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Issue 57

Safety Topic:
Utility Safety

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Regional Disaster Drill October 29, 2003

UK Hospital will participate in a regional drill to test response to a release of chemicals from the Blue Grass Army Depot.

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University of Kentucky Hospital

Safety Bulletin

All employees will respond to infant abduction

Hospital introduces *Code Teddy Bear*

According to The National Center for Missing & Exploited Children, 112 infants were abducted from healthcare facilities between 1983 and 2000. Many of the infants were located; some are still missing.

In the last decade there has been a 55% decrease in abductions from hospitals, due largely to increased awareness and improved technology.

At UK Hospital, we go to great lengths to keep our newborns safe. We've installed an infant security system and cameras in the Birthing Center. We've taught all of our Children's Hospital and Birthing Center employees how to recognize a potential abductor and how to respond to a threat. Our nurses teach parents about infant security and how to recognize employees who are authorized to care for and transport their newborns. We conduct infant abduction drills to practice our response.

Now it's time to expand our infant security and response capabilities by involving all of our employees in the program.

Code Teddy Bear

In October 2003, UK Hospital will add *Code Teddy Bear* to its list of emergency pages. When a *Code Teddy Bear* announcement is made, all staff will respond to help identify suspicious individuals and secure the building.



Code Teddy Bear Protocol for Employees

When you hear *Code Teddy Bear* announced:

- Look for suspicious persons or activities.
- Go to the nearest stairwell, elevator, or building exit and establish a checkpoint for anyone leaving the building. If another employee is stationed at the exit, you may assist, relieve, or return to normal duty.
- Question and detain, if possible, anyone carrying an infant or a large bag or package that could conceal an infant, or anyone hurrying out of the building.
- If you can't detain a suspicious person, note description and details.
- Report to 911.
- Remain at exit until you are relieved of duty or you hear an *All Clear* announcement.

Tips for Employee Response

If persons exiting the building don't comply with employee requests, what should workers do?

This type of response plan has been implemented in hospitals across the country. Nevertheless, employees have expressed concern about their ability to respond safely and effectively.

Obviously, when employees are responding to a suspected abduction, the

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Infant Abduction

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safety of the employee and the safety of the infant are the first priorities.

The American Society of Healthcare Security has developed guidelines for hospital workers.

- Don't take any action that could cause a potential abductor to harm the baby.
- Don't touch or grab the suspect, or use a loud or threatening voice. Stay calm.
- Approach the suspicious person in a non-threatening manner, facing the person at a safe distance.
- Speak with a calm, steady voice. Explain that the hospital is on alert for a possible infant abduction and that staff members are stopping everyone.
- Instruct the nearest co-worker or bystander to immediately call for security assistance.
- Attempt to delay the suspect by keeping him or her in front of you. Walk backward slowly, if necessary. If the person refuses to comply, let him or her leave.
- Note the suspect's identifying features and any bags or bundles he or she carries.
- Call 911 immediately.

Infant Abduction Drills

The Hospital will conduct at least one drill per quarter to ensure that all shifts, including weekends, have an opportunity to participate in the training.

Utility Outages Can't Leave Hospitals "In the Dark"

Reprinted with modifications from July 2001 Safety Bulletin.

Unplanned or emergency utility outages are rare at UK Hospital. Most of our electrical, water, sewer, paging system, and other utility outages are scheduled and coordinated through Medical Center Physical Plant (PPD), Medical Center Information Services (MCIS), or another internal service provider. In most cases, managers and employees are notified in advance of the outage and provided with the resources they need to continue patient services.

Unfortunately, when bad weather or other disasters strike they can bring unplanned utility outages. Hospital employees must know how to respond to outages and how to get the supplies they need to continue essential services.


All service departments—such as MCIS, Dietetics, PPD, Clinical Engineering, Materials Management, and Security—have utility outage contingency plans that outline how they will continue service when the utilities that they use fail.

