SHC-SCH Clinical Employee Safety Training

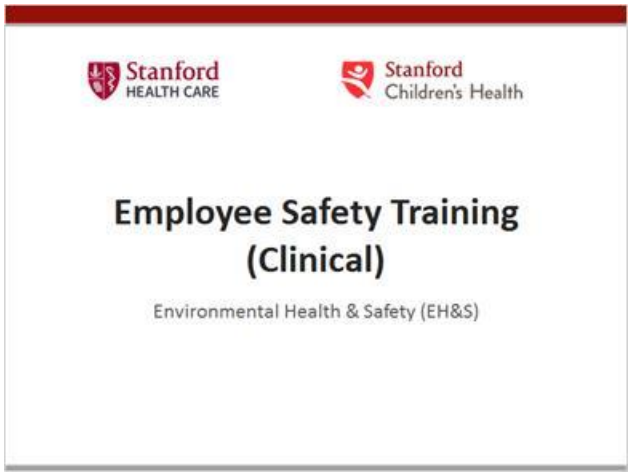
1. Clinical Employee Safety Training

1.1 Introduction

Notes:

1.2 Introduction

1.3 Welcome



Notes:

Welcome to Stanford's annual employee safety training. This training has been designed to meet the requirements of Cal/OSHA regulations and to provide you with information on how to prevent the most common types of injuries at Stanford Health Care and Stanford Children's Health. The safety of our staff is important to our mission.

1.4 Safety Program

Notes:

In order to provide a safe environment for patients, staff and visitors and comply with company policies and applicable regulations and laws, Stanford Health Care, or SHC, and

Stanford Children's Health, or SCH, has a safety program that provides basic standards and guidance for the entire organization.

1.5 Safety Program

Notes:

Your department may have specific procedures for you to follow in relation to these programs but in general the Safety Program consists of all of the topics shown. Stanford Health Care and Stanford Children's Health are committed to its employees through compliance with applicable health, safety and environmental requirements, best management practices, internal standards and guidelines.

1.6 Training Outline

Notes:

This training will take approximately 45 minutes to complete. At any time, you can pause or leave the training and return where you left off when you restart it. We will cover basic components of the Safety Program, which includes how to stay safe at work. The training is divided into specific topics that have important safety information relevant to your work. So let's get started!

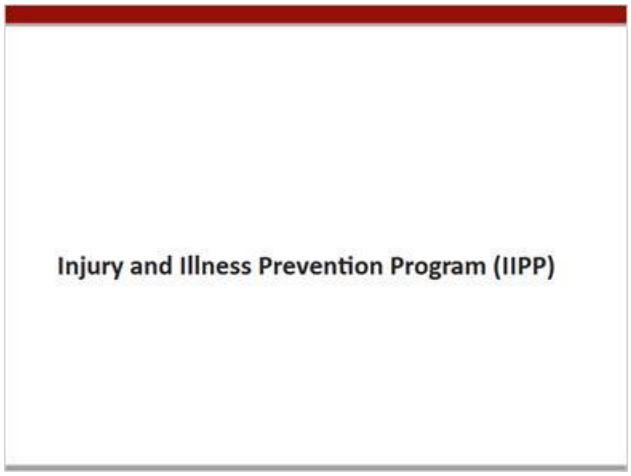
1.7 Part 1 Intro

Notes:

We'll first discuss the Injury and Illness Prevention Program, Ergonomics, and Safe

Patient Handling.

1.8 Injury and Illness Prevention Program (IIPP)



Notes:

The Injury and Illness Prevention Program, or IIPP, is an important part of our safety practices, policies and program at Stanford Health Care and Stanford Children's Health.

1.9 IIPP Components

Notes:

Our IIPP can be found within our Safety Manual, available on the SHC and SCH intranet. The IIPP lays out the framework for our mission for a safe workplace through these three key components.

1.10 Safety Management Plan

Notes:

The Safety Management Plan involves documenting how our program policies and procedures, including those on a department level, are developed, implemented, reviewed, and improved upon.

1.11 Mechanism for a Safe Workplace

Notes:

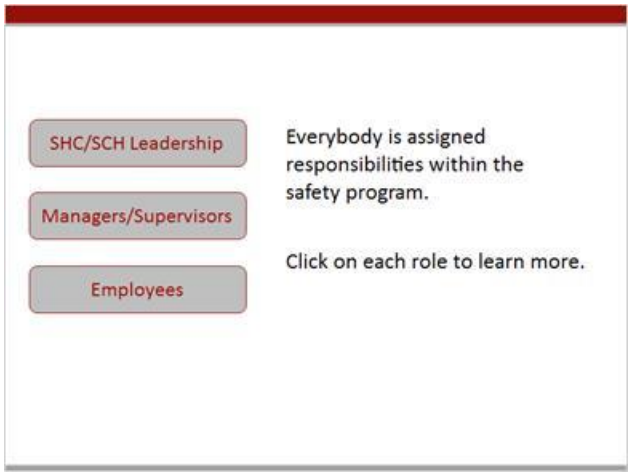
The “Mechanism for a Safe Workplace” refers to the methods of communicating safety, both in how information is communicated from EH&S and management, and also in how feedback from employees and supervisors help develop and improve the program. The “Mechanism” also provides the guidance for safety inspections, how to respond to and investigate accidents, and how corrective actions are developed.

1.12 Program Roles & Responsibilities

Notes:

The IIPP also defines the roles and responsibilities with respect to maintaining our safe work environment. We all play a role in promoting a safe workplace. This training will offer insight into your personal role and responsibilities, but you are encouraged to learn more through the IIPP document.

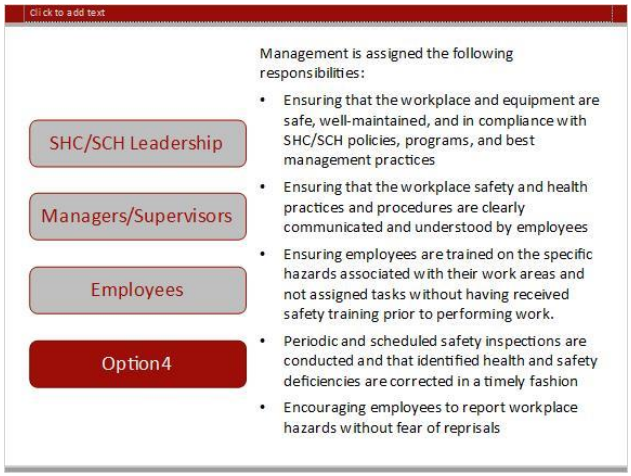
1.13 Responsibilities



Notes:

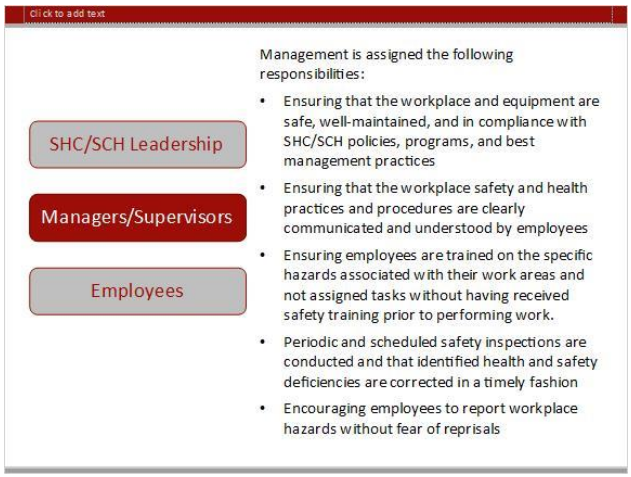
Click on each of the points shown here to read about the responsibilities that each role has to maintain safety in the workplace.

