Orientation
Fire Safety Training

Objectives:

I. Describe your role from the fire's point of origin
II. Describe your role if you are away from the fire's point of origin
III. Identify fire prevention features in a hospital building.
IV. Describe the four steps for operating a fire extinguisher
V. Locate the following fire prevention features in your immediate work area:

a. Fire Pull Stations
b. Fire Extinguishers
c. Fire/Smoke Doors
d. Fire/Smoke Compartments
e. Fire Hose (limited locations)

Listed below are guidelines for responding to a fire at USC Arcadia Hospital.

If you are the person who discovers the fire or the fire is in your unit:

1. **Rescue/Remove**: Rescue patients, visitors, and staff from immediate danger.
2. **Alarm**: Activate the alarm by pulling the nearest pull station in your unit or dial 5-5-5-5.
3. **Contain**: Once everyone is evacuated, close the door to the room where the fire is located and close the doors to all other patient rooms.
4. **Evacuate/Extinguish**: Extinguish the fire is safe to do so or evacuate if ordered by Administration.

****If the fire is not in your area report to your supervisor for guidance and direction. Listen to the public address system and overhead pages, and be prepared to implement R-A-C-E.**

Fire Extinguishers: Fire extinguishers are located throughout the hospital buildings at about approximately every 50-75 feet.

There are four easy steps in remembering how to properly use a fire extinguisher:

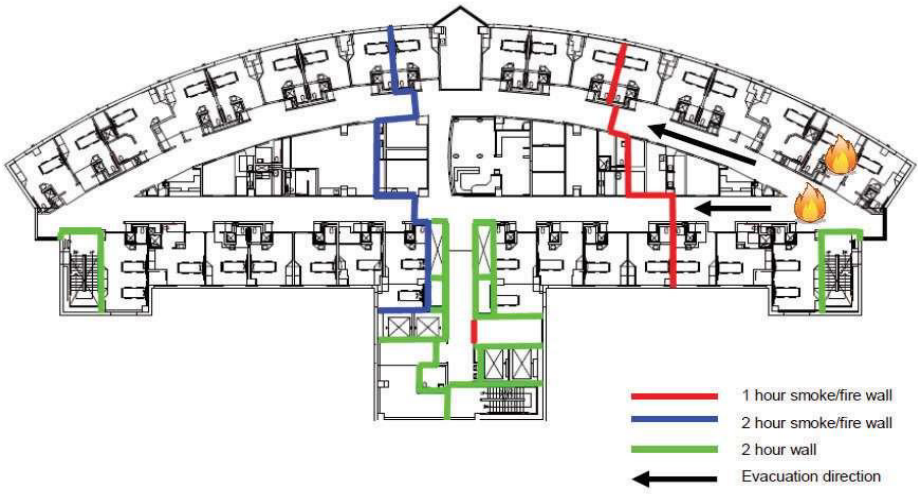
Pull the pin (at the top of the fire extinguisher)
Aim the nozzle (the rubber hose part)
Squeeze the trigger (the handle at the top)
Sweep from side to side (move the fire extinguisher as a whole unit, from side to side).

Additional Measures:

1. Avoid using the elevators during a code red or actual fire.
2. Know the location of your departmental refuge area. Reference the hospital's evacuation plan.
3. Keep yourself between the fire and the exit so you have an escape route.
4. Attempt to put out the fire only if you are certain that you can do so without endangering yourself or anyone else.
5. Know the location of all oxygen shut off valves in your department. Only trained personnel are allowed to shut off an oxygen valve
6. Fire doors are fire resistant doors making it a longer duration for a fire to burn through a door and spread accordingly.
7. Know the locations of all exits and emergency stairwells in your departments. Stairwells should be free of equipment and should not be used as storage.
8. Ensure all items/equipment are stored at least 18" from the fire sprinkler head.

Evacuation & Compartments

1) **Smoke and Fire Compartments** are areas within a building which are completely surrounded with fire construction, usually with features such as automated fire resistant doors which close when a fire is detected. The primary objective of fire compartments is to prevent the spread of a fire for a specific time frame.
2) **Horizontal evacuation** means to move on the same floor to another section. For horizontal evacuation to be effective one must pass through fire or smoke barriers. Fire and smoke barriers are usually identified by automatic closing doors or double doors. Effective horizontal evacuation guarantees a one hour safe zone for further evacuation or fire department response. Please refer to the diagram below for further education on horizontal evacuation.
3) **Vertical evacuation** means evacuation from one floor to the floors above or below.



