of the Engineering Building at KD.
- Compressed gas cylinders for short term outages of the oxygen, available from SPD.
- Know who is authorized to use the Oxygen Shut-Off Valve
- **Boiler and Steam Service:**
 - At AD, steam is currently provided by the VA boiler plant, with the UTHSCSA system as back-up. KD also has a boiler plant.
- **Heating, Ventilation and Air Conditioning System (HVAC):**
 - This system is made up of chilled water, steam, a hot water heating system, air handlers and an exhaust system.
 - Certain areas have recirculated and fresh air
 - Crucial areas have 100% fresh air (Operating Rooms (OR) and ICU)
 - Only areas required to have humidity control are OR's. There are approximately 15 Isolation Rooms located at AD and 6 at KD.
 - Isolation rooms are on **negative pressure** draw air (suck) from under the door), whereas **positive pressure** rooms push (blow) air through a filter. Doors must be kept closed.
 - Isolation Room Monitor (Negative Pressure)
- **Communication Systems:**
 - Are on the emergency power generators at both hospital divisions
 - If there is a loss of power a portion of the Emergency Management Plan may be implemented.
 - If there is a loss of a specific communication system, the Emergency Management Plan may



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be implemented if the disruption causes major problems (phone, computer, code blue, etc.)

- **Vertical Transport System (Elevators):**

- There is a policy to be followed in the event that an elevator is non-functioning and has passengers on board
- All have intercoms or telephones
- All contain an emergency buzzer
- All have emergency lighting
- Selected elevators will continue to operate if there is a loss of power from City Public Service (CPS). One in each bank is on the emergency generator
- At AD, if the lobby smoke detector on the Ground or 2nd thru 7th floors is activated, the tower passenger elevators are dispatched to the 1st floor for use by the San Antonio Fire Department.
- If the lobby smoke detector is activated in the 1st floor tower passenger elevator lobby, the elevator will go to the ground level.
- If a fire detection device is activated anywhere else in the hospital the tower passenger elevators will operate normally.
- P7 thru P8 (near ECTC corridor) and S5, S6 and S10 (service elevators) will go to ground level during the activation of any fire detection device.
- In an emergency after the All Clear, "One Bell" is sounded and all elevators will return to normal operation.

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- Consideration is **always** given as to how both utility systems and construction are related to Infection Control to prevent and control transmission of pathogens to patients, visitors and employees. Many more people die annually from hospital acquired infections than from fires.
- **LIFE SAFETY MANAGEMENT (EC.5):**
 - **What is it?**
 - Provides instructions on how to react to a fire (life safety) emergency to prevent personal injury, impairment of health, and/or property damage (also known as fire safety).
 - **What Do I Need to Know?**
 - Be alert using all of your senses (smell, sounds, sight, etc)
 - Take time to investigate suspicious smells or smoke immediately
 - Close all doors. If you smell smoke behind a door feel the door with the back of your hand first.
 - If the door is too hot to touch don't open it, otherwise, open door slowly.
 - **Fire Response Plan - Things You Must Know:**
 - What to do in case of a fire
 - Dial 5555 (ALMD) or 2911 KD)
 - The acronym RACE (Rescue, alarm, confine and extinguish)
 - *Fire walls* are located on the ground level, first and second floors behind the elevators at AD (P7 and P8) separating Psych wings from remainder of the Audie Murphy Division (AD) hospital, and between the KTCC and main hospital at KD.
 - *Smoke Partition Walls* are located on the third through seventh floor behind the elevators at the entrance to "C Wing" (AD)
 - **Life Safety Equivalency:**

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- The hospital divisions are fully sprinkled and the AD has a JCAHO equivalency to equate our 1973 building with fire protection of a recently constructed building
- Sprinklers go off at 165 degrees by melting (heat) a link. They are **not** controlled by a central sprinkler system that turns on from a remote site.
- **Smoke Detectors:**
 - Installed 30 feet apart in all corridors
 - Inspected annually
- **Fire Alarm Bells:**
 - The Fire Bell System has been replaced by audio notification and visual alarms at both hospital systems. Both systems are new.