Option4 (Slide Layer)



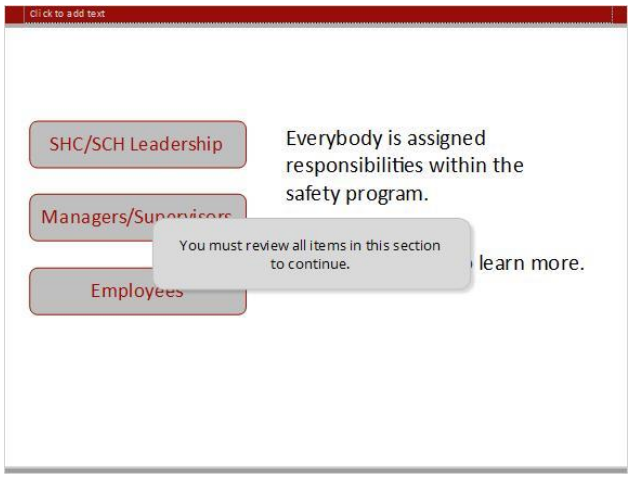
Employees (Slide Layer)

Managers (Slide Layer)

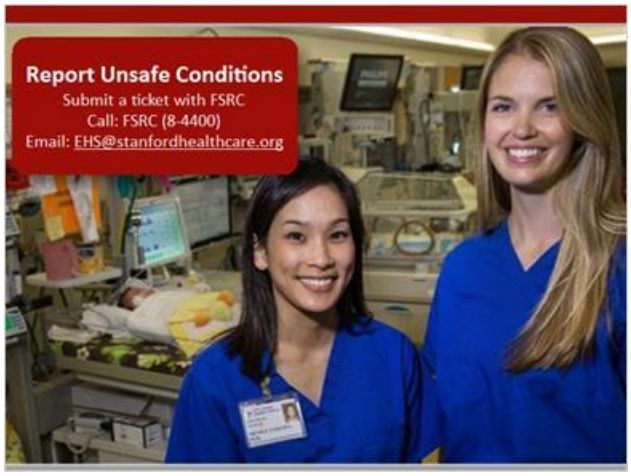


Leadership (Slide Layer)

Return (Slide Layer)



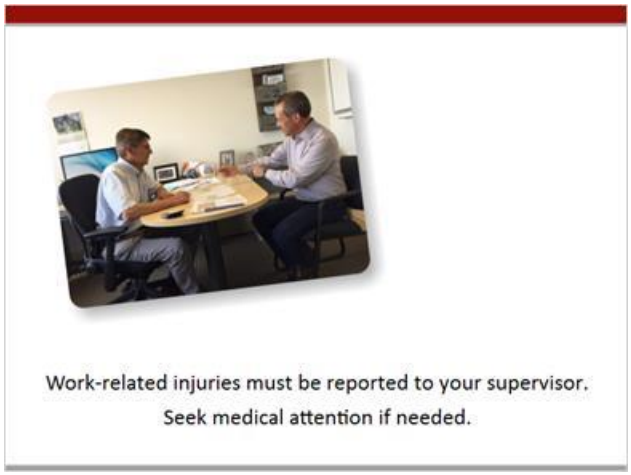
1.14 Reporting Unsafe Conditions



Notes:

Everyone is responsible for identifying potential hazards which can include unsafe conditions or unsafe behaviors or acts. If you find an unsafe condition and need help to resolve it, submit a ticket to the Facilities Services Resource Center, or call them directly. Employees can also report the condition directly to EH&S. If you are not sure if it is an unsafe condition, you are encouraged to notify EH&S who will look into it for you.

1.15 Reporting Injuries & Accidents



Notes:

If you experience a work-related injury or illness, contact your supervisor immediately

and seek medical attention, if needed. All incidents should be reported immediately to FSRC. This can include, an injury, near miss, allergic reaction, back strains, slip, trip or fall, potential or actual exposure to radiation or hazardous chemicals, or workplace violence.

1.16 Reporting Injuries & Accidents

Notes:

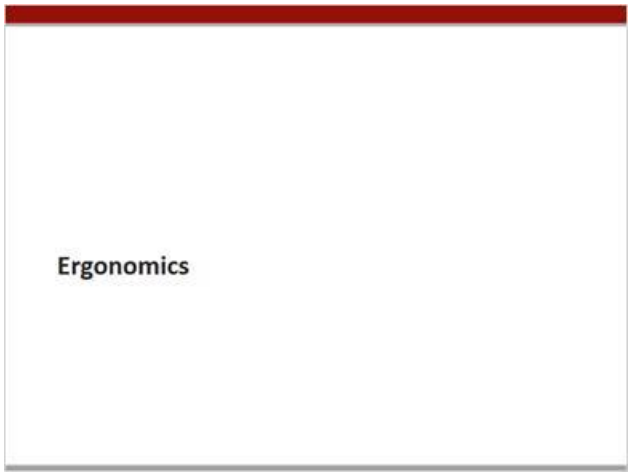
If someone you work with or who reports to you experiences a serious injury or illness, report it immediately to FSRC. Be sure to ask that EH&S also be notified. Serious injuries or illnesses involves accidents with a substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ or mental faculty. Fatalities must also be immediately reported to FSRC.

1.17 Reporting Injuries & Accidents

Notes:

Minor injuries that need simple first aid treatment may be addressed where they occur, but they must still be reported. You should also report any near misses and suspected work-related injuries and illnesses.

1.18 Ergonomics



Notes:

Let’s now look at ergonomic awareness in the workplace.

1.19 Introduction to Ergonomics

Notes:

Ergonomics is the study of people at work. The goal of good ergonomics is to incorporate the capabilities of the body into the design of work spaces and tools to make work easier.

1.20 Musculoskeletal Disorders (MSDs)

Notes:

Musculoskeletal disorders, commonly referred to as MSDs, are injuries affecting the soft tissues of the body such as nerves, tendons, muscles, ligaments, and blood vessels. These injuries most commonly occur in the wrists, elbows, neck, shoulders, and back

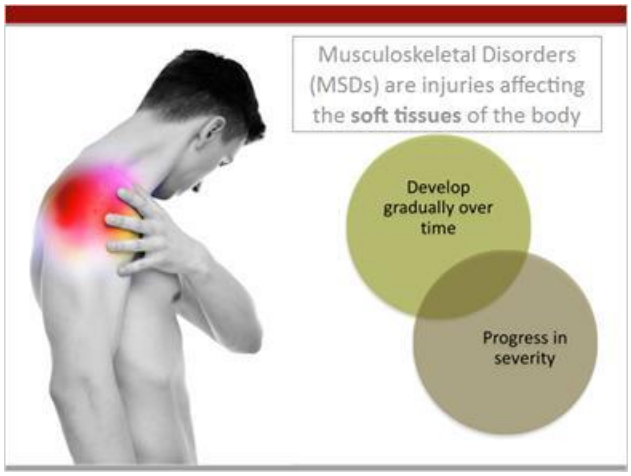
because these body parts get used most often and are placed under the most stress during the day. Poor ergonomic design can place added stress on these body parts and therefore increase the risk of injury.

1.21 Musculoskeletal Disorders (MSDs)

Notes:

MSDs tend to develop gradually over time, can take months or even years to occur, and they can appear to come on suddenly and unexpectedly.

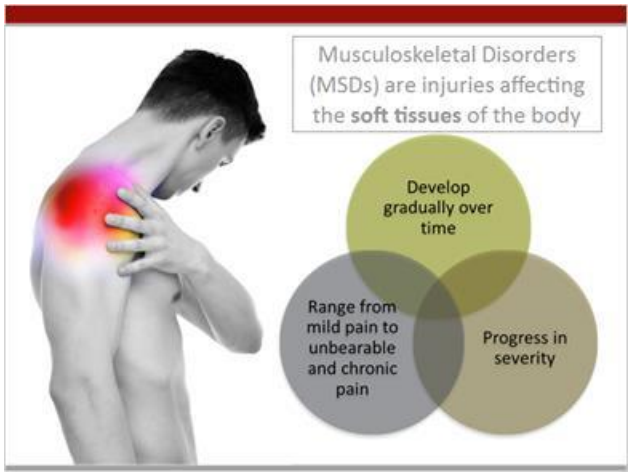
1.22 Musculoskeletal Disorders (MSDs)



Notes:

These injuries often start out small. However, if a small injury isn't given a chance to heal, it can become aggravated and progress in severity; especially if you keep doing the activity that caused the injury in the first place.

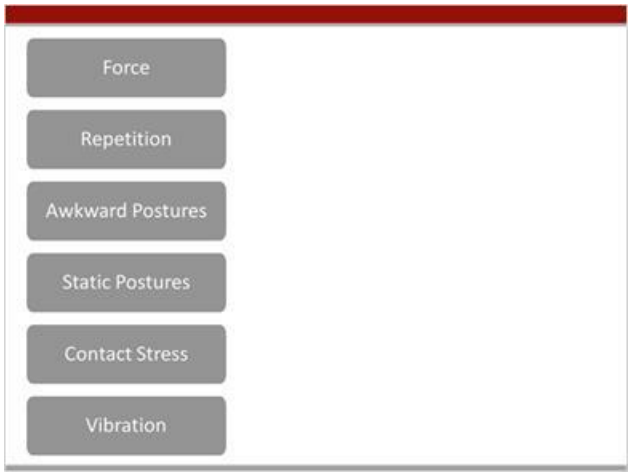
1.23 Musculoskeletal Disorders (MSDs)



Notes:

Over time, these small injuries can build until they become chronic or long term injuries. Because of the progression of MSDs, severity ranges from mild and sporadic to unbearable and chronic.

