



# STUDENT HANDBOOK





# Welcome to Niagara Health!

Thank you for choosing Niagara Health for your student placement! We look forward to you joining our team for the duration of your placement experience.

Our aim is to support students in experiences that are both meaningful and rewarding, ultimately assisting them to meet their learning objectives. Students complete placements in a variety of departments throughout Niagara Health in both clinical and non-clinical areas. I encourage you to get to know your fellow students on the team.

Niagara Health strives to be patient-centered in every service we provide. This student handbook will prepare you for a successful learning experience and will provide you with the tools to provide *Extraordinary caring. Every person. Every time.* It introduces important policies, procedures and expectations that govern student experiences at Niagara Health. The information will prepare you to ensure a safe and friendly environment for those entrusted to our care and for the Niagara Health Team.

We hope that you enjoy your student experience at Niagara Health. Please do not hesitate to contact me if I can be of any assistance along the way.

Sincerely,

**Amber Tremblay**

**Coordinator, Student Resources**

[Amber.Tremblay@niagarahealth.on.ca](mailto:Amber.Tremblay@niagarahealth.on.ca)

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# Table of Contents

Niagara Health Sites.....1

Purpose, Vision and Values.....3

Niagara Health’s Areas of Focus .....4

Accessibility at Niagara Health.....5

Partnering with Patients .....6

Conduct, Confidentiality and Privacy.....7

Placement Requirements.....11

General Placement Information .....12

Infection, Prevention and Control (IPAC) .....14

The Four Moments of Hand Hygiene.....16

Personal Protective Equipment .....19

Occupational Health and Safety .....23

Incident/ Accident/ Exposure Reporting for Students .....32

Needlestick Injury Algorithm .....33

Be Well – We’ve got your back!.....35

Workplace Violence & Harassment .....36

Emergency Codes.....38





## Niagara Health Sites

### Douglas Memorial Hospital (DMH)



Fort Erie’s **Douglas Memorial Hospital (DMH)** opened in 1931, the result of a bequest from local doctor Dr. William Douglas. Today, this 46-bed hospital is a centre for the delivery of patient services in the greater Fort Erie area, for a population of approximately 30,000. The site is the location of a 24-hour Urgent Care Centre, providing care and treatment for a range of non-emergency ailments.

### Greater Niagara Hospital (GNG)



Since 1907, **Greater Niagara General Site (GNG)** in Niagara Falls has provided a community hospital to Niagara Falls and surrounding residents. In 1958, a new hospital opened on Portage Road, which today has Acute Care, Mental Health and Complex Continuing Care, 24-hour Emergency, inpatient and day surgery, regional acute stroke, ICU and more.

### Port Colborne Site (PCG)



Located on the shores of Lake Erie, **Port Colborne Site (PCG)** has served the residents of Port Colborne since 1951. It provides a range of in and outpatient services, including a 24-hour Urgent Care Centre, providing care and treatment for a range of non-emergency ailments. The site has a satellite Ontario Breast Screening Program and Eating Disorders Clinic and a Methadone Clinic.





## Welland Hospital Site (WHS)



**Welland Hospital Site (WHS)** has been providing hospital care to Welland and surrounding communities since 1908. In 1960, a new hospital opened, which today has Acute Care, Complex Continuing Care, and Mental Health. This full-service community hospital provides Inpatient and Day surgery, ICU, 24-hour Emergency, and an Ontario Breast Screening Program.

## St. Catharines Site (SCS)



Niagara Region is home to one of the most up-to-date health-care facilities in Canada, establishing infrastructure to care for and treat the health needs of the Niagara region (opened in March 2013) with:

- 80% single rooms
- Focus on infection control (Medical Device Reprocessing)
- Bariatric rooms
- State-of-the-Art Maternity and Pediatrics
- Emergency Department and Urgent Care Center
- Mental Health Center
- State of the Art Operating Rooms
- Pneumatic delivery system
- New Nurse call system

For a list of programs and services please go to our Niagara Health website at:

<https://www.niagarahealth.on.ca/site/services>





# Purpose, Vision and Values

## Purpose:

### Extraordinary Caring. Every Person. Every time.

At Niagara Health, Extraordinary Caring is what our patients, their families, our volunteers, our teams and our community need and deserve. Caring is so much more than care. Both the physical and emotional part of caring is at the heart of our purpose. Every person. Every time.

## Vision:

We're helping **build A Healthier Niagara** by contributing to the overall health of our region in the following ways:

- **In population health** by helping people stay healthy, get better, live well with disease and cope with end of life.
- **In the economic health** of our communities as one of the largest employers in Niagara and in leading and promoting health innovations that will contribute to broader economic prosperity in the region.
- **In the health of our environment** through our efforts in green, sustainable initiatives.
- **In being good partners**, creating and maintaining health and productive partnerships.

## Our Values:

Our guide to decision making and behaviours.



### Compassion in Action

Our compassionate and respectful culture is one in which we quickly take action to meet the needs of those we serve and to make healthcare better. We treat each other well.



### Driven by Optimism

We are hopeful and optimistic in tackling our challenges. In partnership we accomplish more. We are resilient through change and drive innovation.



### Achieving Ambitious Results

We hold ourselves to the highest standards. We are accountable for high-performing, high-quality, sustainable and innovative healthcare. We are transparent about performance and commit to improve.





## Niagara Health's Areas of Focus

### Extraordinary Care

We are collaborating on a number of initiatives that target areas of medication safety, patient flow and quality of care that directly impact every aspect of a patient's healthcare journey, as well as the work environment for our teams. With We Round, for example, patients are formally checked on every two hours for pain, personal possessions within reach, pumps, and positioning. This initiative is a key strategy focused on decreasing patient fall rates, reducing the number of pressure ulcers, and lowering call bell rates, while increasing positive feedback from patients surveyed about their care. Patient flow remains a challenge due to a number of factors internal and external to the hospital, and our teams continue to focus their efforts on reducing wait times in our Emergency Departments through partnerships and other innovative approaches.



### Extraordinary Teams

We are proud to work with the very best. To support our teams in providing Extraordinary Caring, we need to provide our people with opportunities to develop and learn. Our teams deserve to work in a respectful culture that fosters critical thinking and innovative ideas. Our most recent employee engagement survey results show we are headed in the right direction. We have seen an increase in the engagement level of staff, leaders and physicians. We've also seen a decrease in negative interactions in the workplace as we continue our work to build a culture of mutual respect. The Unit-Based Teams initiative is spreading, and we will be giving more attention to the growth of this quality improvement program that provides team members with ownership over improvements and results in their respective areas.



### Extraordinary Future

Investing in the future of healthcare through our people, equipment and technology ensures the work we are doing today to improve the quality and safety of healthcare for our patients and families is sustainable into the future. We are working with our community to create a well-balanced efficient healthcare system that serves the entire region. Initiatives like Be Well aimed at preventing workplace injuries and illness are proving to create a safer and more fulfilling workplace for our teams.



### Extraordinary Innovation

Ensuring a smooth transition between hospital and community care for our patients requires innovative approaches to healthcare and effective communication. Partnering in the community to keep people healthier, get better, or cope with disease or end of life requires collaboration outside of the hospital. The Integrated Comprehensive Care (ICC) model supports patients to manage symptoms at home and avoid Emergency Department visits or long hospital stays. Patients and their families have shared they are less frustrated and have voiced increased satisfaction with services. The early success of our program has led to its expansion to include Mental Health and Addictions Program.





## Accessibility at Niagara Health

Ontario's Accessibility for Ontarians with Disabilities Act (AODA) requires all service providers to remove barriers faced by people with disabilities when accessing their services.

### What does this mean for Niagara Health?

- Create policies and procedures that promote accessibility
- Provide education to all staff and volunteers
- Allow people with disabilities to be accompanied by their service animal or support person when accessing hospital services
- Provide notice when facilities/ services are disrupted
- Establish a feedback process for how services are provided to people with disabilities, along with how to take action on any feedback.

### What do I do when a person with a disability is having difficulty accessing services?

- Always ask, "How may I help you today?"
- Offer assistance – if the person accepts your offer, allow him/ her to explain how to best help.
- Remember that not all disabilities are visible
- Seek assistance from staff/ volunteers in your department.







## Niagara Health System



**PARTNERSHIP**



**RESPECT**



**COMMUNICATION**

### We want to hear from you

Niagara Health System values your feedback. Your experience will help us further improve the quality of the care that we provide to our patients and their families. Whether you have a compliment, complaint or comment, your feedback is very important to us.

#### Contact Information

Phone: 905-378-4647 ext. 44423  
Email: [patientrelations@niagarahealth.on.ca](mailto:patientrelations@niagarahealth.on.ca)

## Partnering with Patients

We worked with patients, community members and members of our team to develop the following values aimed at establishing a caring relationship built on mutual respect and understanding with our patients, family members and alternative decision makers.

Niagara Health System is dedicated to providing compassionate, sensitive care and to achieving excellence in healthcare through our on-going commitment to education, innovation and research. We are committed to creating an environment in which our patients, family members and alternative decision makers are partners to ensure the delivery of the highest quality patient care.

Niagara Health System is devoted to providing care regardless of age, gender, race, disability, ill health, faith, culture or sexual orientation. We also recognize that a patient's clinical conditions may sometimes compromise or alter a person's ability to fully participate in their care and take responsibility for their actions.