Infection Prevention and Control Basics

OBJECTIVES:

I. Describe Standard and Expanded Precautions (Airborne, Droplet and Contact)
II. Know how to determine precautions indicated for patient
III. Know how to prevent bloodborne pathogen exposure
IV. Know when to perform hand hygiene based on Centers for Disease Prevention and Control's guidelines
V. Discuss the Aerosol Transmissible Control Plan at USC Arcadia Hospital
VI. Know where to access infection control policies

BLOODBORNE PATHOGENS EXPOSURE CONTROL

USC Arcadia Hospital's Bloodborne Pathogen Scope and Plan IC1010 is located on the intranet under the department of Infection Control. A copy of the Federal Register describing bloodborne pathogen regulations is an attachment to the policy. It is your responsibility to be familiar with the contents of the Infection Control Policies and to incorporate these practices into your workflow. An annual health evaluation along with TB screening is mandatory for all employees and is done through Occupational Health Department. Hand hygiene is the single most effective means to prevent infection transmission. Treat all body fluids as though they are infectious. Gloves play an important part in protecting you but they do not eliminate the need to perform hand hygiene before and after putting on your gloves.

I. STANDARD PRECAUTIONS (Bloodborne Pathogens Exposure Control)

A. ***Standard Precautions Tier One:*** Applies to all blood, body fluids
B. ***Standard Precautions Tier Two:*** Expanded Precautions (Tier one plus one or more of three levels); ***Airborne, Droplet and Contact***

II. EXAMPLES OF DIAGNOSIS & PRECAUTIONS

A. Use ***standard precautions*** for the care of all patients and with each encounter
   1. Designed to reduce the risk of disease transmission even when the source of infection is unknown.
   2. Always begins and ends with hand hygiene
   3. Apply the appropriate personal protective equipment:
      a) Gloves when coming in contact with blood/body substances, mucus membranes and/or non-intact skin
      b) Gown during procedures and patient care activities when contact with clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated
      c) Mask, eye protection, face shield during procedures and patient care activities likely to generate splashes or spray of blood, body fluids, secretions and excretions

B. Use ***airborne infection isolation*** for care of patients with measles, varicella zoster, tuberculosis, SARS, and smallpox
   1. Standard precautions plus mandatory use of a N95 respirator or powered air purifier respirator for high hazardous procedures

C. Use ***droplet precautions*** for patients with conditions such as bacterial meningitis, diphtheria, pneumonia, pertussis, influenza and RSV. Note that standard precautions are adequate for patients with viral meningitis. If you don't know if the patient has viral or bacterial meningitis put the patient in droplet isolation until status is determined by CSF results and/or or physician statement.
   1. Standard precautions plus mandatory use of face mask
   2. Eye protection and face shield during procedures likely to generate a splash

D. Use ***contact precautions*** for care of patients with MDROs such as MRSA, VRE, *E. coli ESBL, and Carbapenem-resistant Enterobacteriaceae,* incontinence, infections in infants and young children, skin breaks, scabies or other rashes, abscesses or any skin infection.
   1. Standard precautions plus gloves and gown during procedures and patient care activities when contact with clothing/exposed skin, blood and body fluids, secretions and excretions is anticipated.

E. Use ***contact/enteric precautions*** for care of patients with *Clostridium difficile* diarrhea, diarrhea and stool incontinence.
   1. Standard precautions plus gloves and gown
   2. effective against the *C. difficile spore.*

F. Use the isolation apparel indicated to protect you from exposure. For scabies, MRSA, VRE, *C. difficile, E.coli ESBL, Carbapenem-resistant Enterobacteriaceae,* and other multidrug-resistant organisms, use gown and gloves for direct patient care.

III. EXPOSURE PREVENTION

A. Wash hands before and after patient care, handling or touching contaminated surfaces or substances and when they are soiled, or use an approved antiseptic hand cleanser.

B. Use personal protective equipment (gloves, gowns, mask, eye protection, face shield) when indicated, to prevent exposure to bloodborne pathogens.

C. Use safety devices to prevent needle stick injuries. Dispose of sharps in the container provided. Do not overfill container.

D. Do not bend, recap or break contaminated needles. If you must recap, use a one-handed technique.

E. Keep all your equipment and your work area clean. Have broken equipment repaired.

F. Label or color-code containers used for storage, transport or shipping of potentially contaminated materials. Examine containers for leaks. Decontaminate as necessary or use a label stating which portion of the equipment remains contaminated. Convey this information to all affected employees or the receiver of a shipped item.

G. Dispose of Medical Waste (waste red or dripping with blood) in red bags or red containers provided in patient care areas.
H. Do not pick up broken glass with your hands. Use a brush and dustpan, tongs or forceps. Potentially infectious spills must be immediately contained and cleaned by someone properly trained and equipped to work with them. Report a potentially infectious spill to housekeeping ASAP. Cover any liquid spill with paper towels to prevent an accident before it can be cleaned.
I. All linen is considered contaminated and is treated in the same way.
J. Healthcare workers not vaccinated with the seasonal influenza will be required to wear a face mask.
K. The hepatitis B vaccine series is available through the Occupational Health Department at the time of hire at no cost to those at risk of exposure. If you refuse the vaccine, you must sign a declination form provided in the Occupational Health Department.
L. Post exposure first aid, evaluation and prophylaxis is provided through Occupational Health Department or the ER in the absence of Occupational Health.
M. **Report for evaluation as soon as possible after an exposure incident. Prophylaxis, if indicated, may need to be initiated within 2 hours**.