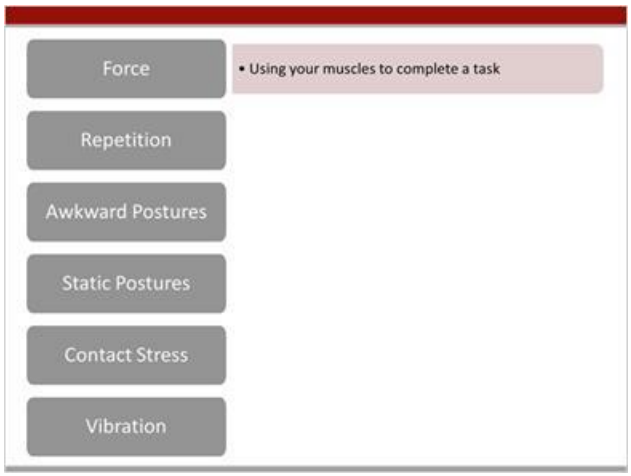
1.24 Ergonomic Risk Factors



Notes:

Risk factors are elements of the work environment or how a task is done that can increase the potential for injury.

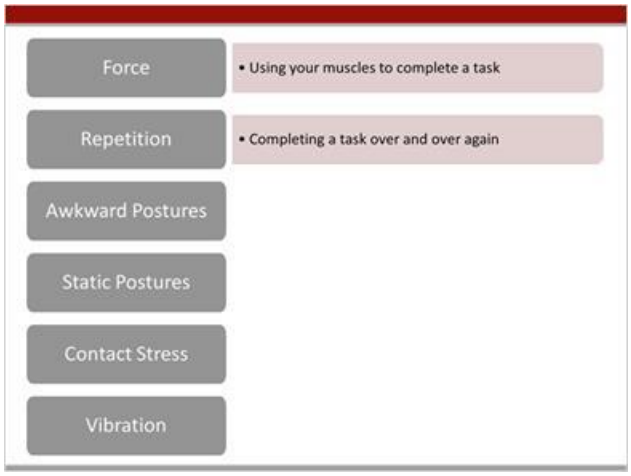
1.25 Risk Factors - Force



Notes:

The amount of force you apply with your muscles, performing tasks such a manually moving or repositioning patients, ripping open bags, or lifting equipment.

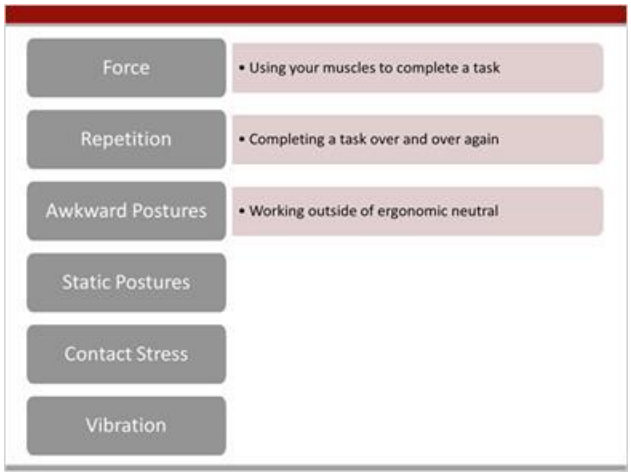
1.26 Risk Factors - Repetition



Notes:

Performing a task over and over again is also considered when looking at risk factors. Tasks performed more frequently, such as typing, ripping bags open, or grabbing tools, offer a higher risk factor.

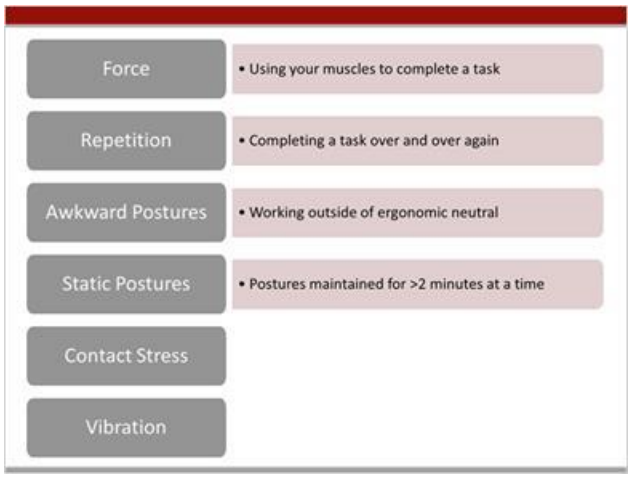
1.27 Risk Factors - Awkward Postures



Notes:

Awkward reaches or bending or lunging are also a risk factor. This can include reaching, holding doors open while pushing a cart through at the same time, or bending to retrieve supplies from a low shelf.

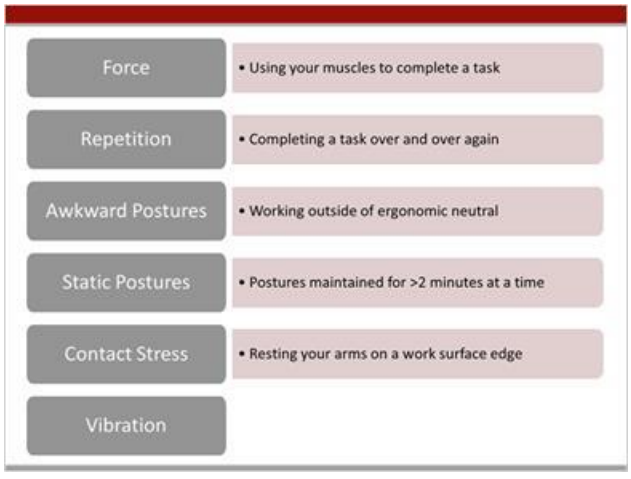
1.28 Risk Factors - Static Postures



Notes:

Holding the same posture for extended periods of time also increases the potential for injury. This can include standing in one place or keeping your neck bent to look at an elevated monitor.

1.29 Risk Factors - Contact Stress

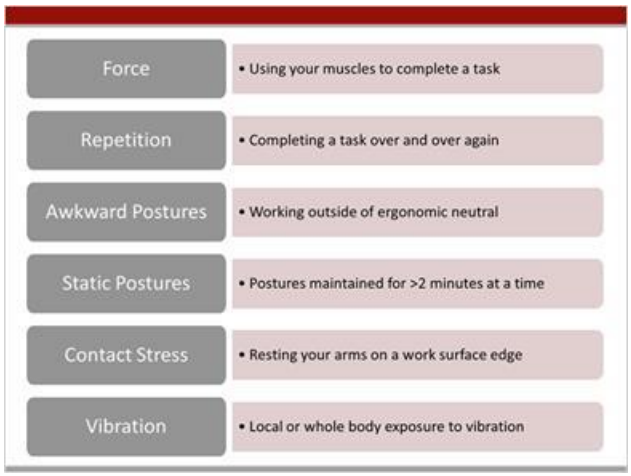


Notes:

A significant risk factor to muscles and joints is contact stress, or constant, direct

pressure. Examples include resting your arms against a work surface edge, kneeling on a hard floor, or how a tool or object presses against the hand as it is gripped.

1.30 Risk Factors - Vibration



Notes:

1.31Vibration is also considered as a risk factor. Vibration can be localized, like when gripping power tools or heavy tools, or can produce a whole body exposure, like when driving a forklift all day.

Reducing or eliminating these risk factors from your daily routines can minimize your potential for developing a MSD.

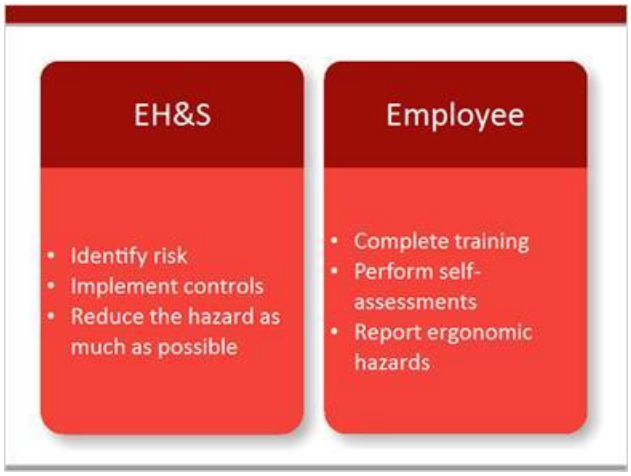
1.31 Early Warning Signs of MSDs

Notes:

Now that we have talked about risk factors, let's touch on some of the early warning signs or symptoms that you should be aware of. These may include pain, soreness or even just a mild throbbing sensation at the location of the affected area that may be felt. General fatigue, muscle weakness or joint pain that lingers may also be experienced. Other signs include a numbness or tingling in fingers or thumb and the loss of grip strength in your hands. You may also experience problems sleeping.