### Dignity, Respect, and Confidentiality

**As a patient you have the right to:**

- Be listened to, responded to and treated with dignity and respect.
- The privacy, safe keeping and confidentiality of your personal health information as per hospital policy.

**Your responsibility as a patient in Healthcare:**

- Treat all members of your health care team, other patients and visitors with dignity and respect.
- Respect hospital property, policies and regulations as they apply to you.
- Respect the privacy and confidentiality of others, including patients, families, visitors and staff as legislated in the Personal Health Information Protection Act.

### Information and Communication

**As a patient you have the right to:**

- Ask questions about your health care and receive information in terms and language you understand.
- Know the names, positions and roles of those on your health care team, including learners and volunteers.
- Review or receive a copy of your health record in accordance with hospital policies and legislation (i.e. Personal Health Information Protection Act).

**Your responsibility as a patient in Healthcare:**

- Provide your healthcare team with accurate information about your health.
- Ask questions until you believe you have all the information you need to make informed health care decisions.
- Inform a staff member if you see a safety issue or have a safety concern.
- Notify your healthcare team of any changes in your health including increased levels of pain.
- When appropriate, identify a spokesperson to receive updates while you are in hospital.

### Person acting on your behalf

**As a patient you have the right to:**

- Have someone act for you if you cannot act for yourself.

**Your responsibility as a patient in Healthcare:**

- Choose someone in advance to act for you, should the need arise.

### Your Healthcare

**As a patient you have the right to:**

- High quality, safe, and evidence based care delivered by professional and courteous staff.
- Know and understand the risks, alternatives and benefits of any medicine, treatment, or decisions about your healthcare.
- Make informed decisions about your care.
- Be informed of any associated harm that can result from the refusal of medical advice or treatment.
- Be informed of harm as a result of care provided.
- Ask for a second opinion.
- Share your concerns.
- Provide your feedback about your healthcare arrangement.
- Have your care plan periodically reviewed with you and your healthcare team.
- Consideration of your emotional, cultural, and spiritual needs, as well as your physical needs and to receive communication in your native language or through an interpreter.
- Periodically have your pain management assessed and best practices applied.
- Continuity of the care and communication throughout your hospital stay.
- Comprehensive and collaborative planning to facilitate the transition in a safe and supportive manner to other levels of care, including discharge from hospital.

**Your responsibility as a patient in Healthcare:**

- Be an active member of your healthcare team by asking questions and being involved with decisions during and after your hospital stay.
- Follow the treatment plan developed and cooperate with the healthcare team to ensure a safe discharge.

### Expenses

**As a patient you have the right to:**

- An explanation of any charges not covered by a private and/or the provincial healthcare plan.

**Your responsibility as a patient in Healthcare:**

- Ensuring your hospital bills are paid in a timely manner.
- Providing accurate information on your healthcare coverage.
- Work with staff to ensure safekeeping of valuables, medication and to leave valuables which are not required at home.





# Conduct, Confidentiality and Privacy

## Niagara Health Code of Conduct

Niagara Health is committed to a safe and supportive work environment in which everyone is respected and valued. The way we treat each other is reflected in how our patients, family members and visitors view and treat us. The Code of Conduct sets these standards of behaviour expected from all individuals providing care and service.

## Working Together with RESPECT

**R**espect

**E**quality

**S**upport

**P**rofessionalism

**E**ducation

**C**ommunication

**T**eamwork



Please click [here](#) to review the Code of Conduct.

## Confidentiality and Privacy

All patients have the right to privacy, confidentiality, dignity and self-identity. Personal Health Information (PHI) is governed by a Protection Act in Ontario called the **Personal Health Information Protection Act** 2004 also known as, **PHIPA**.

The purpose of this Act is to establish rules for the collection, use and disclosure of personal health information about individuals that protect the confidentiality of that information and the privacy of individuals with respect to that information, while facilitating the effective provision of health care. For information on the complete Act please click [here](#).



Every patient, staff, visitor and volunteer at Niagara Health has a fundamental right to be treated in confidence. Therefore, all information acquired by a student including an individual's





personal information (i.e. name, condition, treatment, doctors name, etc.) any hospital related business, staff information, personal or otherwise, is to be held with the utmost confidence.

*Maintaining patient confidentiality is the responsibility of everyone at Niagara Health. You have a legal and moral obligation to uphold the principles of confidentiality and privacy. Failure to do so may result in terminated placement, disciplinary action and/or legal action.*

## Consent and Circle of Care

**Implied** - Much of health professional's work is done on the basis of consent which is implied either by the word or the behaviour of the patient or by the given circumstances under which treatment is given.

**Express** - Can be oral or written form; when in doubt it is preferable that the consent be expressed; express consent should be obtained for most personal health information sent directly to a third party (insurance company or employer).



The “**circle of care**” is the group of healthcare providers treating a patient who needs information to provide that care. Consent to share information with providers in the circle of care is generally implied. A patient who accepts referral to another healthcare provider implies consent for sharing relevant information. Express consent is required to share information with others outside of the circle of care.

## Breaches of Confidentiality

**70% of all breaches are  
INNOCENT and ACCIDENTAL!**

### **Unintentional breaches of confidentiality:**

- Misguided conversations
- Misdirected documents

### **Intentional breach of confidentiality:**

- Unauthorized access to personal health information



**If you are unclear about whether you should access PHI, ask yourself two questions:**

1. Do I need this information to provide care to the patient or do the duties of the job?
2. Do I have the patient's consent (implied or expressed) to access this information? If the answer is no to either of these questions, or if you are not certain, please seek guidance from your Preceptor, the Student Resources Coordinator or the Privacy/FOI office.

**Possible consequences of breaches:**

- Report to your teaching institution
- Termination of student placement
- Report to Regulatory College
- Report to the Information Privacy Commissioner/Ontario
- Legal Action

**NOTE:** An individual found guilty of committing an offence under PHIPA can be liable for a fine of up to \$100,000 while an organization or institution can be liable for a fine of up to \$500,000. Patients whose privacy rights have been infringed may in certain instances seek compensation for damages that they allege they were caused by the privacy breach. In addition to existing common law rights to seek compensation for damages, PHIPA creates a statutory right to seek damages for actual harm that the person has suffered as a result of a contravention of the Act or its regulations. PHIPA permits the court to award up to \$10,000 in damages for mental anguish.

**E-Communication**

Any personal health information stored on a mobile device (even if stored temporarily) or sent electronically must be encrypted.

**Email:**

**Between care providers:** When strictly necessary, personal health information sent by email using the following methods ONLY:

- (i) Using the NH Internal email system to send emails from a Niagara Health email account to another Niagara Health email.
- (ii) By sending an email from a Niagara Health email account to an email address listed on the OneMail provincial service provided by eHealth Ontario. If you are unsure how to access OneMail email addresses, please contact ICT Helpdesk.

Care is to be taken in addressing email messages to ensure they are not inadvertently sent to outsiders or to the incorrect internal user. When using hospital distribution lists, the user should ensure that all addressees included are appropriate recipients.

**With the patient:** Care providers wishing to communicate with patients should use encryption for email communication. Patient portals such as MyChart include encrypted messaging application as a feature and are an approved method of communicating with a patient. If encryption is not feasible, care providers must obtain expressed consent for email correspondence from a patient prior to communicating via email. Patient consent for





communicating through email can be obtained by completing Form CONS20 E-mail/Text Communication Consent at the time of the patient's appointment or through email if the patient expresses his/her consent in a return email from the care provider that includes the content from CONS 20 E-mail/Text Communication Consent.

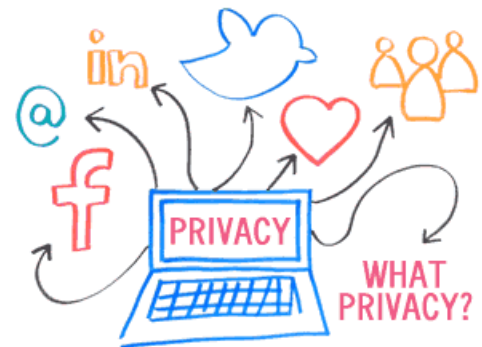
Please read Niagara Health's Privacy Policy for further information. Niagara Health's Policies and Procedures can be found on SourceNet. You will have access to SourceNet while on site in placement at Niagara Health.

## Confidentially is everyone's responsibility and if we work together we can protect the dignity and privacy of Niagara Health patients.

### Social Media

Social Media websites such as Facebook, Twitter, YouTube, Instagram, Snapchat, blogs, etc., allow us to communicate in real-time with friends and the public. You need to understand the risks involved in using social media and they could have personal and professional consequences.

***Do not discuss, post or reference anything related to the hospital that could be considered confidential, portray Niagara Health in a negative light or be compromising of a patients, staff etc. privacy.*** Please read the Niagara Health social media policy for further information.



### Mobile Devices

The use of mobile electronic devices for personal matters must occur on assigned breaks in applicable areas. Please ensure voice capable wireless devices are kept on silent/ quiet or vibrate mode when in patient care areas or meetings during your student placement. Emergency calls as defined in Occupational Health and Safety Legislation may be accepted.

