

UW Medicine

2020 ANNUAL REFRESHER TRAINING

**UNIVERSITY OF WASHINGTON MEDICAL CENTER
INFORMATION SHEET**

MISSION & PATIENTS ARE FIRST

MISSION

University of Washington Medical Center Improves Health by Providing Exceptional Patient and Family Centered Care in an Environment of Education and Innovation.

VISION

To be the Safest Medical Center.

To be a Thriving Medical Center.

To be a Medical Center of Choice for patients, faculty and staff.

ADVANCING EQUITY, DIVERSITY AND INCLUSION

UWMC supports equal access to health care services for all patients, no matter where they were born, what language they speak, or what their hearing status may be. Staff from Interpreter Services provide language support for patients by telephone, in person in the medical center and in video format.

Call Interpreter Services at 206-598-4425, or email intrpsvc@u.washington.edu.

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 (limited English proficiency – LEP) or those with a disability that affects the ability to communicate (hard-of-hearing/deaf/blind/inability to speak).

UW Medicine provides meaningful access to the healthcare services available and effective communication to individuals with LEP and disabilities through the use of qualified interpreters or other

auxiliary aids or services. Individuals with LEP or disabilities cannot be discriminated against in the hospital or clinics because of their difficulty communicating and cannot be required to furnish their own interpreter or assistive aids to receive healthcare services.

Staff should (i) document the accommodation requested by the patient/visitor with a language need or disability; (ii) furnish communication assistance through in-person or telephonic video 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.

Suspected Child Abuse or Neglect - Reporting Requirement

Health care workers are mandated by law to report cases of suspected or actual abuse, neglect or exploitation.

To report abuse/neglect of a child, a developmentally disabled or dependent adult of any age, or any adult over the age of 60 call 1-866-363-4276 (1-866-END-HARM).

If you fear for the patient's safety, call Security at 222. For immediate public safety/police intervention, call 911.

Tell your supervisor and document in the patient's chart when/why a report was made.

Call your assigned Social Worker or the main Social Work office at:
(206) 598-4370, for follow-up.

INFECTION PREVENTION

For the effective prevention of infections, healthcare workers at the University of Washington Medical Center are provided appropriate respiratory protection.

University of Washington Montlake Campus: N95 or PAPR Devices

University of Washington Northwest Campus: PAPR Devices

Healthcare workers should wear a fit-tested NIOSH-approved N95 respirator or a higher level respirator, such as a Powered Air Purifying Respiration (PAPR), when:

1. Entering a room or caring for a patient with suspected or confirmed airborne transmitted infection (e.g. a patient in airborne precautions due to Tuberculosis, disseminated zoster, measles or hemorrhagic fevers);
2. Entering a room or caring for a patient with suspected or confirmed droplet transmitted respiratory infection whenever the patient is undergoing an aerosolizing/cough-producing procedure, such as a bronchoscopy.

To report exposures or concerns: contact your Nursing Supervisor, Employee Health or Infection Control.

To report equipment failures, contact Clinical Engineering.

Antimicrobial Stewardship

For information on antibiotic guidelines, visit <https://occam.uwmedicine.org>

PATIENT SAFETY

Patient Safety Network (PSN) is the online incident reporting system for University of Washington Medical Center. PSN is for all types of safety-related concerns, not just clinical concerns. PSN should be used to report incidents or unsafe conditions affecting patients, staff, or visitors.



What do you need to know about the Patient Safety Network?

- Email notifications are immediately sent to appropriate managers and Patient Safety Team for review
- Data is reviewed for trends
- Events and trends are used to support system changes to improve safety
- Contact your PSN representative if you would like to report an event anonymously.

The icon to access PSN is on any UW Medicine computer desktop.

ENVIRONMENT OF CARE

Emergency Phone Numbers

Medical emergencies in any hospital campus building/medical centers: **CALL 222**

For non-hospital buildings: **Call 911**

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

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

DISASTER RESPONSE

For Montlake Campus: Disaster Response Instructions can be found in the UWMC Disaster Response Binder. Each Department has specific instructions for their area. Know the location of the binder for your area before a disaster occurs.

For Northwest Campus: Disaster Response Instructions will be given at the time of the event and shared through communications from the Hospital Command Center. Please watch for NetSends and emails with instructions. Disaster/Fire Plans for each Department can be found in the red disaster binder.