If you experience any of these symptoms, and they persist for more than a few days, make note of them and contact your manager or supervisor. Seek help before the symptom develops into a potentially serious injury.

1.32 Egronomics Program Responsibilities



Notes:

Stanford Health Care and Stanford Children's Health have a mature ergonomics program in place to help address any concerns you may have. The program is located in the Safety Manual, and outlines the overall scope of the program as well as the responsibilities and procedures.

EH&S is responsible for identifying areas where there may be a higher risk of injury or illness and is tasked with working to implement controls to eliminate or reduce the hazards as much as possible. As an employee, you are responsible for participating in ergonomics training and conducting self-assessments of your work and work area. If ergonomic equipment is available to you, you should use it. Remember to promptly report any signs or symptoms of potential ergonomic injuries or illnesses early as well as any ergonomic hazards to your supervisor as soon as possible.

1.33 Requesting an Ergonomic Evaluation

Notes:

To request an ergonomic evaluation today, click on the button here based on where you work.

1.34 Ergonomics – Safe Patient Handling

Notes:

Stanford Health Care and Stanford Children's Health have each implemented a Safe Patient Handling Program.

1.35 Safe Patient Handling Introduction

Notes:

We recognize that some patients need assistance to change their position in bed, get out of bed or a chair, or ambulate, and we want to make sure you can provide that assistance and do it safely, for both yourself and your patients.

1.36 Using Tools Available to You

Notes:

Using your body to assist a patient to perform these transfers puts both you, and your patient, at risk. You could sustain a serious injury to your shoulders or back trying to assist your patient using your body alone. Your patient is also placed at higher risk of

falls, skin tears, and pressure ulcers through the provision of manual assistance. Every patient should be assessed for their capability to assist you with transfers in the bed, and from bed to chair and ambulation. Some units have implemented a Mobility Assessment Tool to help you determine their level of assistance and the most appropriate equipment for them to use. Your unit educator can provide you with more information.

1.37 Safe Patient Handling Devices

Notes:

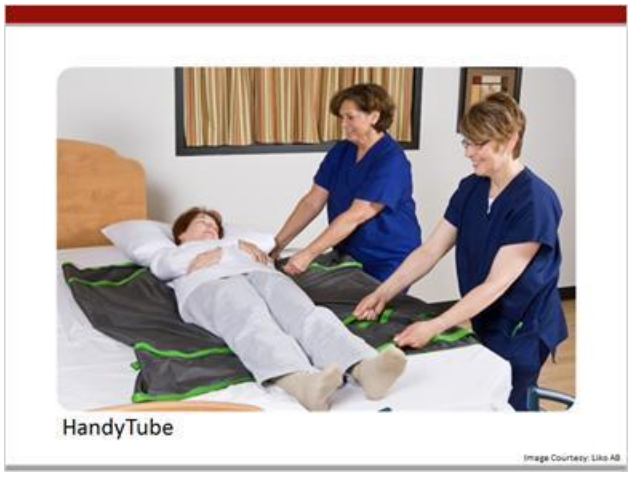
Units have safe patient handling equipment available to assist you and your patients with mobility. This equipment varies by location. If you believe your unit has additional equipment needs, please discuss this with your unit manager. Equipment available includes handy tubes, Hovermats, the Stedy, Sabina sit-to-stand, and mobile Golvo and Viking total assistance lifts.

1.38 Devices - Hovermat

Notes:

The Hovermat is an inflatable mattress that uses air to slightly lift the patient, eliminating friction during lateral transfers. These can be left under the patient between transfers. Hovermats at Stanford Hospital are disposable, however the Hovermats at LPCH Stanford Children's Health facilities are reusable, and should be collected for cleaning and reuse.

1.39 Devices - HandyTube



Notes:

The HandyTube is a disposable plastic transfer aide that eliminates shear force and

friction when performing lateral transfers and boosts up the bed. They are placed under the patient by log rolling them. They help reduce the force required to move the patient as well as prevent pressure ulcers and skin tears, which can be caused by the shear forces generated by a lateral transfer. These should not be left under the patient between transfers.

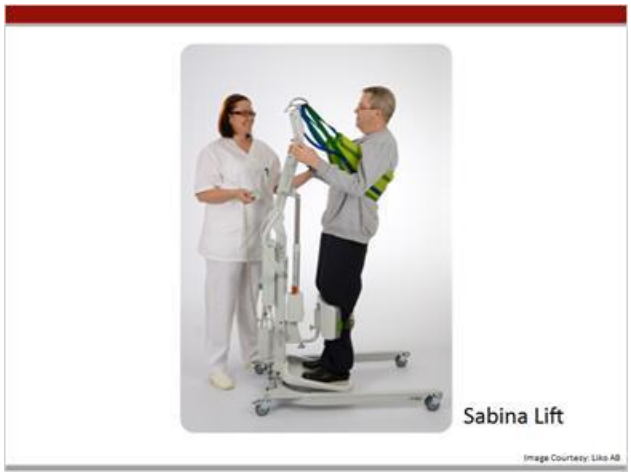
1.40 Devices - Golvo and Viking

Notes:

The Golvo and Viking lifts are used for transfers where the patient is unable to assist you. They can be used with a “repo sheet” to move patients in bed, hold or reposition them when lying on their side, or assist with turns. A Lift Coach can show you how this is performed.

When used with a sling, these lifts can help you move a patient between their bed and chair, or on to a commode.

1.41 Devices - Sabina



Notes:

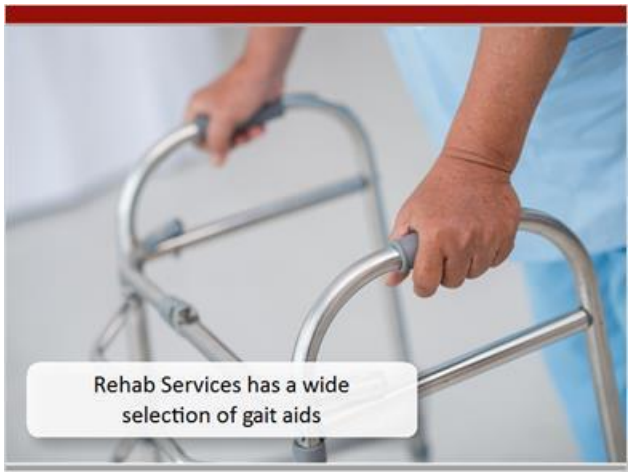
The Sabina is a lift that can be used where the patient can partially assist with a sit to stand transfer. This has great rehabilitation value while eliminating the risk of a patient fall. When the foot plate is removed, the Sabina can also be used for gait training.

1.42 Devices - Stedy

Notes:

The Stedy mobility aid combines the mobility of a wheelchair with the ease of access of a walker. This device is ideal for helping patients that are able to stand.

1.43 Devices - Gait Aids



Notes:

Gait aids like canes or standard or wheeled walkers are an excellent way to help patients mobilize while decreasing their risk of falling. A wide selection of devices are available and Rehab Services can be consulted to determine which device may be best depending on your patient's specific needs.

1.44 Lift Coaches

Notes:

If you are still unsure of the best tool to use, contact your unit educator or a physical therapist for help. For Stanford Hospital staff only, lift coaches are available. Please

note that Atlas Lift does not apply to SCH employees.

1.45 Part 2 Intro

Notes:

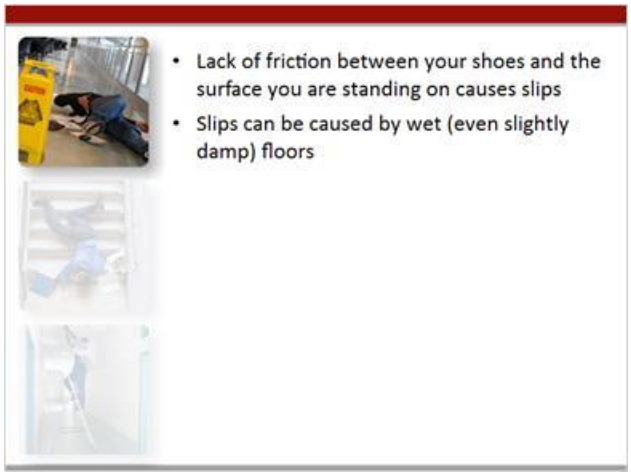
We'll continue now with safety discussions on slip, trip and fall prevention, personal protective equipment, and biosafety topics.

1.46 Slips, Trips, and Falls

Notes:

Workplace slips, trips and falls cause numerous injuries - even deaths - every year. At Stanford Health Care and Stanford Children's Health, slips, trips and falls have been the most prevalent cause of injury to employees. These injuries are often preventable.