Fire Alarm Pull Station Locations:

- At/in every stairwell
- By every exit
- In every Nurses Station at hospital divisions
- Other areas not to exceed 200 feet
- **Types of Fire Extinguishers:**
 - Class ABC - Dry Chemical is used on paper, flammable liquids and electrical equipment, "All Purpose". DO NOT USE ON METALS
 - Other Classes not used in healthcare environment ("A" and "BC" have been removed from service).
- **When would you use a Fire Extinguisher?**
 - Use to fight small fire (nothing larger than a trash can size)
 - You operate a fire extinguisher by
 - **P**ull the safety pin
 - **A**im the nozzle at the base of the fire
 - **S**queeze the handle
 - **S**weep at the base of the flame

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- **You need to know:**
 - Where your *two nearest fire exits* are?
 - Where your *two nearest fire alarm pull stations* are?
 - Where your *two nearest fire extinguishers* are?
 - The *location of smoke barriers and fire walls* closest to your work area?
- **INTERIM LIFE SAFETY MEASURES**
 - **What is this?**
 - The purpose of Interim Life (Fire) Safety Measures (ILSM) is to establish policies and procedures for ensuring that an adequate degree of life safety is maintained in and around areas of construction for facilities of the STVHCS
 - **What do I need to know?**
 - It is the policy of the STVHCS that life safety will not be compromised for any occupants of our building. This includes: construction workers, patients, employees, volunteers and visitors.
 - **What are Interim Life Safety Measures (ISLM)?**
 - A series of 12 Administrative Actions required to temporarily compensate for the significant hazards posed by existing NFPA 101 (1997 Life Safety Code) deficiencies or during construction activities.
 - ISLM are intended to provide a level of safety comparable to that described in the Life Safety Code and are also important when there is **any** deficiency in existing life safety features of our building(s). This would be important anytime the existing life safety features are being compromised in/around immediate work areas during times of *construction or remodeling*.
 - *Example:*
 - Defective Sprinkler Heads in Spinal Cord Injury Unit and at KD. During the period required for retro-fit/replacement, ILSM were put in place. These included such things as adding additional walkthroughs by

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Police and Safety staff, conducting extra drills and/or adding extra fire extinguishers.

- Cleanliness of patient care areas and public corridors must be maintained.
- The ILSM stays in affect until all work is completed and original conditions restored.

- **SECURITY MANAGEMENT (EC.2):**

- **What do I need to know?**

- Police Service is responsible for *security* and for opening *and* closing of doors; parking lot areas; for internal and external security checks; vehicular access; maintaining security in sensitive areas such as pharmacy and Veterinary Medical Unit (animal research area), etc., and are responsible for response to violence, bomb threats, Code Green, etc.

- **Emergency Reporting Phone Numbers: 15555 at AD & 2911 at KD**

- **Bomb Threats:**

- Handle telephone threats calmly and quietly
- Keep the caller talking as long as possible
- In case of written threats, preserve the written material and the container it arrived in.
- Notify the VA Police (15911 at AD and/or 2580 at KD) *and* telephone operator

- **You Must Know Your Role in:**

- A Missing Patient Search Procedure
- Elopement Prevention in High Risk Patients
- Security in Your Work Area: With regard to Dangerous/Deadly Weapons or materials
- Police Notification Procedures
- Methods for Management and Prevention of Violence

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- You are urged and expected to notify the VA Police as soon as possible when you become aware of actual or suspected suspicious behavior!
- All employees are required to have training annually in the "Workplace Violence Policy and Procedures" (001-04-02)
- **MANAGEMENT OF THE SOCIAL ENVIRONMENT (EC.9):**
 - **What is it?**
 - This refers to the environment provided for patients which seeks to ensure that patient care settings foster a positive self-image for the patient and preserves his/her dignity.
 - It is also a program standard which expands parameters (known as the STVHCS Mission, Vision and Values) so as to maintain excellence in providing excellence in: 1) clinical care, 2) education and research, 3) being a leader in health care, and 4) being a provider of choice for our customers, (patients, visitors, employees, etc.)
 - The Social Environment Program is essential to excellence, making possible a sustained high level of care to **all** veteran patients especially that of the disadvantaged.
 - The delivery of quality health care is enhanced by an appropriate physical surroundings and psychological sphere for both the veteran with recent service as well as the elderly veteran population.
 - The appearance of our grounds contributes to the psychological well being of our patients.
 - Special emphasis is on the strategic planning of services, programs and architectural features that support patient needs.
 - **Key Question - Would I want to place a family member in the environment of our hospitals or clinics?**
 - **What do I need to know?**
 - This program is tailored to the:

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- Physical needs of patient
- Psychological needs of patient
- Social needs of patient
- Supports mission and services of STVHCS
- **How? Through:**
 - adequate supplies for patient grooming (personal hygiene)
 - adequate drawer and closet space
 - suitable clothing
 - telephones (with privacy)
 - doors on sleeping rooms
 - number of patients per room (8 or <)
 - space provided to appropriate age, developmental level and clinical status
- **Conditions are checked weekly by Administrative Rounds Personnel:**
 - Associate Director
 - Chief Safety Section
 - Chief, Engineering Service
 - Chief, Environmental Management Service
 - Chief, Nursing Service
 - Chief, Acquisition and Material Management
 - Infection Control
 - Chief, Office of Information Technology (OIT)
 - Patient Safety Manager
 - Union Representatives
- **NO SMOKING POLICY (EC.1.30):**
 - What do I need to know?
 - Three purposes of no-smoking policy:
 - Reduce the risks to patients who smoke
 - Reduce the risks of passive smoking for others