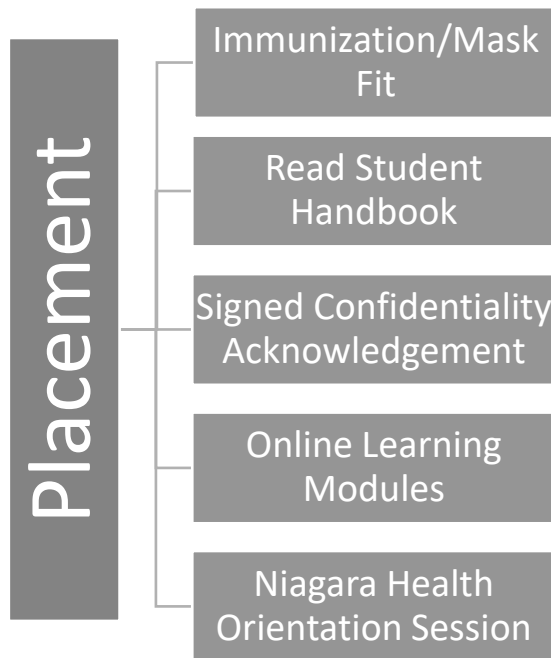
### Photography

Students are not to take **any photographs** while on-site in placement without permission from the Departmental Manager who will assist to ensure that all consents/approvals required are in place.





# Placement Requirements



In order to be prepared for your placement at Niagara Health, there are a number of requirements you will need to complete before you are able to begin your placement.

## Communicable Disease Surveillance Program (CDSP)

Student must meet all Niagara Health immunization requirements prior to placement. The health screening process is to ensure the safety of our patients, staff, volunteers, and students within Niagara Health. Please click [here](#) to review details of medical requirements.

## N95 Mask Fit

One of the documents you are required to provide is verification of a recent fit for an N95 respirator carried by Niagara Health (within the last 2 years). Please refer to your next steps form that was provided in your welcome email for a list of N95 Respirators currently stocked by Niagara Health.

## Student Handbook

As part of the placement process, you are required to familiarize yourself with this Student Handbook. The information in this handbook will provide you with the necessary information required to excel in your student placement at Niagara Health and enhance your learning experience.





## Student Orientation

Students will need to participate in General Orientation in order to ensure a safe and successful experience during their time with Niagara Health. Once you have received confirmation of your placement you will be provided with orientation information.

## General Placement Information

### Identification Badges

During your placement, you are required to wear a school issued photo identification badge, such as a student card. It must include:

- A recent photo of yourself
- Your name
- Name of your school

- If your school does not provide student photo identification, you will be provided with a Niagara Health photo ID badge.
- When you arrive at your placement location, please have your photo ID badge easily visible. This means your identification should not be worn at the waist. You may have it attached to a badge reel or pinned to your uniform.

### Dress Code

Students are expected to maintain a neat, clean appearance while representing Niagara Health. Depending on the location of your placement, you may be required to wear a school uniform or “business casual”. In all areas of Niagara Health, a dress code is in effect to maintain a professional appearance. Please ask your preceptor or supervisor what the specific dress code is for your department. Students are not expected to purchase new uniforms in the colours below. The information is provided to assist in your identification of staff departments.

Registered Nurse	Radiation Therapist
Registered Practical Nurse	Personal Support Worker
Nurse Practitioner	Unit Aide
Occupational Therapist	Health Care Aide
Physiotherapist	*Porter
Speech Language Pathologist	Dialysis Technologist
Rehab Assistant	Respiratory Therapist
Recreation Therapist	Clerk
Recreation Therapy Assistant	Ward Clerk
Environmental Services (WHI)	Registration Clerk
Environmental Services (ONY)	Food Services
Medical Radiation Technologist	Materials Management
Cardiology Diagnostics	Pharmacy Technician
Diagnostic Sonographer	





## Footwear Guidelines

In keeping with Niagara Health footwear guidelines students must wear footwear of a design, construction and material that is appropriate to the protection required for their type of placement. To determine appropriate protection, the following factors must be considered: possibility of slipping; terrain in the area of work; possibility of abrasion; required ankle protection and foot support; potential for crushing or puncture injuries, and other recognizable hazards. All students must ensure that their shoe is closed-toe.

## Smoke Free Policy

All Niagara Health Sites, including buildings, parking lots and lawns/gardens are smoke-free zones. No smoking is allowed on the property to reduce the effects of second-hand smoke and to provide a safe and healthy environment. Nicotine Replacement Therapy is available to patients experiencing difficulty managing their nicotine dependency and students are encouraged to share this information when appropriate as a resource for those in our care.

## Scent Free

Due to allergies arising from exposure to scented products, all volunteers and staff are asked to refrain from anything strong scented, including: perfumes, colognes, body sprays, hand lotions, soaps, hairspray, etc.

## Parking

Monthly parking permits can be obtained in the Parking Office located in Parking Lot B at the St. Catharines Site. All students will need to identify themselves using their Student Photo ID issued by their Academic Facility or Niagara Health. The Parking Office will issue permits based on the length of time which is based on the timeframe of your student placement. Please refer to the your next steps form that was provided to you in your welcome email for further student parking permit information.

## Lockers

A limited number of lockers are available for students at certain hospital sites. We ask that you only use the lockers to secure your personal belongings during your shift and clean out the locker at the end of your shift. Please note: If you are using lockers in the Volunteer Resources are at St. Catharines Site, please **only** use the lockers on the top or bottom row. For your security, please bring **your own** personal pad lock or combination lock to secure a locker. Please ensure to remove your locks daily at the end of each shift. **Please Note:** It is your responsibility to ensure that personal belongings are in a secure area. *Niagara Health is not responsible for missing or damaged items.*

## Lost and Found

You may visit Security regarding any lost items. Security maintains a log for lost and found items and will contact the owner if your item is brought to Security.







# Infection, Prevention and Control (IPAC)

Statistics show that 5-10% of patients develop a preventable hospital-acquired infection (HAI) such as C. Difficile, MRSA and VRE. This means that 220, 000 patients are affected each year in Canada and results in more than 8,000 deaths annually. This increases healthcare costs in Canada by more than 50 million each year. Today, hospital-acquired infection is the **4th leading cause of death** after cancer, stroke and heart disease.

At Niagara Health, infection prevention and control is vital for patient and staff safety. Hand hygiene is the #1 way to stop the spread of infection and the spread of antibiotic resistant organisms. Students are expected to model excellence in hand hygiene for our patients and visitors. Please be sure to use the alcohol-based hand sanitizer when entering and leaving the building, as well as between visits with patients, before eating or drinking and after using the rest room, coughing or sneezing and before wearing and after removing latex gloves. Hand hygiene is also required after you come into contact with contaminated objects such as elevator buttons, doorknobs, phones, debit and bank machines or handling money.



When **hands are visibly soiled**, please wash for **minimum 15 seconds with soap and warm water**. As part of this safety strategy at NH, the Infection Prevention and Control team is involved in regular audits of hand hygiene practices by staff, volunteers, students and physicians.

## Chain of Transmission

The transmission of microorganisms and subsequent infection within a health care setting may be represented by a 'chain', with each link in the chain representing a factor related to the spread of microorganisms. Transmission does not take place unless all six of the elements in the chain of transmission are present (Figure 1).

Transmission occurs when the **agent**, in the **reservoir**, exits the reservoir through a **portal of exit**, travels via a **mode of transmission** and gains entry through a **portal of entry** to a susceptible **host**.





## Safe Care for our Patients Includes the 5 Cs

### Clean Hands

-Remember the 4 Moments of Hand Hygiene!

### Clean Equipment

- Always clean equipment on a patient
- Clean shared medical equipment between each patient use using hospital peroxide, sodium hypochlorite (bleach)
- Equipment used in an isolation area is to be cleaned with bleach.

### Clean Environment

- Patient rooms are cleaned daily and all isolation rooms are cleaned twice daily.
- Areas identified as requiring cleaning should be relayed to environmental services as soon as possible.

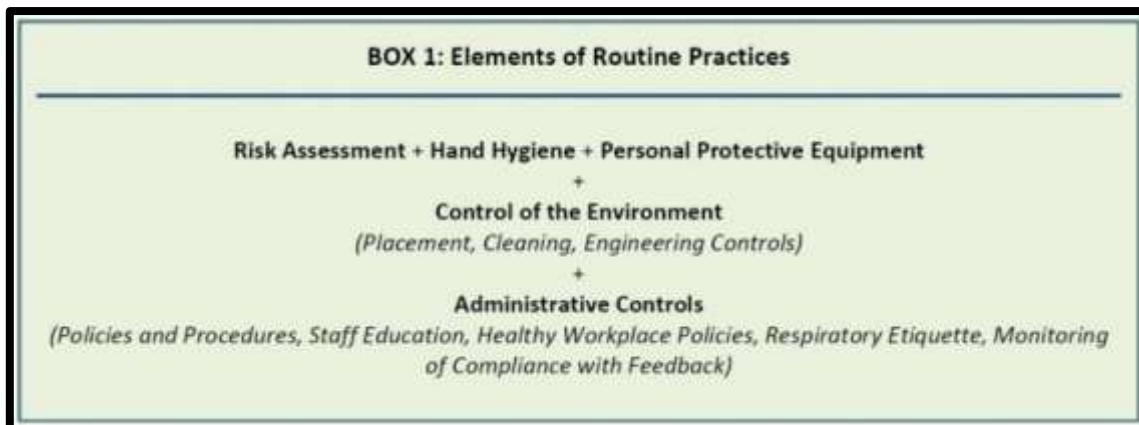
### Clear Communication

- Additional precautions signage posted on doors or patient privacy devices (i.e., curtains).
- Clinical staff: Transfer of accountability must include infection control concerns, even for procedures. Clinical staff should also ensure accurate charting (i.e., Bristol Stool Chart indicates exact time and instance of a bowel movement and not over an entire shift).