Patient care units and ancillary departments must have outage contingency plans also. Those plans may be developed through a central mechanism—like nursing policy—or through individual departmental policy or procedure. In either case, they should take into account the utility needs of the patient populations that they serve.

Although contingency plans will be individualized, there are some basic elements for each plan:

- ❑ List of outages that could affect your operations. (See checklist below.)

- ❑ Disaster box—should contain flashlights and working batteries, extension cords to reach red outlets, if necessary, and other outage supplies that may be needed immediately.

- ❑ Notification numbers— Telephone numbers for PPD, telephone service, MCIS, and departmental personnel who should be notified

- ❑ Steps that should be taken immediately after an outage occurs—i.e., check to make sure that essential equipment is plugged into red outlets (electrical failure); move oxygen-dependent patients to portable cylinders (medical gas failure); provide bells or other



notification devices to patients (nurse call failure)

- ❑ Procedures for obtaining alternative supplies.

HEICS and Utility Outages

UK Hospital has adopted the Hospital Emergency Incident Command System (HEICS) as its command and control structure for disaster response.

If a utility outage is severe or long-term and threatens to interrupt hospital operations, the Hospital will implement the HEICS and establish a command center to coordinate response. The command center telephone number is 3-2855. It is only operational during emergency response operations.

During emergency utility outages, PPD also establishes a satellite command center.

This newsletter is distributed to STCs and other Hospital leaders to help them fulfill their safety responsibilities.



Utilities Checklist

Which Utilities Do You Depend On?

- Water
 - Domestic
 - RO
- Electricity
- Medical gases
- Vacuum
- Pneumatic tube
- Elevators
- Fire alarm and suppression
- HVAC
- Telephone
- Nurse call
- Overhead paging
- Digital paging
- Computer systems
-



Hospital Issues Guide for Emergency Response

In October 2003, Hospital Safety will issue the [UK Hospital Emergency Response Guide](#). The guide is designed to outline the initial steps that employees should take in response to emergency situations that could arise during the course of day-to-day operations.

The guide is general in nature; it does not replace contingency plans for areas that have a specific role in disaster response.

The emergency response guide will be issued to patient care units and work areas within the Hospital. It will be distributed to service directors at the October Strategic Operations Team (SOT) meeting.

The guide is in an 8½ " x 11" flip chart format. When changes occur, the Safety Officer will send out revisions by email. Managers or Safety Training Coordinators will be required to update the guides.

Are your eyewashes ready to use in an emergency?

This article was brought to you with permission from Occupational Hazards, Penton Media Inc. It has been modified.

Eyewash and emergency showers are utilities, installed to provide emergency first aid when an employee is exposed to hazardous material.

Like other emergency devices, eyewashes and showers are infrequently used, but we do rely on them to perform in an emergency. That's why they are a part of the Hospital's utility management plan and PPD's preventive maintenance program.

OSHA Regulations

OSHA regulations require employers to provide emergency first aid when a potentially hazardous chemical is present in the workplace. Eyewashes and showers are a part of that requirement.

Eyewash stations must be located near the hazard, have unobstructed access, and be properly maintained so the station is ready for use in an emergency.

Requirements for Managers

What steps should managers take to ensure that these important first aid devices are available for emergencies?

1. Determine whether an eyewash or shower is needed. Tour the area to review potential hazards and review MSDS for chemicals stored or used in the area.
2. Evaluate the condition of installed emergency eyewashes and showers.



3. Are they free of debris and unobstructed? Are they located near the hazard? Do they meet OSHA standards?
4. Check to make sure that they have a bar code that indicates that they are part of the utility preventive maintenance program.
5. Have employees been trained to use emergency eyewashes and showers?

If you find that you need an eyewash in a specific location but one has not been installed, notify the Hospital Safety Officer by email at tross@uky.edu. If eyewashes in your area do not have a bar code or are not being appropriately maintained by PPD, send an email to { [HYPERLINK](#) <mailto:ppdmcw@pop.uky.edu> }.