



## “Safety Conversations”

The following is a list of safety topics that can be used to promote discussion and increase awareness for staff/personal safety in the workplace. These can be used in huddles, staff meetings, or information boards in the unit.

### CLOSE CALLS

When you see a “close call,” it is known as an incident because even though no injuries or property damage occurred, we can learn from the event.

- It is a red flag that something was unplanned, unexpected, and could happen again.
- The next time it happens, it could result in serious damage, injury or death to a co-worker, patient, or visitor.
- All incidents should be reported to your supervisor.
- Examine the facts and look for immediate and underlying causes.
- Investigate the root causes of the "close call" or potential accident, and corrective action steps you can take to eliminate the hazard.
- Once an investigation is completed, implement solutions prevent the accident from occurring again.
- As a precaution, encourage staff and co-workers to inspect the work area daily for unsafe conditions or unsafe actions. If found, report them to the supervisor.
- Staying alert and aware of hazards is the key to preventing accidents before they happen.
- Learn the real lesson from close calls.

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### ERGONOMIC BREAKS AND REST PERIODS

- Ergonomic injury risk factors include forceful movements, repetitive motions, awkward postures, and lack of rest.
- Rest periods give the body time to recover from work; break-time exercises and stretches strengthen the body.
- Pay attention to signs of discomfort and fatigue on the job; these are warning signs from your body.
- During a job task, take micro-breaks lasting 10-15 seconds every ten minutes. These short breaks give the body a rest, reduce discomfort, and improve your performance.
- Rotate tasks to rest and use of different muscle groups. This increases energy and maintains productivity.
- Improve your fitness, flexibility, task rotation, and rest breaks to improve your health and limit your risk of injury.

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## HOUSEKEEPING:

- Pick up any materials or debris generated during work activities, and dispose of them properly.
- Keep all stairways, aisles, and passageways free of housekeeping materials, supplies, and other obstructions at all times.
- Visibly mark emergency response equipment such as fire extinguishers, automated external defibrillators, and first aid kits.
- Clear areas around emergency equipment, emergency eyewashes and showers, electrical boxes, and service panels so they are easily accessible with a clearance of 3 feet in 3 directions.
- Clear floors from tripping or slipping hazards.
- Clean up spills immediately.

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## SLIPS, TRIPS, AND FALLS – PREVENTING FALLS ON LEVEL SURFACES

- Falls are the second-leading type of hospital workplace injuries.
- Falls occur most often in doorways, ramps, ladders, and stairs.
- Take simple steps to “fall proof” your area.
- Keep electrical cords out of the way.
- Wipe up spills immediately.
- Wear appropriate footwear at all times to prevent slips, trips, and falls, including getting to and from work.
- Keep your eyes on your path of travel.
- Do not talk on your cell phone, read email, or engage in other distracting activities while walking.
- When going up and down stairs, use the handrail.
- Call Ext 1234 if you see any leaks of water or other fluids from systems or equipment around walkways or work areas.
- On rainy days, dry your feet well using the mats at building entrances. Use an umbrella cover after you enter the building.

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## PREVENTING BLOOD & BODY FLUID (BBF) EXPOSURES

- BBF exposures are the most frequent cause of injury at most hospitals.
- They can also result in a very frightening experience for the exposed individual, when the status of the source patient is unknown.
- Double-glove any time you are working with sharps.
- Every time you apply gloves, you should also apply eye protection.
- Dispose of sharps in a sharps container as soon as you are finished with the item.
- When working with sharps in a team, agree on a neutral zone before commencing your procedure.
- Avoid recapping needles. Where necessary, use a single-handed technique and/or a recapping device intended for this purpose.
- Use curved suture needles and forceps, rather than straight suture needles and your hands.

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## **SAFE PATIENT HANDLING**

- Patient-handling activities include any task that involves holding laterally or vertically transferring a patient. Examples include holding a limb for a dressing change, boosting up in bed, assisting a patient to sit on the edge of the bed, or moving from bed to chair.
- Transferring patients safely helps protect both you and your patient from an injury.
- Older style “boosts in bed” using a sheet or the patient’s shoulders increase the risk of a sacral HAPU, injuries to both patient and caregiver shoulders, and are reported to be more painful to by patients.
- Equipment is available for you to perform these transfers safely, including handy tubes, Hovermatts, repositioning sheets, Golvo lifts, Sabina sit-stand lifts, and the Stedy.
- If you need assistance with a transfer or using patient handling equipment, page the Unit Lift Champion.