### Consistent Processes:

- Consistent follow-up and management of patients with infectious diseases is key to reducing the spread of germs.

### Routine Practices:





## The four moments of hand hygiene



Remember to perform hand hygiene before and after glove use.

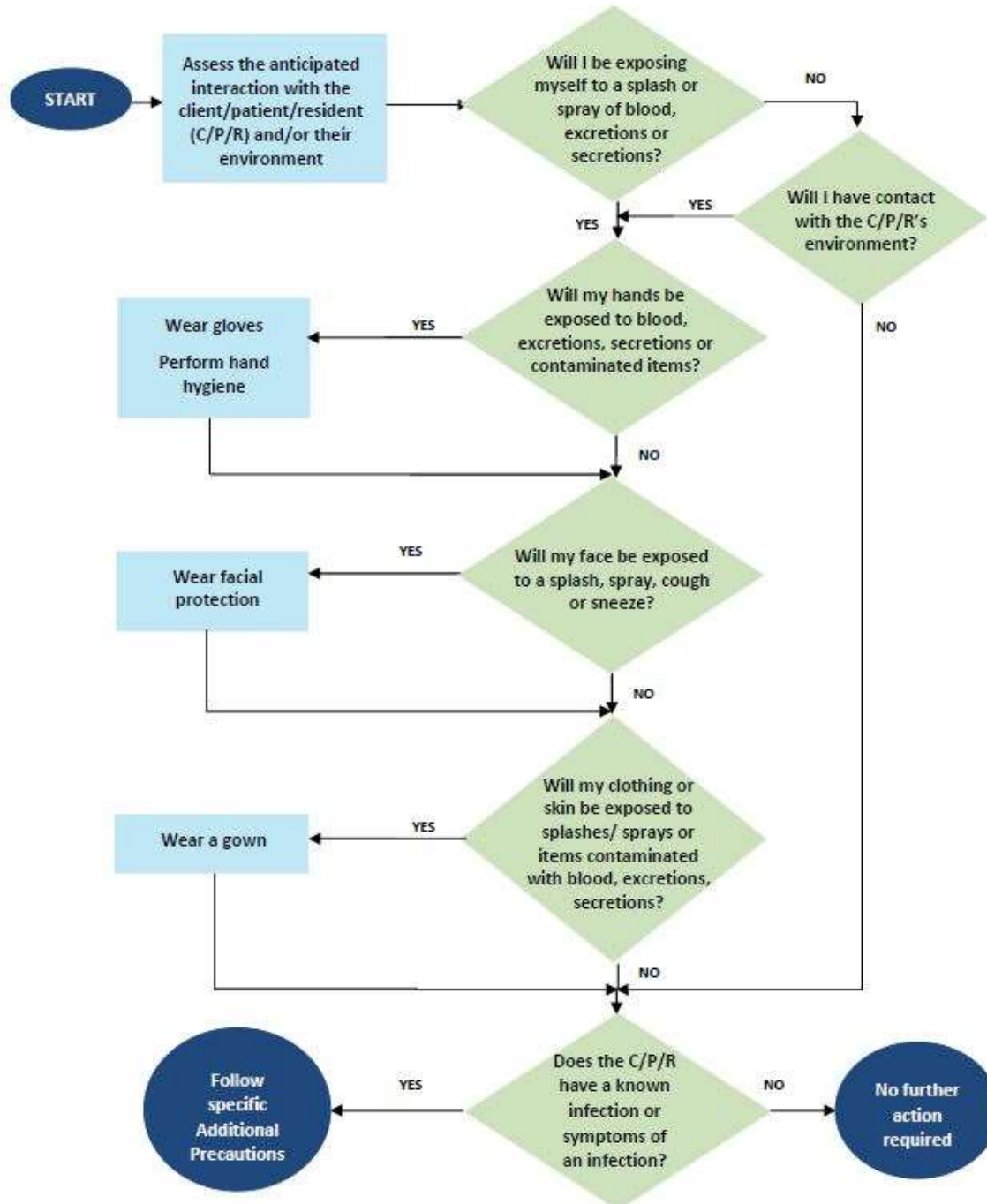
**OUR GOAL IS 100 PER CENT**  
hand hygiene compliance at all times –  
and together we can achieve this.





## Risk Assessment

Routine Practices Risk Assessment Algorithm for All Client/Patient/Resident Interactions





## When Do I Wash My Hands?



How do I clean my hands with alcohol based hand rub? Please click [here](#) to review.



How do I clean my hands with soap and water? Please click [here](#) to review.




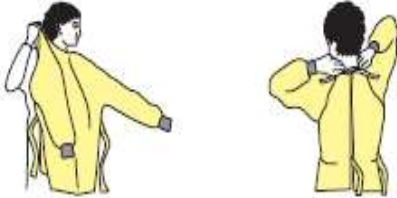


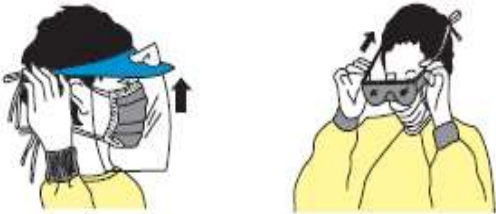
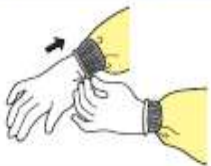


# Personal Protective Equipment (PPE)

## How do I put on PPE?

Please review the chart below and click [here](#) for a demonstration on how to put on PPE.

### THE ORDER FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

Where to Put On PPE	
<ul style="list-style-type: none"> <li>• Outside patient/resident room</li> </ul>	
1 Clean Your Hands	<p>Alcohol-based hand rub, OR...  ...Soap &amp; water</p>
2 Put on Gown	
3a Put on Mask	
3b Or N95 Respirator	
4 Put on Eye Protection <i>(Unless combination mask with attached eye protection)</i>	
5 Put on Gloves	





## How do I remove PPE?

Please review the chart below and click [here](#) for a demonstration on how to remove PPE.

### THE ORDER FOR TAKING OFF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Where to Take Off PPE	
<ul style="list-style-type: none"> <li>At doorway, before leaving patient/resident room</li> </ul>	
1 Take Off Gloves	
2 Take Off Gown	
3 Clean Your Hands	<p>Alcohol-based hand rub, OR...</p> <p>...Soap &amp; water</p>
4 Take Off Eye Protection <i>(Unless combination mask with attached eye protection)</i>	
5a Take off Mask	
5b Or Take Off N95 Respirator	
6 Clean Your Hands	<p>Alcohol-based hand rub, OR...</p> <p>...Soap &amp; water</p>



**Please note additional precautions:**

- For people with organisms or syndromes of concern
- Signage found on the patient’s door or privacy device (i.e., curtain).

**Not sure what you should wear? Ask!**



**CONTACT PRECAUTIONS**

**Requirements**

- Gown and gloves

**TO DO**

- Use single room or designated bed space in shared room: consult with Infection Prevention & Control regarding cohorting and shared rooms
- Wear gloves and gown when entering patient room, or their designated bed space in a shared room
- Dedicate or wipe shared equipment after each use as per Routine Practices



**DROPLET / CONTACT PRECAUTIONS**

**Requirements**

- Gown, gloves, surgical face mask and eye protection

**TO DO**

- Obtain physician order for a nasopharyngeal swab for diagnosis
- Use single room or best alternative, door may remain open
- Wear a **Surgical mask and eye protection** when within 2 metres of patient
- Wear gloves and gown on entering room or designated bed space
- Only immune HCW should be assigned to patient with known/ suspected mumps/rubella
- Pregnant healthcare workers should not be assigned a patient with rubella.



**AIRBORNE PRECAUTIONS**

**Requirements**

- Fit tested N95 mask
- Single negative pressure room with anteroom and door closed if available
- If above not available; single room with portable HEPA filter and door closed

**TO DO**

- Use single negative pressure room, door kept closed at all times
- All persons entering the room to wear N95 respirator
- Seal-check respirator on every entry to the room
- Only immune HCW should be assigned to patient with known/suspected chicken pox or measles.

*Where more than one mode of transmission exists for a particular microorganism, the precautions used must take into consideration both modes.*







## Occupational Illness

### You are responsible for...

1. Knowing your vaccination status.



2. Adhering to routine practices and additional precautions.



3. Using sharps safely, report incidents! (Please refer to the **Needlestick Injury Algorithm** on page 33).



4. Self-report exposures, infections or conditions that put you or your patients at risk.



Please ensure to complete the [Public Health Ontario IPAC Core Competency Online Learning Modules](#). Please click [here](#) to access the modules. The following modules must be completed by all students before beginning placement:

1. Health Provider Controls
2. Chain of Transmission & Risk Management
3. Just Clean Your Hands Video





4. In addition, all students in clinical placements must also complete the “Additional Precautions” module.

#### References

Public Health Ontario (© 2015). PIDAC Documents. Retrieved from

[http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC\\_Documents.aspx](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx)

## Occupational Health & Safety

### Workplace Hazardous Material Information System (WHMIS)

#### Globally Harmonized System (GHS)

The new regulation is called WHMIS Reg. 2015 which was designed based on the Global Harmonized System. Employers had until 2018 to comply.

