

UW Medicine

**2020 ANNUAL REFRESHER
TRAINING**

**HARBORVIEW MEDICAL CENTER
INFORMATION SHEET**

Harborview Medical Center

325 Ninth Ave. Seattle, WA 98104 206-744-3000

MISSION & PATIENTS ARE FIRST

Harborview's Mission

Harborview Medical Center is owned by King County, governed by the Harborview Board of Trustees, and managed under contract by the University of Washington.

Harborview Medical Center is a comprehensive healthcare facility dedicated to the control of illness and the promotion and restoration of health. Its primary mission is to provide healthcare for the most vulnerable residents of King County; to provide and teach exemplary patient care; to provide care for a broad spectrum of patients from throughout the region; and to develop and maintain leading – edge centers of emphasis. As the only Level I Adult and Pediatric Trauma Center in Washington, Harborview Medical Center provides specialized comprehensive emergency services to patients throughout the region, and serves as the disaster preparedness and disaster control hospital for Seattle and King County.

The following groups of patients and programs will be given priority for care:

- Persons who are non-English speaking
- Persons who are uninsured or underinsured
- Persons who experience domestic violence
- Persons who experience sexual assault
- Persons incarcerated in King County's jails
- Persons with mental illness, particularly those treated involuntarily
- Persons with substance abuse
- Persons with sexually transmitted diseases
- Persons who require specialized emergency care
- Persons who require trauma care
- Persons who require burn care

Harborview's patient care mission is accomplished by assuming and maintaining a strong leadership position in the Pacific Northwest and the local community. This leadership role is nurtured through the delivery of

health services of the highest quality to all of its patients and through effective use of its resources as determined by the Harborview Board of Trustees.

Harborview, in cooperation with UW Medicine, plans and coordinates with Public Health Seattle and King County, other county agencies, community providers, and area hospitals, to provide programs and services.

Harborview fulfills its educational mission through commitment to the support of undergraduate, graduate, post-graduate and continuing education programs of the health professions of the University of Washington and other educational institutions, as well as programs relating to patient education.

Harborview recognizes that the delivery of the highest quality of healthcare is enhanced by a strong commitment to teaching, community service and research.

ADVANCING EQUITY, DIVERSITY AND INCLUSION

Interpreter Services:

744-9250 24 hours a day, 7 days a week

Effective communication is important for patient safety and patient satisfaction, especially with individuals who have difficulty communicating, such as those who do not speak English (those who have limited English proficiency – LEP) or those with a disability that affects their communication (those who are hard-of-hearing, deaf, blind or unable to speak).

Harborview provides meaningful access to the healthcare services available and effective communication to individuals with LEP and disabilities through the use of qualified interpreters and/or other auxiliary aids or services. Harborview does not discriminate against individuals with LEP or disabilities in the hospital or clinics because of their difficulty communicating. These individuals cannot be required to furnish their own interpreter or assistive aids to receive healthcare services.

Staff must (i) document the accommodation requested by the patient/visitor with a language need or disability; (ii) furnish communication assistance through interpreters or other assistive devices, such as telephone amplifiers, TTY machines, large print format documents, etc. at no cost to the individual; (iii) modify routine procedures to ensure that the communication needs of individuals with LEP or disabilities are accommodated; and (iv) document the use of interpreters or other assistive devices/aids in the medical record.

Policy:

https://hmc.uwmedicine.org/sites/policiesprocedures/Pages/INTERPRETATION_LINGUISTIC_ACCESS_FOR_PERSONS_WITH_COMMUNICATION_LIMITATIONS_60-3.aspx

For more information, contact: Yvonne Simpson simpsony@uw.edu

Suspected Child Abuse or Neglect - Reporting Requirement at Harborview Medical Center:

Upon recognition of suspected child abuse or neglect, the social worker should be notified. The social worker and treatment team will gather information to determine if a report should be made. The social worker will make the appropriate notifications to CPS and/or law enforcement as soon as possible and no later than 48 hours after establishing that there is reasonable cause to suspect abuse or neglect.

Harborview Medical Center:

For suspected abuse/assault of anyone including a child or vulnerable adult occurring on HMC property, HMC staff will first ensure the immediate safety of the victim and then notify the area manager. The area manager will notify Harborview administration, who will ensure appropriate involvement of physicians, Security Services, Social Work, Human Resources and senior management. Administration will work with team members to make referrals to law enforcement, Child Protective Services, Adult Protective Services and Department of Health as needed.