EMERGENCY CODES

EMERGENCY CODE	EMERGENCY SITUATION
Code Red	Fire
Code Blue	Unresponsive, Very Ill Patient or Visitor
Rapid Response Team	Inpatients <i>ONLY</i> -Code Blue Not Appropriate But Medical Evaluation Needed Urgently
Code Intubation	Urgent/Emergent Intubation Needed
Code Urgent Help	Visitors, Staff or Outpatients Need Medical Assistance
Code Orange Internal	Chemical/Radiation Spill
Code Orange External	Victim Decontamination
Code Gray	Out of Control Patient
Code Silver	Active Shooter
Code Amber Alert	Infant Abduction or Missing Child
Code Zebra	Informational Alert
Code External Triage	External Disaster
Code Internal Triage	Patient Evacuation/Internal Disaster

A **Code Blue** will be paged to the code team who will respond to the event.

For Medical emergencies in other offsite locations or outside the medical centers: **CALL 911**

Main UWMC hospital campus locations (Northwest and Montlake) - **DIAL 222**

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

Dial 222 to reach the hospital operator to report a Code Silver and describe a hostage situation or active shooter.

Other UWMC off-site locations - **DIAL 911**

Outside and off site clinics call 911 to report a hostage situation or active shooter.

HAZARDOUS MATERIAL SAFETY

How to access SDS

Mychem website: You can find the link “MyChem/SDS” on the intranet under “Top Tools”



For convenience, you can also use the following link:

<https://cspc.admin.washington.edu/mychem/uwnetid/chemical/ChemicalSearch.aspx>

In the event the MyChem is not functioning and an SDS is needed urgently, call UW Environmental Health and Safety at (206) 543-7262.

WASTE SEPARATION

Regulated Medical Waste	Pharmaceutical Waste (Chemical Waste)	Trace Hazardous Drug or Chemotherapy Waste	Sharp Waste	Solid Waste Regular Trash (Non-hazardous Solids)	Rx - Destroyer (All DEA-controlled medications)	Glass Contaminated with Biohazard Fluids
<ul style="list-style-type: none"> "Blood products", and materials containing or saturated with blood products <ul style="list-style-type: none"> Blood product tubing Syringes with blood Empty BioHazard bags Items and materials containing body fluids that may drip, e.g. <ul style="list-style-type: none"> NG tube Foley Catheter Saturated Dressings Used drainage & suction containers (if full and heavy, place in contaminated glass box in dirty utility) Items with PHI, e.g. <ul style="list-style-type: none"> Patient ID bands Patient labels Empty IV Fluid and Other medication bags with patient labels 	<p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> Partially used and not empty IV bags, ampoules, vials, ointments, creams, lotions, and inhalers Partially used, NON NARCOTIC medication bags (if disconnected from tubing, place in another bag and seal so it does not spill). Unused NON NARCOTIC medications that cannot be given to patients (pills, patches or gum) All Chemotherapy debris NOT placed in Trace Chemotherapy Waste <ul style="list-style-type: none"> Containers with residual fluid Debris saturated with chemotherapy Any SHARPS or Debris associated with these Drugs: <ul style="list-style-type: none"> Arsenic trioxide Epinephrine Nicotine Phentermine Physostigmine Physostigmine salicylate Warfarin >0.3%. 	<p>Chemotherapy and other Hazardous drug debris that do not contain fluid, e.g.</p> <ul style="list-style-type: none"> Syringes Drug dispensing devices Chemotherapy Gloves Towels or Chux Empty IV chemotherapy bags with attached tubing HD dispensing bags Items that came in contact with hazardous drug/chemotherapy contaminated blood and body fluids Other items related to Chemotherapy administration 	<ul style="list-style-type: none"> Needles, syringes or IV Tubing with needles attached Syringes <i>without</i> needles when removed from their original sterile containers Blood sugar lancets Scalpel blades, razor blades and other sharp items Sharp "spike" portion of IV tubing if cut off from the tubing. <p>Sharps include the following <i>when contaminated with biohazardous materials</i>:</p> <ul style="list-style-type: none"> Glass tubes/vials that can be broken during handling e.g. pipettes, ampoules, and capillary tubes Broken glass Glass slides and cover slips 	<p>Non-hazardous debris</p> <ul style="list-style-type: none"> Non-recyclable packaging Empty plastic vials, except <ul style="list-style-type: none"> Drugs listed in Pharmaceutical Waste Chemotherapy agents Empty IV bags without patient labels Tubing without the spike Drained NG tubes or Foley catheters Paper tissues & hand towel Non soiled gloves Items under 2" (caps) Masks Styrofoam Rubber Bands Anything sticky (tape) 	<ul style="list-style-type: none"> All unused Narcotics <ul style="list-style-type: none"> Pills Capsules Tablets Liquids Lozenges and Fentanyl lollipops Transdermal Patches Suppositories Partially administered syringes of narcotics should be emptied directly into Rx Destroyer and syringe (no needle) placed in regular trash 	<p>Glass contaminated with biohazard materials must be placed in cardboard boxes with a red bio-hazard bag.</p> <ul style="list-style-type: none"> Glass Test tubes/blood vials Thoracentesis or paracentesis glass bottles Plastic suction canisters IF full of fluid and could be too heavy for the biohazard bag, causing it to break open. Broken Glass Any glass that is intact but could easily break in a can or bag. Glass Medication containers that cannot fit in Sharp Waste and are not disposed of in Pharmaceutical Waste, e.g. <ul style="list-style-type: none"> Propofol Albumin
						