This is some information about the program:

- Implementation: June 2015
- Internationally recognized system for chemical hazard classification and communication
- To be integrated into existing WHMIS framework
- Roles and responsibilities of supplier, employer and employee not to change
- Changes include new symbols, labels and safety data sheets (SDS)



**What is WHMIS?** WHMIS is a Canada-wide hazard communication system developed to provide employers and workers information about hazardous products used in the workplace. WHMIS legislation is a combined effort between industry, and provincial and federal governments

**Why was WHMIS created?** WHMIS was created as a [response to a workers “right to know”](#) about both the safety and health hazards associated with the hazardous materials they might use at work. WHMIS was also created to [reduce injuries and illnesses](#) associated with handling hazardous materials in the workplace

**WHMIS Components:** WHMIS is composed of [3 main elements](#) to communicate the hazards of controlled products:

1. **Labels** – affixed to containers of hazardous materials and provides information regarding the hazards



2. **Material Safety Data Sheets (MSDS)** – provide supplementary information to hazards outlined on the labels
3. **Education** – training on how to use the information provided

### **Supplier Responsibilities:**

WHMIS is a shared responsibility amongst:

- Suppliers
- Employers
- Employees

### **Employer Responsibilities Include:**

- Ensure all controlled products at their work site have WHMIS labels
- Have readily accessible the MSDS's of controlled products for employees
- Update MSDS's every three years and maintain records of MSDS's for 30 years
- Train workers to read labels and MSDS's, recognize WHMIS labels, and, if required, use personal protective equipment
- Develop safe work procedures (SWPs)
- Train workers on how to handle, use, and store controlled products

### **Employee Responsibilities Include:**

- Participating in education and training provided by the employer
- Following prescribed safe work procedures

### **Exclusions from WHMIS:**

WHMIS may not apply if there is another act or regulation in place

The following are exempt from the **supplier responsibilities** of WHMIS (no label or MSDS required):

- Consumer restricted products: products sold in stores that already have labels in accordance with the Hazardous Products Act
- Explosives: covered by the Explosives Act
- Cosmetics, drug, food, or devices: covered by the Food and Drug Act
- Pesticides, herbicides, and insecticides: covered by the Pest Control Products Act
- Radioactive materials: covered by the Nuclear Safety and Control Act





The following are exempt from **all responsibilities** under WHMIS (no supplier label, MSDS, or training required):

- Wood and wood products
- Manufactured articles that will not release chemicals
- Tobacco or tobacco products
- In-house generated hazardous waste
- Hazardous materials transported under the Transportation of Dangerous Goods act (TDG)

### **WHMIS & Radioactive Materials**

WHMIS labels and MSDS's are still required when there are mixtures of radioactive nuclide(s) and non-radioactive carrier material whereby:

- The carrier material is greater than 1 mL / 1 g
- The carrier material poses a carcinogenic, toxic, reactive, or infectious hazard

### **The older WHMIS Hazard Class Symbols**











- |                                               |  |                                          |  |
|-----------------------------------------------|--|------------------------------------------|--|
| • Class A: Compressed Gas                     |  | • Class D: Poisonous and Infectious      |  |
| • Class B: Flammable and Combustible Material |  | • Division 1                             |  |
| • Class C: Oxidizing Material                 |  | • Division 2                             |  |
|                                               |  | • Division 3                             |  |
|                                               |  | • Class E: Corrosive Material            |  |
|                                               |  | • Class F: Dangerously Reactive Material |  |

### **The New GHS Hazard Classes:**

- Total of 3 GHS hazard classes, each which have subclasses
- Physical hazard class (19 subclasses)
- Health hazard class (10 subclasses)
- Environmental hazard class (Canada will not be adopting this class or its subclasses)
- Canada will:
  - Retain the Biohazardous Infectious Materials WHMIS Hazard Class
  - Introduce the health hazards not otherwise specified and physical hazards not otherwise specified subclasses



## New GHS Pictograms

	<ul style="list-style-type: none"> <li>Flammables (gases, aerosols, liquids, solids)</li> <li>Self-reactive substances and mixtures</li> <li>Pyrophoric liquids, solids, and gases</li> <li>Self-heating substances and mixtures</li> <li>Substances and mixtures that in contact with water emit flammable gas</li> <li>Organic peroxides</li> </ul>		<ul style="list-style-type: none"> <li>Carcinogenicity</li> <li>Respiratory sensitization</li> <li>Reproductive toxicity</li> <li>Specific target organ toxicity – repeated exposure</li> <li>Specific target organ toxicity – single exposure (category 1, 2)</li> <li>Aspiration hazard</li> <li>Germ cell mutagenicity</li> </ul>
	<ul style="list-style-type: none"> <li>Skin sensitization</li> <li>Acute toxicity (harmful)</li> <li>Specific target organ toxicity – single exposure (category 3)</li> <li>Eye irritation</li> <li>Skin irritation</li> <li>Hazardous to the ozone layer</li> </ul>		<ul style="list-style-type: none"> <li>Corrosive to metals</li> <li>Serious eye damage</li> <li>Skin corrosion</li> </ul>
	<ul style="list-style-type: none"> <li>Acute toxicity (severe)</li> </ul>		<ul style="list-style-type: none"> <li>Gases under pressure</li> </ul>
	<ul style="list-style-type: none"> <li>Oxidizing gases, liquids, solids</li> </ul>		<ul style="list-style-type: none"> <li>Biohazardous infectious material</li> </ul>
	<ul style="list-style-type: none"> <li>Self-reactive substances and mixtures</li> <li>Organic peroxides</li> <li>Explosives</li> </ul>		<ul style="list-style-type: none"> <li>Hazardous to the aquatic environment</li> <li>Canada will not be implementing</li> </ul>

### Two Types of Labels:

#### 1. Supplier labels

- Labels that suppliers are required to affix to the containers of their controlled products
- Distinctive hatched border
- 7 components

#### 2. Workplace labels

- Used by employers when supplier labels are not available, have been damaged, the material has been transferred to a different container, or a material has been produced and is being used at the workplace
- If a controlled product is transferred to a new container and consumed within one shift, a workplace label is not required
- 3 components





## Supplier Labels:

Products that require supplier labels include:

- Controlled products sold by Canadian suppliers and distributors to Canadian worksites
- Controlled products imported into Canada to be used at Canadian worksites
- You have the right to refuse hazardous materials if they do not have a proper supplier label

## Older Supplier Labels

The following is required to appear on supplier labels

- All information must be within a hatched border
- Must be provided in English and French

**Quick Clean Paint Stripper**

**DANGER**  
**POISONOUS/FLAMMABLE**

**DANGER**  
**POISON/INFLAMMABLE**

**PRECAUTIONS**

**FIRST AID**

**PREMIERS BONS**

SEE MATERIAL SAFETY DATA SHEET  
VOIR FICHE SIGNALÉTIQUE

Acme Paint Company  
Ottawa, Ontario (613) 123-4567

MSDS-reference 20

EXTRAORDINARY

Product identifier

Risk phrases

Precautionary statements

First aid measures

Supplier identifier

Hazard symbol(s)

MSDS-reference 20

EXTRAORDINARY

## New layout for supplier labels under GHS

**Product K**

**Danger**  
Fatal if swallowed  
Causes skin irritation

**Precautions:**  
Wear protective gloves.  
Wash hands thoroughly after handling.  
Do not eat, drink or smoke when using this product.

Store locked up.  
Dispose of contents/containers in accordance with local regulations.

**IF ON SKIN:** Wash with plenty of water.  
**IF SKIN IRRITATION OCCURS:** Get medical advice or attention.  
**IF SWALLOWED:** Immediately call a POISON CENTRE or doctor. Rinse mouth.

ABC Chemical Co., 123 Anywhere St., (123) 456-7890

Product identifier

Pictogram

Signal word

Hazard statement

Precautions

Initial supplier information





## Small Container Labels:

Controlled products packaged in containers less than 100 mL require the following on their label

- Product identifier
- Supplier identifier
- Hazard symbols
- MSDS reference

## Current Workplace Labels

- The following is required to appear on workplace labels



## Information Items on MSDS:

First aid measures

- Provides first aid information

Preparation information

- Indicates who was responsible for preparation and date of preparation of MSDS
  - This date must not be more than 3 years old
  - MSDS information may be labeled as Trade Secret if a claim has been filed
  - This information is released to medical professionals in case of emergency

## The New Updated Terminology for the MSDS:

- Will consist of 16 sections
- **Will not** need to be updated every 3 years
- Must be current at time of sale/import

## SDS 16 Sections Include

Section	Hazardous Product Regulations Heading
1	Identification
2	Hazard identification (including classification and label text)
3	Composition/information on ingredients
4	First-aid measures
5	Fire-fighting measures
6	Accidental release measures
7	Handling and storage
8	Exposure controls/personal protection
9	Physical and chemical properties
10	Stability and reactivity
11	Toxicological information
12-15	Ecological, transport and regulatory information, disposal considerations
16	Other information



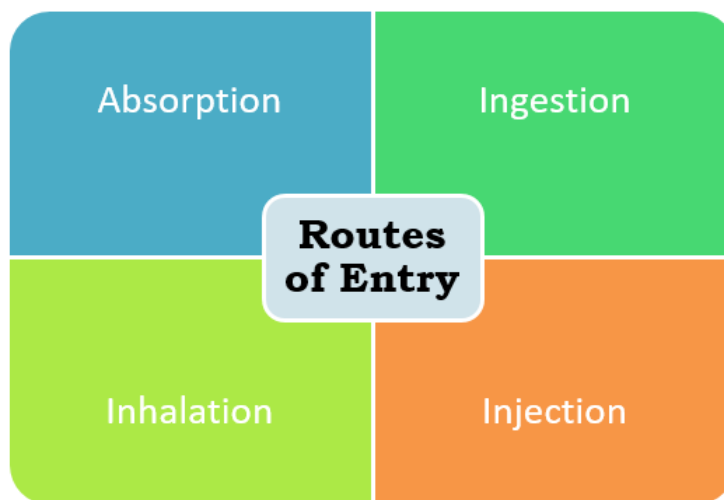
## Routes of Entry

**Absorption** – Some chemicals can be absorbed through your skin. Wearing proper personal protection equipment is vital when handling any chemical which may come into contact with your skin.