1.47 Overview of Slips



Notes:

Slips occur when there is not enough friction or traction between your shoes and the surface you are walking or working on. Slips may happen as a result of water being present on the floor due to rain, sprinklers etc... Be aware when you observe water on floors or signs that indicate a wet surface. If you see either of these conditions, you should proceed with caution and be extra careful if you must proceed through it.

1.48 Preventing Slips

Notes:

You can help prevent slip and fall injuries by keeping floors clean and dry, and use rubber strips, non-skid strips and floor coatings to increase friction with the floor. Rugs can also help add traction, but make sure they use skid-resistant backing. You can personally prevent slipping by wearing slip-resistant shoes, not rushing as you walk, and posting safety signs to alert others of slip hazards.

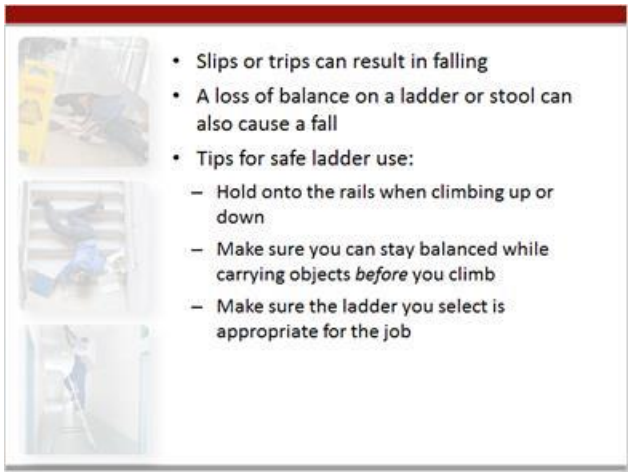
1.49 Overview of Trips

Notes:

Trips occur when your foot catches on an object, and you stumble or fall. An extension

cord or bunched carpeting can cause your walking path to be uneven and cause you to trip and fall. Be aware of your walking path and your surroundings. Poor habits such as not using handrails while on stairs, carrying items that are too high so you cannot see, or carrying too many objects that shift your balance can also cause trips and falls.

1.50 Overview of Falls



Notes:

Falls can be the result of a slip or trip, but they can also occur with a loss of balance from an elevated surface like stairs, a ladder or a footstool. When walking up or down stairs, hold onto the handrail and take one step at a time. Be sure you are able to manage the load you are carrying if you are going to be using stairs. When using a ladder, select the type and height of ladder appropriate for the work. Keep your balance on the ladder by not leaning from center with the side rails. As you climb up or down, keep a grip on the side rails.

1.51 Contributing Factors

Notes:

Personal health factors such as impaired vision, judgment, unsteady balance, age, stress, fatigue, and medications can contribute to slips, trips and falls, leading to an injury.

1.52 Personal Protective Equipment (PPE)

Notes:

The use of personal protective equipment, or PPE, will provide you with protection against some hazards while performing your job. PPE can be provided for head and face protection, eye, respiratory and hearing protection, hand and arm protection and body and foot protection.

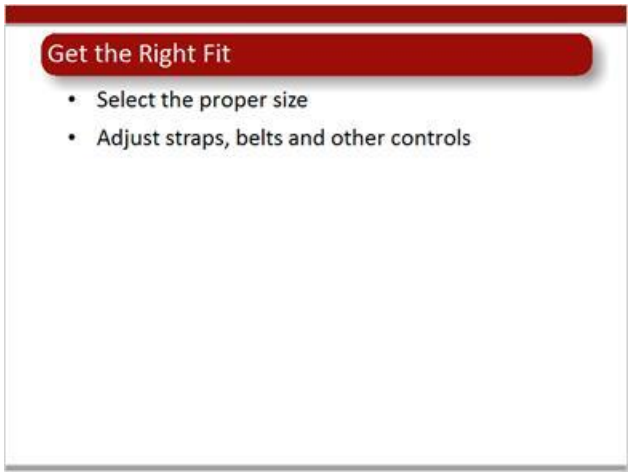
1.53 PPE Overview

Notes:

As an employee, make sure you use all PPE that is required for doing your job as it will help protect you against hazards that you may encounter. Before beginning work, make sure you have all the PPE necessary to perform the job or task you will be doing. Plan ahead. If you do not have something, ask your Supervisor for help.

When choosing personal protective equipment, it is very important to make sure that the equipment you select is appropriate for the hazard, and is compatible with the materials you will be working with. Certain materials may not provide enough resistance to the chemicals or biological materials you are working with. EH&S can provide assistance in selecting PPE for new tasks.

1.54 Using PPE



Notes:

Make sure that you get the right fit when selecting PPE. This is especially important when wearing gloves and shoes. Select the appropriate size, make the necessary adjustments to fit your body/frame and ensure you are comfortable while covering all the necessary parts of your body.

1.55 Using PPE

Notes:

Check your PPE for damage. Inspect all surfaces and seams for any holes, tears or signs of excessive wear. When putting on gloves, check for any defects or holes. If you see a

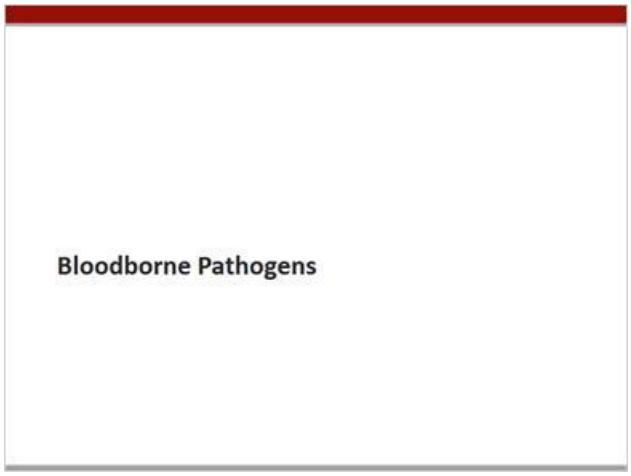
hole or tear, throw them out and replace them.

1.56 Using PPE

Notes:

Don’t forget to also inspect durable PPE, such as face shields, safety glasses and aprons, for cracked shields, torn straps, broken hinges or other broken parts. Damaged or defective PPE should be taken out of service immediately and replaced. Lastly, make sure your PPE is clean before you use it. Remove any dirt or oils from the surfaces prior to putting it on.

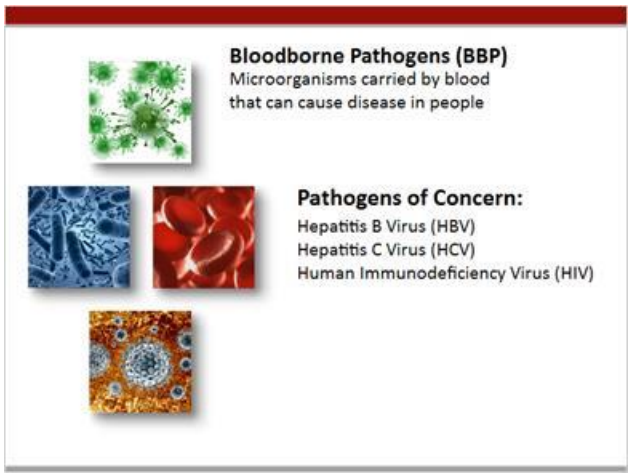
1.57 Bloodborne Pathogens



Notes:

This next section will discuss infection control and bloodborne pathogens at Stanford Health Care and Stanford Children's Health.

1.58 Introduction to BBP

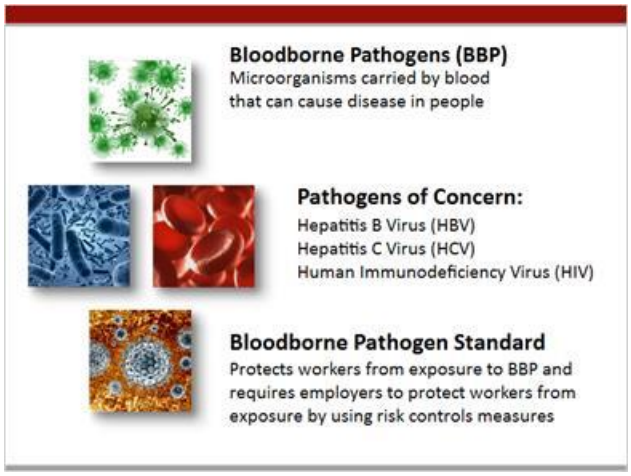


Notes:

Bloodborne pathogens are microorganisms carried by blood that can cause disease in people. These pathogens come in the form of viruses or bacteria. There are many different types of bloodborne pathogens that can affect humans, but the pathogens of main concern for us are hepatitis B, hepatitis C, and human immunodeficiency virus, or

HIV.