INFECTION PREVENTION

Power Air Purifying Respirators (PAPR) or N95s should be used in any patient that has suspected or confirmed TB. PAPRs or N95s should be used when performing aerosolizing/cough producing procedures in which they patient has suspected or confirmed respiratory illness and is on Droplet Precautions.

PAPR CONTACTS:

Clinical Engineering	206-744-3496	Report equipment failure or needed repairs
Medical Stores	206-744-8384	Procure PAPR units; purchase hoods
Employee Health	206-744-3081; pgr 206-663-2318	Report exposures or concerns at any time
Infection Control	206-744-9560; pgr 206-663-8872	

*3M Versaflo PAPR respirators do not protect against hazardous fumes or vapors and do not provide oxygen. Consult department supervisor for further respirator instructions.

To report exposures or concerns: Contact Employee Health/Infection Control/Nursing Supervisor

Antimicrobial Stewardship

- Questions?
 - Contact the Antimicrobial Stewardship Program at your facility
 - HMC/UWMC Antibiotic Guidelines are available at:
<https://occam.uwmedicine.org>

PATIENT SAFETY

The Patient Safety Network (PSN) is the online incident reporting system for Harborview Medical Center.

What you need to know about the PSN:

- The Patient Safety Team reviews every reported event.
- Email alerts are automatically sent to managers and subject experts
- Reports are reviewed by multiple people and follow up depends on the type of event. .
- Events and trends may be used to support system changes.
- PSN is a way to get the right people notified of your concern.

- Contact your PSN representative or visit the [resource page](#) to find out how to anonymously report events.

Where can you access the PSN?

- The icon to access the PSN is on every UW Medicine computer.
- Easy to access and easy to use



Critical Incident Support and Resources (CISR) and Peer-to-Peer Support

We work in a challenging and demanding environment. People who are involved in or witness a traumatic event experience it differently. Events such as:

- A patient who has been on your unit for a long time dies from their illness.
- An error leads to a Rapid Response.
- A patient because assaultive, hurting one of your colleagues during the Code Grey response.

We refer to these events as Critical Incidents and have developed a support program to help staff in dealing with them. For some people, memories and thoughts about these incidents become intrusive and may cause sadness, guilt or feelings of incompetence. A nurse may think: “I just can’t stop thinking about what happened, every time I go by that room.” This negative response has many names, like “Second Victim Syndrome” or “Medically Induced Trauma,” and the key thing to understand is that it is totally normal after a traumatic event. Other symptoms can include: inability to sleep or sleeping too much, distractibility, general anxiety and feelings of shame.

Starting January 1, 2020, the UW Medicine hospitals started a Peer-to-Peer program. These are your peers, drawn from all over the hospital, who have completed additional training. They are available for all HMC staff, providers and students. If you want to find out more information about any of these resources, check out our [intranet page](#) or call CISR contact line at 206-744-9561.

For more information on the Patient Safety Program, visit our intranet page.

ENVIRONMENT OF CARE

Emergency phone numbers

Medical Emergencies in the Medical Centers: **DIAL 222** or 206-744-2222 from any cell phone.

Activate when staff discovers a person who is:

- In cardiac and/or respiratory arrest
- Unconscious and does not appear to be breathing
- Unconscious and breathing
- Unresponsive or unable to communicate
- Presenting symptoms of stroke

A **Code Blue** will be called overhead and a designated Code Blue team responds. Only those on the Code Blue Team & staff in the area should respond.

Initiate Basic Life Support (CPR), if trained to do so.

Security Emergency: **DIAL 4-5555**. Phone numbers can be dialed with personal or HMC cell phones using 206-744-2222 or 206-744-5555.