**Inhalation** – Breathing in chemicals through the mouth and nose can cause immediate or delayed reactions. Gases, vapours, dust, and mists are a few of the ways chemicals can be inhaled.

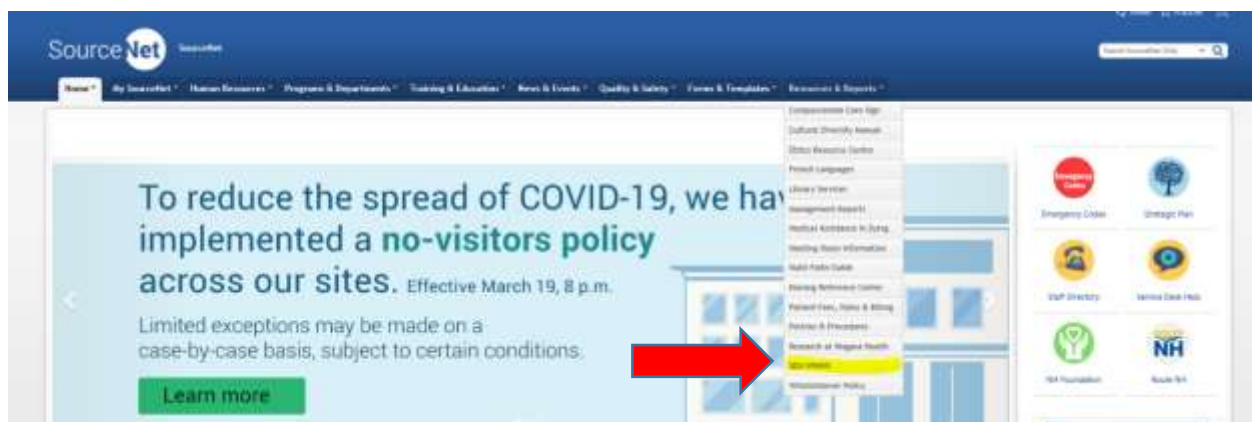
**Injection** – Biological or chemical substances can be accidentally injected into your body when your skin is punctured with a needle or other sharp object.

**Ingestion** (swallowing) – In the workplace this can happen by hand to mouth contact or consuming food or drink that has been contaminated with a chemical due to unclean hands.



## WellNet Solutions

- The Niagara Health System's Occupational Health & Safety Department with the assistance of Wellnet Solutions has developed a SDS (Safety Data Sheet) system for all NH employees.
- WellNet offers a complete enterprise-wide solution to Safety Data Sheet Management with access from any computer through **SourceNet**. Employees can view or print a desired MSDS 24/7.
- At NH we currently have a library of **over 5000 MSDS** and growing







## Occupational Health and Safety Act (OHSA)

The purpose of the OHSA is to protect workers against health and safety hazards on the job. The OHSA sets out the three basic rights for workers in Ontario. A copy of the Act/ Regulations can be found on the Staff Safety Boards at each site.

### Right to Know

As a student you have the right to know if there are any hazards in your work area. Your supervisor or preceptor should advise you of any issues that may come up since your last shift.

### Right to Participate

As a student you have the right to identify and resolve health and safety concerns.

### Right to Refuse Unsafe Work

A student may refuse to work or do particular work when they have a reason to believe workplace violence or an unsafe work environment is likely to endanger him or herself or others. Promptly report any such circumstances to your supervisor, preceptor or Student Resources. While they investigate the situation, you will remain in a safe place that is as near as reasonably possible to your assigned work area.

### Duties of Workers

- Work in compliance with the law and Niagara Health policies, procedures and/ or guidelines
- Use personal protective equipment (PPE)
- Report hazards immediately
- Ensure proper guarding is in place on equipment
- Work in a safe manner

### Duties of Employers:

- Ensure that the ACT and regulations are complied with, supervise workers to protect their health and safety
- Not employing underage workers
- Providing prescribed PPE
- Appointing “competent” supervisors
- Informing a worker, or a person in authority over a worker, about any hazard in the workplace
- Help Joint Occupational Health and Safety Committee to carry out their duties
- Prepare a written occupational health & safety policy and set up a program to implement it
- Taking “every precaution reasonable for the protection of the worker”





### Duties of Supervisors:

- Ensure that a worker complies with the Act and regulations
- Ensure that any equipment, protective device or clothing required by the employer is used or worn by the worker
- Advise a worker of any potential or actual health or safety dangers known by the supervisor
- Take every precaution reasonable in the circumstances for the protection of workers

## Occupational Illness & Latency

Occupational Health and Safety Act Section 1 defines “occupational illness” to mean “a condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the **Workplace Safety and Insurance Act, 1997**.”

### What is Latency?

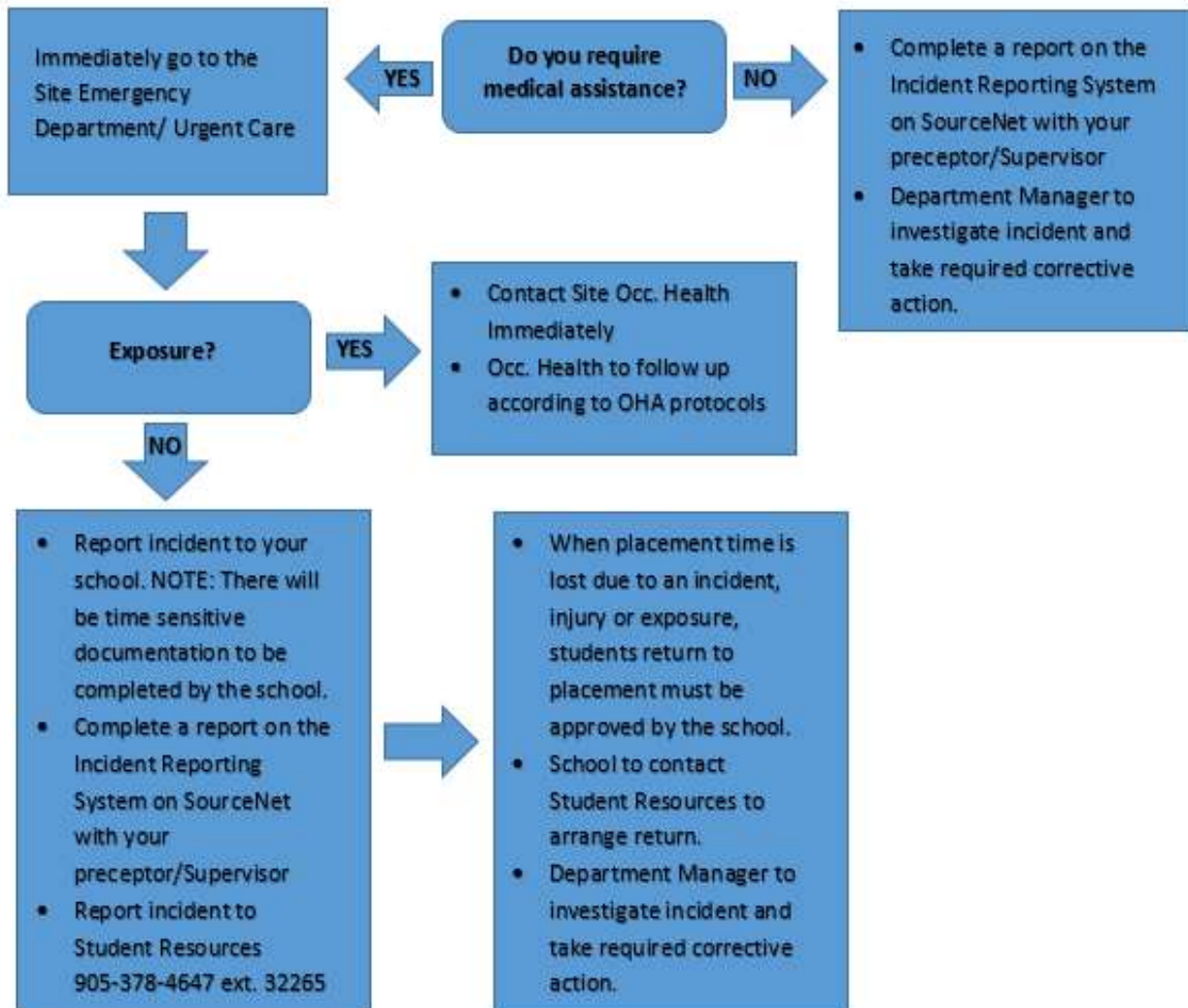
Latency refers to the concept that some occupational illnesses **may not be immediately apparent or known**. Rather, there may be a period of time between the initial exposure to a physical, chemical or biological agent and the appearance of the illness or disease. This latency period can be brief or lengthy. In some cases, an occupational illness may appear years or decades after an exposure. Latency claims should be reported to Health & Abilities in Occ. Health.