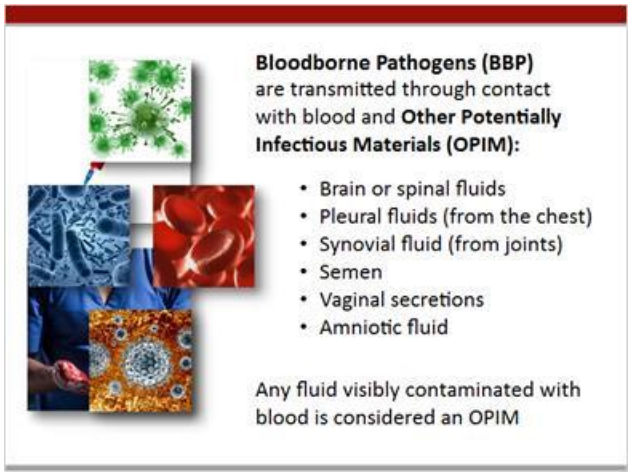
1.59 Introduction to BBP



Notes:

The Bloodborne Pathogens Standard helps protect workers from exposure to these pathogens. All employees who may come in contact with blood or other potentially infectious material (OPIM) as part of their job, are covered by this standard. As a result, employers are required to take steps to minimize employee exposures to bloodborne pathogens by implementing risk control measures.

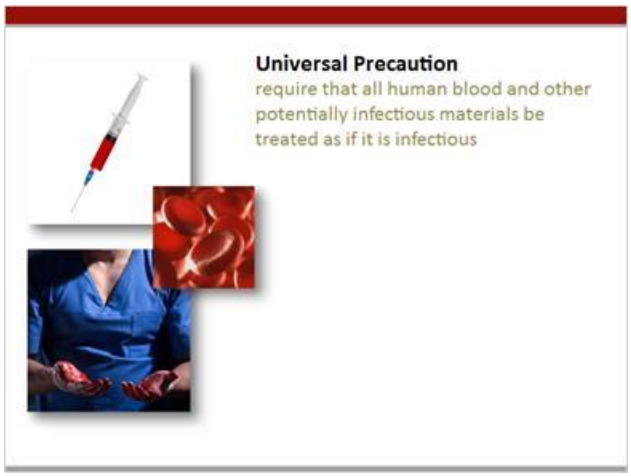
1.60 Concept of OPIM



Notes:

Bloodborne pathogens are transmitted through contact with blood and Other Potentially Infectious Materials, or OPIM. OPIM can include: Brain, spinal or chest fluids, synovial fluid, semen or vaginal secretions and amniotic fluid. In addition to these, any fluid that is visibly contaminated with blood is also considered OPIM.

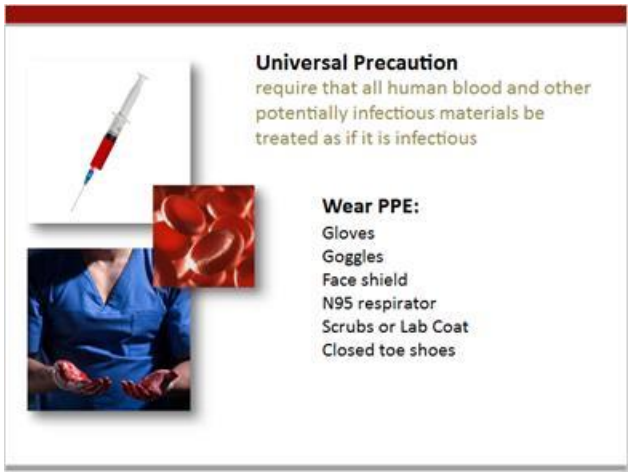
1.61 Universal Precaution



Notes:

The Standard Precaution, or Universal Precaution, is used in the care of all patients, regardless of their diagnosis. Standard precautions require that all human blood and other potentially infectious materials be treated as if known to be infectious, regardless of the perceived “low risk” status of a source individual. It is referred to as “standard” or universal because it is used for all patients and residents, regardless of whether or not they have a diagnosis of infectious disease.

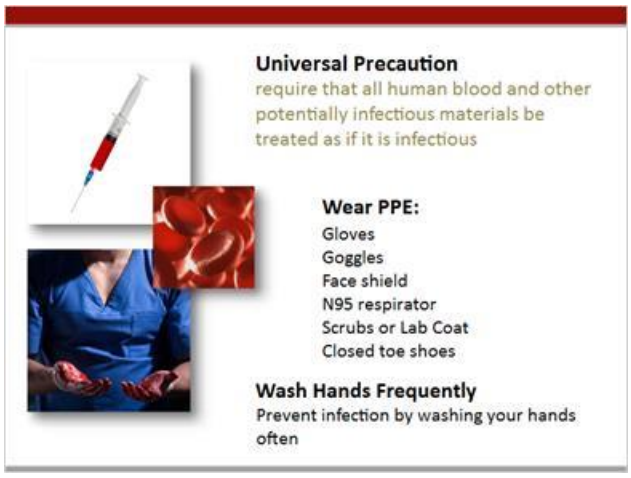
1.62 Universal Precaution



Notes:

The precautions require staff to avoid contact with patients' bodily fluids, by wearing personal protective equipment, including nitrile gloves, safety glasses or goggles, scrubs or a lab coat and closed toe shoes. You may also need a face shield for splash hazards or an N95 respirator, depending on the work you will be performing.

1.63 Universal Precaution

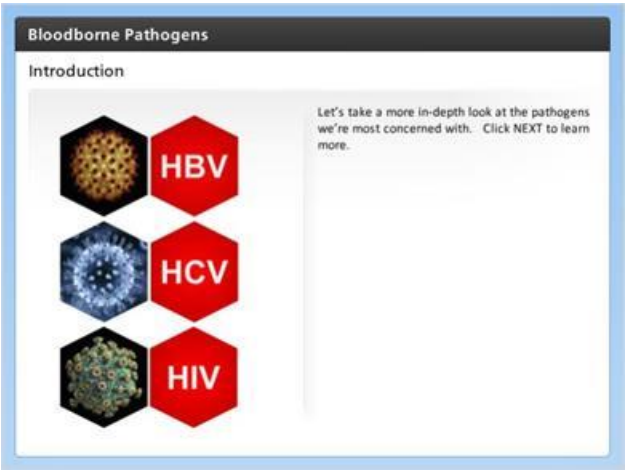


Notes:

And remember - the single best method for preventing the spread of infection is handwashing. You should wash your hands when entering or exiting a patient area,

before and after touching a patient or their surroundings, and any time you sneeze or cough.

1.64 Bloodborne Pathogen Profiles



1.65 Exposure Response Procedures

Notes:

If you think you have been exposed to a bloodborne pathogen or other potentially infectious material, a prompt response is very important to reduce the liklihood of contracting a disease. Contact your Supervisor or have a colleague do so while you begin thoroughly washing the affected areas with soap and water for a minimum of fifteen minutes. If fluids came into contact with the eyes, use an emergency eyewash station,

and flush the affected eye or eyes with water for a minimum of fifteen minutes. After washing the affected area, report to the Occupational Health Services Clinic for evaluation, consultation and testing. Prophylactic medications may be issued as a result of this incident, and follow-up consultations will probably be necessary.

1.66 Needlestick Response

Notes:

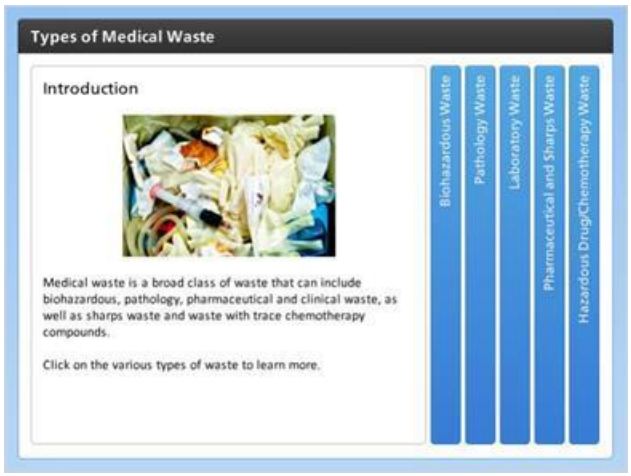
Even if a potential exposure to bloodborne pathogens has occurred, you must report it to your supervisor and call for assistance. All needlestick injuries must be reported, no matter how small. The STIX call line has been established to respond to these incidents.

1.67 Biohazardous Waste

Notes:

Biohazardous waste, like other hazardous waste, needs to be properly collected, stored and disposed of.

1.68 Types of Medical Waste



1.69 Categories of Biohazardous Waste

1.70 Part 3 Intro

Notes:

The next topics to cover are Hazard Communication, Chemical Emergency Procedures, and Cryogenic Safety.