IV. HAND HYGIENE

A. Procedure
1. Hand hygiene is to be performed prior to and immediately after patient contact, before and after putting on gloves, after using the restroom and before going home.
2. Antimicrobial Soap
a) Wet hands and use one pump of the antimicrobial soap
b) Wash hands for a minimum of 20 seconds
c) Rinse hands and dry with paper towel
d) Use paper towel to turn off the faucets
3. Alcohol-based hand cleansers may be used in place of washing hands.
a) After ten (10) uses, wash hands with antimicrobial soap and water
b) Make sure hands are thoroughly dry before touching any electrical device
c) Do Not use alcohol-based hand cleansers if hands are visibly soiled or the patient has *Clostridium difficile*

AEROSOL TRANSMISSIBLE EXPOSURE CONTROL PLAN

I. The Aerosol Transmissible Exposure Control Plan provides guidance to minimize the transmission of aerosol transmissible diseases including *Mycobacterium tuberculosis,* measles, mumps, rubella, SARS and any novel or unknown aerosolized transmissible pathogens.

II. Tasks requiring respirator protection and high hazard procedures

A. Entering an Airborne Infection Isolation Room (AIIR)-negative pressure room
B. Entering an area where patients with aerosol transmissible pathogens are located
C. Working in an area occupied by a patient with aerosol transmissible Pathogen during decontamination procedure

III. High Risk/High Hazard Aerosol Generating Procedures

A. Endotracheal intubation and extubation
B. Aerosolized or nebulized medication administration
C. Diagnostic sputum induction
D. Bronchoscopy
E. Open suctioning
F. Cardiopulmonary resuscitation
G. Any clinical, surgical or lab procedures that aerosolize pathogens

IV. Protective Equipment Requirements

A. Airborne precautions including eye protection
B. Airborne Infection Isolation room (negative pressure)
C. **Powered Air Purifying Respirator (PAPR)** for high hazard procedures
Fit tested disposable N-95 respirator for routine care
D. Hand hygiene

V. Rooms That Meet Airborne Infection Isolation Requirements (AIIR):

A. Berger Tower rooms-118, 120, 220, 234, 420, 432, 434, 520 and 532
B. North Tower room – 368, 369, 468, 469, 568 and 569
C. Critical Care – CC30 and CC38
D. Emergency department, Room 11

VI. Definition: Tuberculosis (TB**): Infectious disease caused by** *Mycobacterium tuberculosis.* **Categories:**

A. **TB Infection (Latent TB)**: Individual carries germ, does not infect others, is not sick, but skin test positive. Prophylactic treatment recommended for some individuals with positive skin test.
B. **TB Disease (Active TB):** Individual is ill with any combination of symptoms i.e., cough, fever, loss of appetite, coughing up blood, weakness, weight loss, night sweats, chest pain when coughing.

VII. Transmission:

A. **Airborne** via coughing, sneezing, and/or talking to infected individual.

B. **Transmission potential:** High for people who spend a lot of time indoors with a person infected with TB. **Active TB is infectious** unless the person is taking appropriate medications as ordered by a physician, has demonstrated clinical improvement and has become AFB smear negative

VIII. Isolation Requirements

A. On initial assessment, if the patient has symptoms suspicious of tuberculosis, place the patient in negative pressure isolation room until status is clarified by a negative AFB sputum smear, or physician documentation
B. For suspect and active cases to tuberculosis, place the patient in a negative pressure room and post a blue airborne precaution sign
C. All doors must be closed- anteroom door and the patient room door
D. Wear a fit tested N95 mask; put the mask on inside the anteroom, mold it to your face and perform a respirator check to ensure a tight seal.
E. Remove the N95 mask inside the anteroom and not the patient's room
F. Room alarm monitor for negative pressure must be activated when the room is to be used for suspect or active TB patient
    1. Green light outside door indicates that negative pressure monitor feature is in use and the system is working
    2. Red light indicates that negative pressure has been broken by an open door. The doors must be closed to reestablish negative pressure.
    3. If red light does not turn off and/or the alarm keeps sounding, the ventilation system is not working correctly and is in need of repair – CONTACT FACILITIES immediately
    4. Engineering department activates/deactivates alarm and maintains the system

RESOURCES

I. Infection Control Policies are found online via USC Arcadia Hospital intranet page

II. Infection Control Department staff can be accessed at extension 3517 or through nursing supervisor on nights and weekends.

Hazardous Materials

Introduction:

There are thousands of different chemicals here at USC Arcadia Hospital. If you work around chemicals please ensure you have received appropriate hazardous materials training which includes: appropriate personal protective equipment (PPE), disposal procedures of chemicals, spill response, storage, and labeling.

General information about chemicals can be found on Material Safety Data Sheets (MSDS). All MSDSs are available on the USC Arcadia Hospital intranet page via the MSDS link.

Hard copies of all MSDSs are located in the Safety Department and Nursing Office. The Safety Department has a full inventory for all chemicals in the facility.