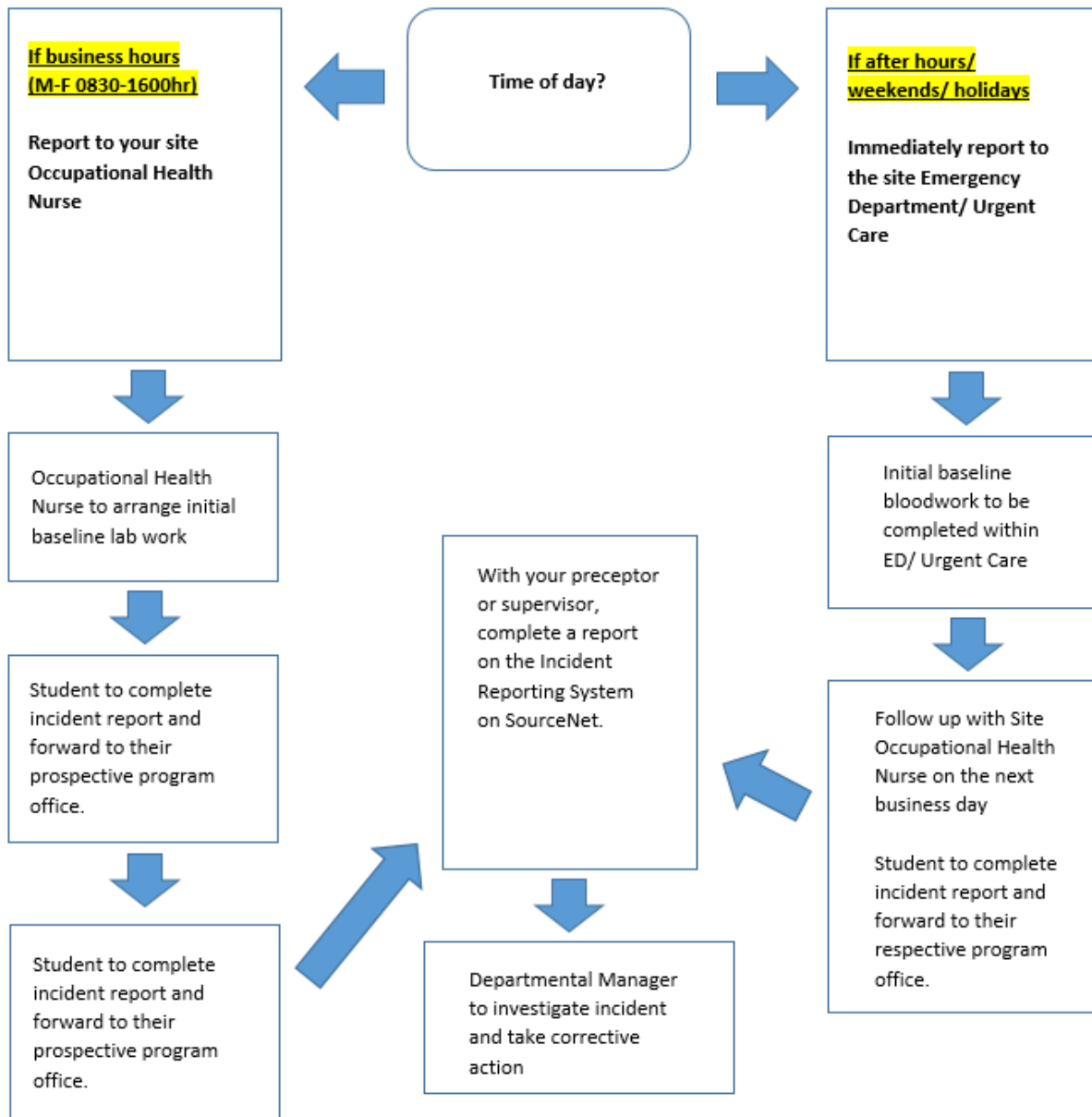
## Incident/ Accident/ Exposure Reporting for Students

If a student witnesses, discovers or was involved in an accident, the student will report this to their most reasonable supervisor will be complete the report.





## Needlestick Injury Algorithm



## Ergonomics and Proper Back Safety

Niagara Health recognizes health and safety as a vital component in achieving its Purpose, Vision and Values. Safety in the workplace is a priority and critical to the employees and students at Niagara Health.

***Safety is important to everyone!***





## Bending:

1. To bend safely, kneel down on one knee
2. Bend your knees and hips, not your back
3. When leaning forward, move your whole body

## Pushing/Pulling:

1. Don't lean forward, stay close to load
2. Always use both arms
3. You can push twice as much as you can pull, so push rather than pull—when possible

## Body Mechanics: At a Computer

1. Keep feet flat on floor
2. Position top of the monitor at eye level
3. Fingers relaxed with wrists straight
4. Head neutral and chin parallel to ground
5. Rest back comfortably against the back of chair



## Body Mechanics: Moving and Lifting Items

1. Assess the weight of the object
2. Firm grip of object
3. With feet shoulder width apart use your legs to lift object
  - ✓ Avoid twisting
  - ✓ Keep object close
  - ✓ Keep your head up
4. Using your legs, keep back straight and lower the item to the ground.





## Be Well – We’ve got your back!

**We’ve Got Your Back** is an awareness campaign to educate you on how to prevent repetitive strain injuries at work and create awareness about our Safe Patient Handling training and education program. The Safe Patient Handling Training and Education Program provides ongoing support to our new and existing team members on how to safely transfer and reposition patients and prevent repetitive strain injuries.

Back and neck injuries are the most common type of workplace injuries. Patient handling, such as transferring and repositioning patients has led to a significant amount of sprain or strain injuries. Even simple tasks such as sitting at a desk or lifting a box can lead to sprains and strains. Repetitive strain injuries account for 50 percent of all lost work days which means valuable work time is lost as a result of these injuries.

**What are repetitive strain injuries?** Workplace pains and strains are also known as musculoskeletal disorders. Repetitive strain injuries develop as a result of the effects of repetitive, forceful or awkward movements on bones, joints, ligaments and other soft tissues. Examples of repetitive strain injuries include back pain, muscle strain, carpal tunnel syndrome, tendonitis and shoulder pain.

**How can I prevent repetitive strain injuries?** By completing the online Learning Management System Training Module on Safe Patient Handling, you will help reduce your risk of repetitive strain injuries. In this training, we will reinforce the proper use of devices available to you, such as lifts, slings, boards, swift slide sheets for transferring and repositioning patients to reduce the risk of repetitive strain injuries.

**What is the Safe Patient Handling Training Module?** All students responsible for operating any of the mechanical lifts or complete manual patient transfer and repositioning techniques will complete this training. The goal of this training is to reinforce important safety information to keep you safe and reduce your risk of repetitive strain injuries at work.

The module can be found on the [Niagara Health website](#). The module covers the following:

- Assessment of a patient to determine best transfer method
- Mechanics of one and two person manual patient transfers
- Mechanics of repositioning patients in bed or stretcher (including swift slide sheet use)
- Lateral transfers, such as moving a patient from bed to a stretcher
- Mechanical lift and sling use
- Proper body mechanics



## Workplace Violence & Harassment

The Occupational Health and Safety Act states that *an employer has an obligation to keep workers safe from Workplace Violence and address Workplace Harassment*. Niagara Health is committed to providing a safe and secure work environment free from violence, threats, bullying, intimidation and harassment. Threats, threatening behaviour or acts of violence against employees, patients, visitors, volunteers or other individuals on Niagara Health properties will not be tolerated.

Bill 168 is an act that amends the Occupational Health and Safety Act and defines harassment and violence in the workplace. It requires workplaces to implement policies, violence prevention programs, conduct risk assessments and train staff on procedures to address harassment and violence.

### Harassment:

*Any vexatious comment or conduct known or ought reasonably to be known as unwelcomed.*

### Sexual Harassment:

*Any vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identify or gender expression where the course of comment or conduct is known or ought to be reasonably known to be unwelcome.*

### Violence:

*The exercise of physical force by a person in a workplace that causes or could cause physical injury.*

### Bullying:

*Acts or verbal comments that could mentally hurt or isolate a person*

## Harassment and Violence will not be tolerated at Niagara Health!

### What do I do if I experience or witness workplace harassment or bullying?



**Reporting Workplace Violence:**

All affiliates of NH have the responsibility to immediately raise any concerns about workplace violence and to report any violent incidents or threats to their immediate manager or supervisor to ensure everyone's safety. All reports of potential or actual workplace violence will be investigated fully by Niagara Health and any other necessary stakeholders. Corrective action will be taken to ensure a safe working environment for everyone.

**Flag Alert:**

This symbol indicates that a patient has a known history of aggressive behavior. If you see this symbol on a patient's door do not enter the patient's room or interact with the patient before obtaining additional information from your preceptor or supervisor.