1.71 Hazard Communication

Notes:

In order to perform your job safely, you need to understand some basics about chemical safety and the chemicals that you may encounter in your work environment.

1.72 Employee's Rights

Notes:

The elements of the Hazard Communication Program include ensuring that the processes, procedures and equipment are in place to protect employees from harm. Employees must have access to information and training and that they understand that information regarding the hazardous substances to which they may be exposed. This

information can include Safety Data Sheets, personal protective equipment, and how it is used and where to go to get further information.

1.73 Employee's Rights

Notes:

We ensure that employees have the right to protection from discharge or discrimination for requesting the information.

1.74 Employee's Rights

Notes:

An inventory of all chemicals is maintained by individual departments. You have access to these inventories as well as Safety Data Sheets. Access to Safety Data Sheets, or SDSs, is provided through the Stanford Hospital intranet.

1.75 Employee's Rights

Notes:

We also make sure a system is in place to inform employees about hazards associated with non-routine tasks. The Hazard Communication Program is located in the Safety Manual.

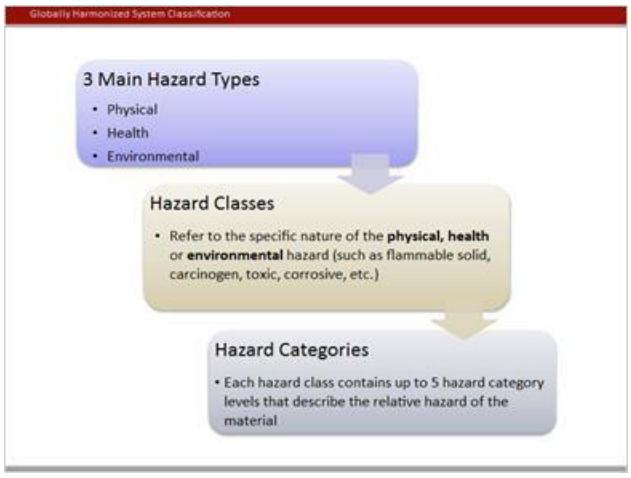
1.76 HazCom Roles and Responsibilities

1.77 Chemical Hazard Classification

Notes:

The Cal/OSHA Hazard Communication regulation wants you, the employee, to know the identity of the chemicals you are working with, the hazards they present, and the operations you are performing so you can work safely and protect yourself, as needed. But just in case, you should always be prepared for an emergency situation.

1.78 Elements of GHS



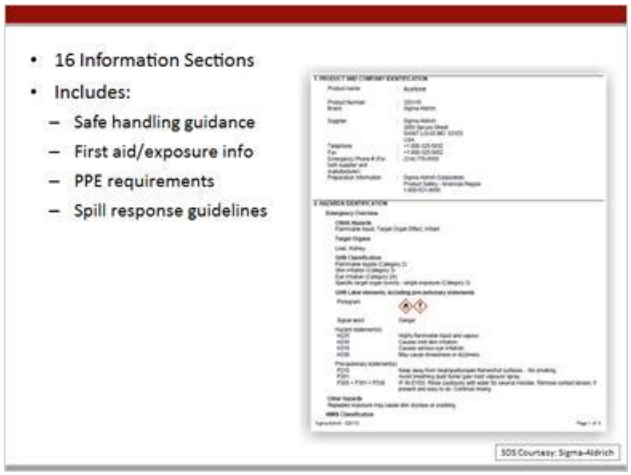
Notes:

The Globally Harmonized System of Classification and Labeling of Chemicals, or GHS, was part of the revisions that OSHA adopted to the Hazard Communication Regulation

in 2012. The revisions were designed to make it easier for all to understand whether you were in the United States or in Europe with respect to chemical labeling.

There are three hazard categories that are covered by GHS, and they are physical hazards, health hazards and environmental hazards. Within those categories are subcategories, depending on the nature of the hazard involved. And last, within each of those subcategories, there may be further categorization to further describe the hazards of the material.

1.79 Safety Data Sheet



Notes:

The first place to look to find out information on the chemicals in your work are the Safety Data Sheets, or SDSs. A Safety Data Sheet provides workers and emergency personnel with procedures for handling or working with that substance in a safe manner, includes information such as physical data, like melting point, boiling point, and flash point. It also includes information on toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill handling procedures.

1.80 Safety Data Sheet

Notes:

You should be familiar with the chemicals in your work area and know how to access the SDSs for those chemicals. Safety Data Sheets can be accessed through an electronic database available on the EH&S webpage on our Intranet.

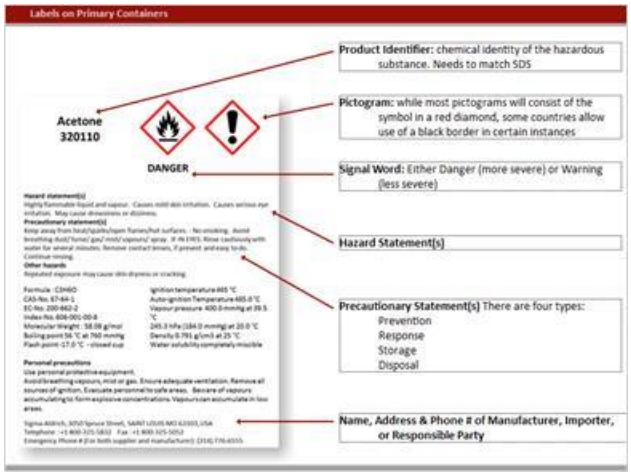
1.81 GHS Pictograms

Notes:

You will see chemical labels using pictograms like these to convey specific information about the hazards of the chemical. Each pictogram consists of a symbol on a white background with a red diamond frame. You may in some cases see labels from other

countries that have variations on the colors.

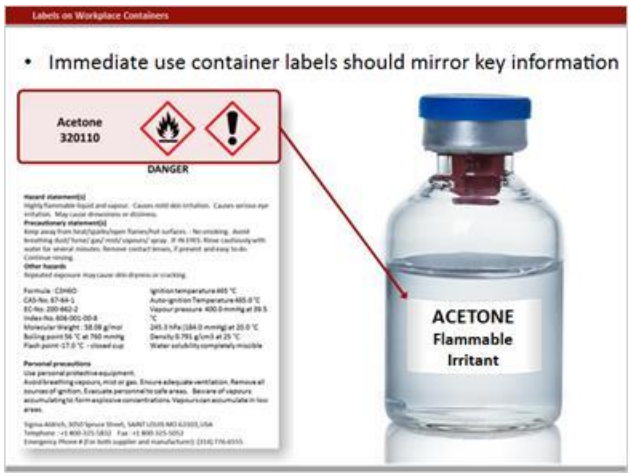
1.82 GHS Labeling - Primary



Notes:

This is an example of a label you may see on a primary container, or a container that is shipped directly from the manufacturer, importer, or distributor. The information shown above must be present on the label.

1.83 GHS Labeling - Secondary



Notes:

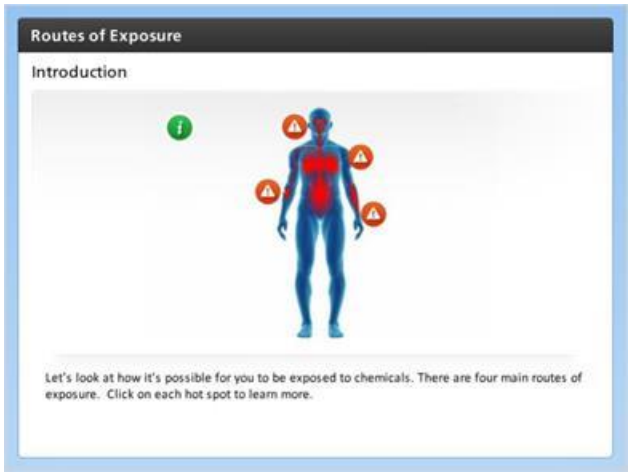
Smaller containers, or workplace containers of chemicals for immediate use must also be labeled, tagged, or marked by the user. These labels can have either the information specified for labels on shipped containers, or the use of an alternate workplace label with a combination of the product identifier and words, pictures, and symbols that provide the general hazards of the chemical, along with other information immediately available which will provide employees with the specific physical and health hazards of the chemical.

1.84 Intro to Routes of Exposure and Exposure Controls

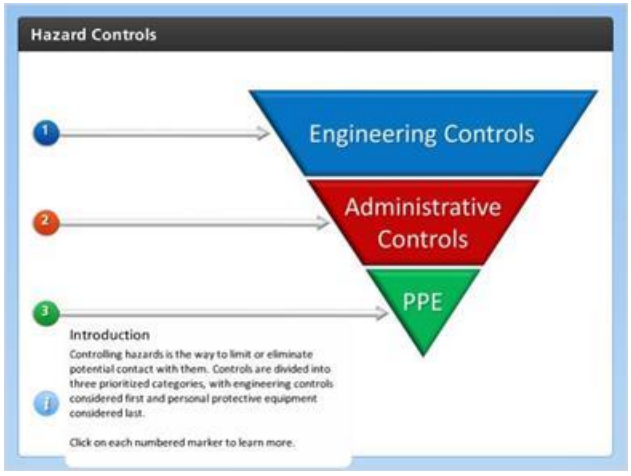
Notes:

It's important to know the hazards of chemicals that you work with. Next, let's look at potential exposure scenarios, and how you can protect yourself from such exposures.