NO	NO	NO	NO	NO	NO	NO
<ul style="list-style-type: none"> Medications IV Tubing unless it remains spiked into an empty IV bag Blood contaminated linen (place in linen bags) 	<ul style="list-style-type: none"> Narcotics Sharps – Unless Listed Above Patients Own Medications left at the hospital (send to outpatient pharmacy) 	<ul style="list-style-type: none"> Narcotics Non-HD Materials No HD medication > than trace amounts (1% of total volume) 	<ul style="list-style-type: none"> Medications All NARCOTICS should be disposed of in the RX Destroyer 	<ul style="list-style-type: none"> PHI Clean recyclable items Items saturated with blood 	<ul style="list-style-type: none"> Syringes Medicine cups 	<ul style="list-style-type: none"> Regular Waste

WORKPLACE SAFETY AND SECURITY

According to The Joint Commission, forms of violence to health care workers include:

- Biting
- Kicking
- Punching
- Pushing
- Pinching
- Shoving
- Scratching
- Spitting
- Name calling
- Intimidating
- Threatening
- Yelling
- Harassing
- Stalking
- Beating
- Choking
- Stabbing
- Killing

Violence against health care workers is grossly underreported; only 30 percent of nurses report incidents of violence. Health care workers:

- think that violence is “part of the job”
- are sometimes uncertain what constitutes violence
- often believe their assailants are not responsible for their actions due to conditions affecting their mental state

Factors associated with perpetrators of violence: Altered mental status or mental illness

- Patients in police custody
- Long wait times or crowding
- Being given “bad news” about a diagnosis
- Gang activity
- Domestic disputes among patients or visitors
- Presence of firearms or other weapons

Report all workplace violence incidents, including threats, to Public Safety *and* via PSN.

ACCESS TO RESTRICTED PROX ACCESS AREAS – STAFF RIGHTS & RESPONSIBILITIES

Authorized staff are provided access via their Husky Card or UWMC employee ID badge based on the need for immediate and repeated access for their individual work.

Your access permits ONLY you to enter. You may NOT admit others by using your badge.

Staff who demonstrate a failure to assure integrity of these or any secured units/areas may be subject to loss of departmental access and/or corrective action up to and including dismissal.

MEDICAL EQUIPMENT FAILURES

All medical equipment used in patient care areas must be inspected before first use.

Loaner equipment, rental, physician owned, 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 to the proper maintenance authority.
Medical equipment involved with possible injury or death of a patient must be removed immediately. Save all tubing and other disposables with the equipment. DO NOT change device settings!
Report all equipment-related injuries, 'near-misses' or potential problems within the event reporting system.
Use of patient-owned medical equipment is strongly discouraged. Non-medical equipment shall be inspected by clinicians to ensure it is clean and undamaged.
Unapproved extension cords are not allowed in patient bedrooms, exam rooms or treatment rooms.

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.
Should another emergency suffer power loss, follow procedures for both emergencies.

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 towels 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