**All of our patients, physicians, staff and visitors expect and deserve a respectful, safe, caring and inclusive environment.**

*Be Kind*







## Emergency Codes:

### Niagara Health Volunteers and Emergency Codes – What You Can do to Respond

There are a lot of emergency codes at Niagara Health and it can become a little onerous to know what to do in every situation. This table should help with some of the immediate actions that volunteers can take to ensure that Niagara Health activates the right response for emergency situations.



There are two groups of emergency codes highlighted below.

Group 1 includes codes where volunteers will have to take a specific action. Group 2 includes codes where a volunteer can initiate a response to a situation, but generally will not have to respond to the situation directly.

GROUP 1 – CODES WHERE YOU NEED TO TAKE ACTION	
Call 55555, describe the issue to the switchboard operator, and then follow the actions in the table below.	
CODE	ACTION
<b>RED (FIRE)</b>	<ul style="list-style-type: none"> <li>Move out of the fire zone where the alarm, smoke or fire is</li> <li>Take everyone you encounter with you on the way to the next fire zone</li> <li>Close doors behind you as you leave the fire zone</li> <li>Do not re-enter the zone until the all-clear is announced</li> </ul>
<b>GREEN (EVACUATION)</b>	<ul style="list-style-type: none"> <li>Exit the zone or building according to the instructions of security, managers or supervisors in your area.</li> <li>Do not re-enter the area unless there has been an all-clear announced</li> </ul>
<b>WHITE (VIOLENT PERSON)</b>	<ul style="list-style-type: none"> <li>If someone is being violent and the code has been called, ensure that you are safely away from the situation and warn others nearby to avoid the area until the code has been cleared.</li> </ul>
<b>SILVER (ARMED VIOLENT PERSON)</b>	<ul style="list-style-type: none"> <li>If someone is armed and being violent and the code has been called, find a room that you can lock yourself and others in until the code is cleared. Wait until the all-clear is announced before exiting the locked room.</li> </ul>
<b>PURPLE (HOSTAGE SITUATION)</b>	<ul style="list-style-type: none"> <li>If someone has taken a hostage and the code has been called, ensure that you are safely away from the situation and warn others nearby to avoid the area until the code has been cleared.</li> </ul>
<b>CODE BLACK (BOMB THREATS, SUSPICIOUS VEHICLES, (BOMB THREATS, SUSPICIOUS VEHICLES, PACAGES,</b>	<ul style="list-style-type: none"> <li>If there is a suspicious package, vehicle or bomb threat, ensure that you move away from the affected area and do not re-enter it until the code is cleared. Remember, if you can see the bomb, the bomb can see you.</li> </ul>
<b>CODE AMBER (MISSING OR ABDUCTED CHILD) AND CODE YELLOW (MISSING "AT RISK" ADULT)</b>	<ul style="list-style-type: none"> <li>If there is a code amber or yellow, and a description of the missing person has been given, stay at your normal work area and report any sightings to the resource center by calling the code phone at ext. 55555.</li> </ul>

GROUP 2 – CODES WHERE YOU CAN ACTIVATE THE RIGHT RESPONSE.	
Call 55555, describe the issue to the switchboard operator, and then follow the actions in the table below.	
CODE	ACTION
<b>AQUA (FLOOD)</b>	<ul style="list-style-type: none"> <li>Move away from the flooded or affected water-damaged area and warn others nearby to avoid the area until the code is cleared.</li> </ul>
<b>GREY (INTERNAL ODOUR/GAS LEAK)</b>	<ul style="list-style-type: none"> <li>Move away from the affected area and warn others nearby to avoid the area until the code is cleared. Seek a well-ventilated area to wait in until further direction is given by maintenance.</li> </ul>
<b>GREY (ELEVATOR FAILURE)</b>	<ul style="list-style-type: none"> <li>If you called the code ensure that you show maintenance or the elevator mechanical company representative which elevator is affected.</li> </ul>
<b>BROWN (HAZARDOUS SPILL)</b>	<ul style="list-style-type: none"> <li>Once the spill is reported, move away from the affected area and warn others nearby to avoid the area until the code is cleared. Seek a well-ventilated area to wait in until further direction is given by maintenance or the code team.</li> </ul>
<b>ONE (ON-PREMISES MEDICAL EMERGENCY)</b>	<ul style="list-style-type: none"> <li>If someone has lost consciousness and you have called a code one, the resource center will guide you through the appropriate follow-up actions to help the code team find the patient.</li> </ul>

**REMEMBER:** If the code is not occurring in your fire zone or normal work area, keep an ear open for the all clear. Do not enter an area where you know a code is occurring if you can avoid it.

### How do I call a code?

1. From any NH phone, dial **ext. 55555** to alert Switchboard of the code. If you are using a non-NH phone, dial the main hospital number and use the extension to get to the code phone at the Resource Centre **(905-378-4647 ext. 55555)**

2. Provide the following information:

→ **Name of the CODE (i.e., code red) or describe the emergency.**

→ **Exact location (i.e., department or room number)**

→ **Floor number**

→ **Hospital Site**

Always be aware of your location in the hospital in case the need arises to call a code.





## **Code Red – Fire/Smoke**

Code Red	Definition	Action
<b>Stage 1</b>	Alarm, no signs of smoke or fire	Prepare to evacuate or receive evacuees
<b>Stage 2</b>	Signs of smoke or fire (alarm may or may not be activated)	Activate alarm (if required) Evacuate the fire zone
<b>Stage 3</b>	Fire spread beyond first fire zone	Evacuate the facility – activation of Code Green (Evacuation)

### **If a fire is discovered, perform REACT:**

<b>R</b>	Remove persons from immediate danger if possible
<b>E</b>	Ensure doors are closed to confine the fire (use REMAR markers when possible)
<b>A</b>	Activate the fire alarm system
<b>C</b>	Call the code, Ext. 55555 (911 will be activated through the Resource Centre)
<b>T</b>	Try to evacuate: remove all occupants from the fire zone

### **Upon Hearing the Fire Alarm:**

1. Remain in the area you are in until location of fire is announced. Ensure visitors stay in place, maintaining clear hallways.
2. For unit and department accountability purposes:
  - In non-clinical areas – Managers to take a head count of staff
  - In clinical areas – Managers to take a head count of staff, patients and visitors
3. Immediately begin searching fire area for signs of smoke or fire in all rooms. After a room is deemed clear (empty of persons), close all doors and windows, flip the REMAR marker to show all white.
  - To check patient rooms:
    - If possible, check rooms with the highest patient count first
    - Divide into teams to allow for all fire zones to be checked simultaneously
    - Ensure each room is fully entered, checking the washrooms
4. Check public washrooms, locker rooms, etc., and ensure everyone has heard the alarm.
5. If outside department and able, return to designated work area only if it is safe to do so, and you have heard where the fire is located (do not cross into fire location).
6. Clear hallways of items if no fire is located and begin shutdown procedures of machines as required in non-patient care environments.
7. Do not move items into patient rooms, as it will create an obstacle should the patient need to be evacuated.
8. Wait for further announcements, or until the “All-Clear” has been issued.





**Code 1: Medical Emergency** – Code 1 is used to initiate a response to a person who is in immediate need of assistance for a non-cardiac medical emergency anywhere on hospital property when an existing code does not apply.

**What do I do while waiting for the code team?** Support the patient but please do not try to lift a patient – just keep them comfortable and reassured while waiting for the Code 1 Response Team.

**Code Blue/ Pink: Adult/ Child or Infant Cardiac Arrest** – The Code Blue Team at each site will bring the code blue crash cart to the scene and take charge of **any** announced Code Blue. If you are working in an area that has a Code Blue emergency, stop what you are doing and ensure that the pathway for the code cart is clear by moving other hallway items out of the way. Also, calmly ask visitors to move to another area or stand aside for the Code Blue Team to come through.

**Code White: Violent Person** – Code White is potential or actual violent situation that cannot be de-escalated that jeopardizes the safety of others. Security and department staff will respond to all Code White calls.

**Security Assist** – A "Security Assist" is not a Code, but is a pre-scheduled event in which the Dept. Lead determines that Security is required. Planned security presence may prevent or de-escalate a situation, but if it becomes violent a Code White must be called:

1. Dial 55555 in order to provide the responding Switchboard Operator with the details as to the site of the episode.
2. On hearing an overhead announcement for a "Security Assist" (with site of real/potentially aggressive episode), Security is to respond immediately.

**Code Yellow: Missing Patient** – Code Yellow is when a unit/department has identified as an adult patient to be missing. If the patient is considered to be "at risk" a Code Yellow is called to help locate them. Factors in determining if the missing adult patient is at risk may include:

- Risk to themselves
- Risk to others
- Formed patients Form 1 or Form 2 under the Mental Health Act
- CTAS 1 or 2 patients
- Dementia
- Suicidal
- Mentally incompetent

**Staff only will initiate a "Code Yellow."**

On hearing a Code Yellow announcement, all units/departments will ensure that their unsecured areas are searched for "conspicuous individuals". Patients who are missing are generally confused, afraid or trying to elope. This search includes any unsecured areas, usually unoccupied, nearby washrooms/change rooms, nearby stairwells (one floor up and two floors down), and other nearby unsecured, non-public area to which staff can access.

Descriptions of all other Emergency Codes can be found on the Home Page on SourceNet at Niagara Health.



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