HMC Campus and off-site locations: **DIAL 911**

DISASTER RESPONSE

Disaster response instructions can be found in the HMC Disaster Binder or Disaster Box. Each department has specific instructions for their area. Know the location of the binder or box for your area before a disaster occurs. Resources can also be found on the HMC Disaster Preparedness intranet site -

<https://hmc.uwmedicine.org/bu/DisasterPlan/Pages/default.aspx>

EMERGENCY CODES

EMERGENCY CODE	EMERGENCY SITUATION
Code Red	Fire
Code Blue	Cardiac or Respiratory Failure
Code Orange	Hazardous Material Spill or Release
Code Gray	Out of Control Patient
Code Silver	Active Shooter
Code Amber	Infant and/or Child Abduction
Code Zebra	Heightened State of Alert
External Triage	External Disaster
Internal Triage	Internal Disaster
Internal Triage + Bravo	Bomb Threat
Internal Triage + Cyber	Cyber Disaster
Internal Triage + Echo	Evacuation

Code Silver - Active Shooter: An emergency response to an active shooter event.

Call HMC Security Dispatch Center emergency number (**4-5555**) from a house phone or (911) if calling from a cell phone or HMC off-site clinics and report a CODE SILVER - ACTIVE SHOOTER.

HAZARDOUS MATERIAL SAFETY

How to access Safety Data Sheets (SDS)

Mychem website: You can find the link

“MyChem/SDS” on the Intranet under **“Top Tools”**






In the event of a MyChem outage, Security has redundant access to all SDSs. Call Security Services/Public Safety when an SDS is needed urgently and MyChem is not functioning.

Top Tools

Alpine (email)
Office 365 Email
HBI
HMC Paging
IDEA Budgets
Lab User Guide
MicroMedex
MINDscape
MyChem / SDS
ORCA



WASTE SEPARATION

Waste Generated	Waste Examples	Disposal Container	Waste picked up by
Sharps	Needles, syringes, lancets, razor blades, scalpels, broken ampoules	Red Sharps bin 	EVS Contractor
Biohazard	Materials saturated with body fluids or blood such as bandages, dressings, gloves, suction containers, blood bags, tubing	Red biohazard bin with red bag 	HMC Environmental Services (EVS)
Pharmaceutical Waste	Partial doses of medications (unused/expired doses sent to Pharmacy), chemotherapy-contaminated administrative debris	Pharmaceutical waste bin (black or white/blue bins) 	HMC Environmental Services (EVS)
Batteries	Alkaline, nickel cadmium, lithium (must be taped first), nickel metal hydride batteries	Label battery container provided by department or EVS 	HMC Battery drop-off or UW EH&S for large containers
Narcotic Pharmaceutical Waste	Narcotic tablet/capsules, partially used syringes, IV bags, lozenges, suppositories, patches	Rx Destroyer bottle 	HMC Environmental Services (EVS)
Chemicals	Formalin, Xylene, fixatives, other lab chemicals, unknown chemicals, pesticides	Labeled container provided by department	UW Environmental Health & Safety (EH&S)

WORKPLACE SAFETY AND SECURITY

Report Workplace Violence

- Your supervisor
- HMC Security Services
- UW Safe Campus

MEDICAL EQUIPMENT FAILURES

- To report equipment failures: Contact Clinical Engineering
- All medical equipment used in patient care areas must be inspected before first use.
- Loaner equipment, rental, physician owned and research evaluation equipment must also be inspected prior to being used in a patient care area.

EQUIPMENT FAILURE TO DOS
Report all medical equipment problems.
Equipment involved with possible injury or death of a patient must be removed immediately. DO NOT change device settings!
Report all equipment-related injuries, 'near-misses' or potential problems.
Use of patient-owned equipment is strongly discouraged. Patient-owned equipment shall be inspected by clinicians to assure proper functioning and safety.
Extension cords are not allowed in patient care areas, unless approved.

UTILITY ISSUES & FAILURES

Within ten seconds of a power outage, specific areas and essential systems will automatically transfer to the emergency power system.

POWER OUTAGE TO DOS

Turn off unnecessary electrical equipment. Ensure critical equipment is plugged into red outlets.
Remain calm and in your work area.
Locate flashlights.
Continue work duties, where possible.
Telephones - During telephone system failures, use blue phones, cellular phones or staff as runners.

UTILITIES THAT MAY BE AFFECTED
Heating, cooling and ventilation
Water supply and sewer backups: DO NOT put items down sinks, hoppers and toilets that do not belong, such as bath wipes or Sani-cloths, this can cause the plumbing system to back up.
Pneumatic tube system
Elevators: If you get stuck in an elevator, stay calm and use the emergency number located in the elevator.
Medical gas and vacuum
Telephones