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- Reduce the risk of fire
- Smoking is not permitted in any building or in front of any STVHCS door
- It is permitted only in designated smoking areas
- **Education and Cessation Programs are available to any customer or the STVHCS (patient, visitor, employee etc.)**

ENVIRONMENT OF CARE CORE TRAINING – FY05
Mastery Exam

1. If I do not want to file a claim for an accident I do not need to fill out any paper work.
 - a. True
 - b. False
2. The acronym RACE stands for rescue, assist, confine and evaluate.
 - a. True
 - b. False
3. Flammable and combustible chemicals are stored together, far away from and separate from other types of items in the flammable cabinet.
 - a. True
 - b. False
4. The emergency lighting system, Code Blue system, pager and communication systems, alarm systems, and emergency water pumps are all on the emergency generator, which will come on within ten seconds should there be a power failure.
 - a. True
 - b. False
5. Which one of these tells you how to react in an emergency?
 - a. JCAHO, ASSISTS, SAWS
 - b. ILSM, OR, IRS
 - c. ICU, PPE, ICC, PFA
 - d. EC, SOP, PASS, MSDS
 - e. WCP, HVAC, OIT
6. The most effective method for reporting unsafe and unhealthy working conditions is to:
 - a. Send the Chief of Safety an anonymous letter
 - b. Send an electronic-mail to Public Affairs
 - c. Tell the secretary to the Chief, Nursing Service
 - d. Tell another person who is a Union member
 - e. Tell someone in the Directors Office
 - f. Report to your safety service subcommittee.
7. OSHA regulations require that employees may not eat in patient care areas:

- a. Except when wearing double gloves.
 - b. Unless there are no chemicals or body fluids present.
 - c. Unless the area is a staff bathroom, or a hallway
 - d. Unless the substance is a liquid and there is a cover on it.
 - e. Under no circumstances
8. Someone from the Safety Office can be contacted anytime, day or night, but not on weekends.
- a. True
 - b. False
9. The following is not included in the JCAHO EC Standards:
- a. Medical Equipment, Safety Management, No Smoking policy
 - b. Security Management, Interim Life Safety, HEICS
 - c. Equipment, Workman's Comp, Social Management.
 - d. Life Safety Management, Hazardous Wastes, and Utilities
10. I need to know the following information:
- a. Patient Safety is important for only standards EC.2 and EC.5.
 - b. How to conduct a safety risk assessment and/or incident investigation
 - c. Several methods of reporting unsafe situations
 - d. How to respond to a loose animal from the research Veterinary Medical Unit (VMU)
 - e. How to scientifically review a hazard alert or safety recall memo.
 - f. All inspections are done by the Safety Office.
11. The basic components of a Safety Management Program are:
- a. Buildings, Emergency Management and Life Safety
 - b. Equipment, Utilities, and People.
 - c. Security, Wastes, and Equipment.
 - d. Processes, systems and structures.
 - e. None of the above
12. Only the Operating Room (OR) suites have humidity control in the heating, ventilation and air conditioning (HVAC) system.
- a. True
 - b. False

13. Only a select few people in the STVHCS have some responsibility when the HEICS is activated. Some others may “stand by and await further instructions” from their supervisors. Most people have no responsibility.

- a. True
- b. False

14. More people in hospitals die from infections acquired in the hospital than from inadequate fire protection

- a. True
- b. False

15. The Mission, Vision and Values of the STVHCS is integrally connected to:

- a. The Management of Violence in the Workplace
- b. The Management of the Social Environment
- c. Medical Equipment and Utility Management systems.
- d. A and b only
- e. All of the above
- f. None of the above

16. All elevators have all of these with one exception? Which is it?

- a. Phones or intercoms
- b. Smoke detectors
- c. Emergency telephones
- d. Ability to skip floors
- e. Buzzers

17. Interim Life Safety Measures does not include which of the following:

- a. Keeping the area clean and free of debris
- b. Doing increased walk-throughs
- c. Placing additional fire extinguishers in the area
- d. Extra fire drills
- e. Keeping the area clear of obstructions

18. Any chemical has a potential to be a hazard, even salt and pepper:

- a. True
- b. False

19. Equipment may be left in a means of egress (hall) provided:

- a. Someone will move it on another shift

- b. It is during lunch hour and afternoons only
- c. If it is on one side of the hall
- d. It is not left longer than one day at a time provided employees know to move it in case of emergency.
- e. It is only for very short periods of time (fifteen to thirty minutes):
- f. It is on wheels and can be moved
- g. It is moved into the stairwell should a fire break out.

20. Hand Washing is not important if double gloves are worn and the employee has not been eating or drinking:

- a. True
- b. False