1.85 Routes of Exposure



1.86 Heirarchy of Contols



1.87 Safe Work Practices

Notes:

Chemicals are stored based on their hazard class or category. All chemical storage cabinets have labels indicating what class or category of chemical is stored inside as well as secondary containment to prevent the spread of a spill in the event there is a leak. Flammable liquids must be stored in a flammable cabinet. Corrosive chemicals must be stored in a corrosive cabinet, but should be separated by type; you cannot store acids and bases in the same cabinet. Label your cabinets to keep chemicals segregated.

1.88 Safe Handling Guidelines

Notes:

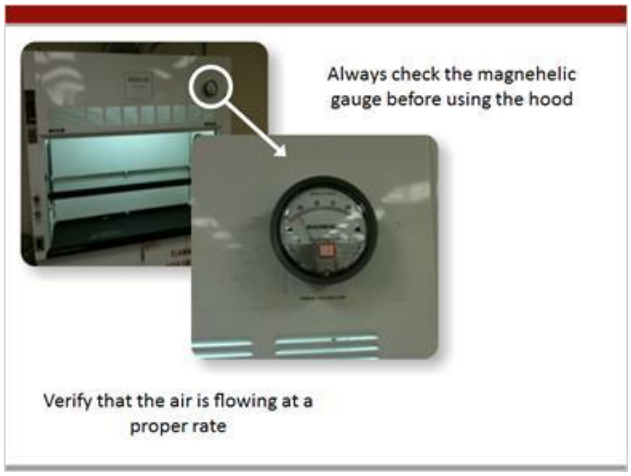
Your work with chemicals should reflect your respect for their hazards. Keep containers closed and stored in a designated location when not in use. The outer surfaces of containers should also be clean and properly labeled. Make sure you read and review the label to know its hazards before working with it.

1.89 Chemical Fume Hoods

Notes:

Chemical fume hoods are used for various operations in our facilities. Fume hoods protect employees from hazardous vapors and emissions by using a continuous flow of air into hood, pulling potential contaminants inward and away from the employee.

1.90 Chemical Fume Hoods



Notes:

Before using a chemical fume hood, make sure that the air flow is operational by looking at the magnehelic. There should be a mark on the gauge that identifies a normal pressure value, indicating that the hood is operating properly. If you notice that the needle is at all below or significantly above this mark, contact FSRC.

1.91 Chemical Fume Hoods

Notes:

When using a chemical fume hood, make sure that the arrows match up, and that the hood sash is raised or lowered to that level when you are working inside it.

1.92 Chemical Fume Hoods

Notes:

Hoods are calibrated annually. You should check the certification sticker to ensure that it has been tested within the last year. If the hood has not been tested within the last 12 months, notify your supervisor and EH&S.

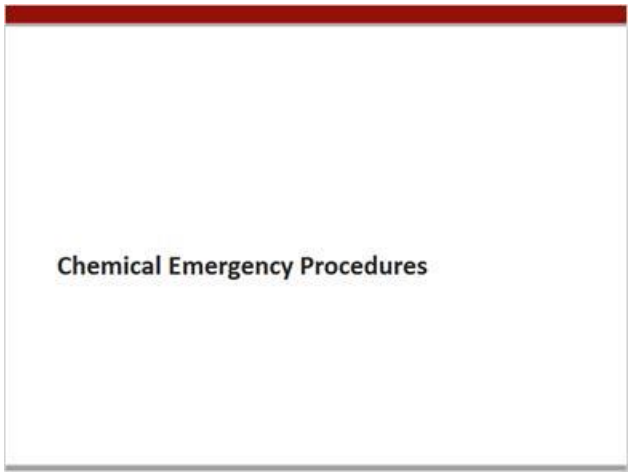
1.93 Responsible Lab Management

Notes:

Help keep air contaminants low by following these helpful tips. Avoid procedures that

require open containers of chemicals. Instead, work under a fume hood. Post notices on fume hoods alerting others of the hazards under the hood. Keep waste containers closed and prevent waste from evaporating, even in a fume hood.

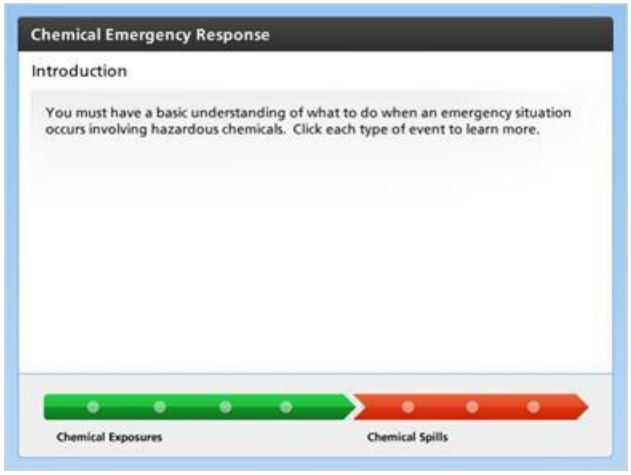
1.94 Chemical Emergency Procedures



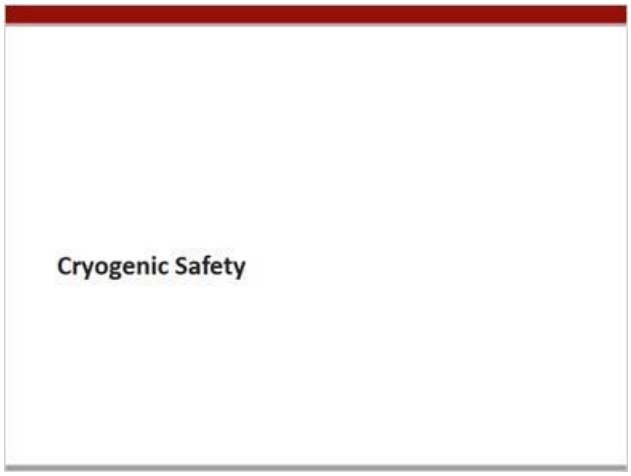
Notes:

Here is some basic guidance for what to do in the event of an emergency involving chemicals and hazardous materials.

1.95 Response Guidance



1.96 Cryogenic Safety



Notes:

Let's now go over the essential safety points you should know when working with cryogenic liquids.

1.97 Introduction to Cryogens

Notes:

Cryogenic liquids, like liquid nitrogen, are commonly used at Stanford for fast-freezing samples. Liquid nitrogen presents both cold burn and asphyxiation hazards that you need to be aware of.

1.98 Cold Burn Hazards

Notes:

It is 320 degrees below zero, and capable of causing severe and immediate frostbite, with potentially more serious injury to the eyes and face on contact.

1.99 Asphyxiation Hazards

Notes:

As the liquid boils off into a gas, it displaces oxygen in the room, potentially creating a dangerous, oxygen deficient environment.

1.100 Container Safety Features

Notes:

Liquid nitrogen should always be stored in closed containers equipped with a pressure release valve. This is necessary to safely manage the pressure that builds up in a dewar as the liquid slowly changes into a gas inside the container.

1.101 Safe Work Practices

Notes:

Always store liquid nitrogen in a designated, well-ventilated area. Be familiar with the standard operating procedures for cryogens in your area. If you are dispensing liquid nitrogen, you should only use containers approved by Stanford and your manager. You

should also pour or dispense the liquid slowly to control the changes in pressure within the container.

1.102 Dress Code and PPE

Notes:

You should always protect your skin and face from accidental contact. A long sleeve shirt and pants, without pockets or folded cuffs, and fully-enclosed shoes are the required dress code. Thermal protective equipment is also necessary. Safety glasses and a face shield are required. Thermal gauntlet gloves and a splash apron are also needed for your protection. Remember to always check your PPE for damage before use.

1.103 Emergency Response

Notes:

Be prepared for emergencies, should one occur. If there is a cryogen spill, evacuate the immediate and surrounding area of the spill, get everyone to a well-ventilated area, and call FSRC to report the spill. Injuries involving contact with cryogens are generally severe. Injured employees should be immediately transferred to the Emergency Department for treatment.

1.104 Part 4 Intro

Notes:

In this next section, we will discuss electrical safety, fire prevention, and fire and life

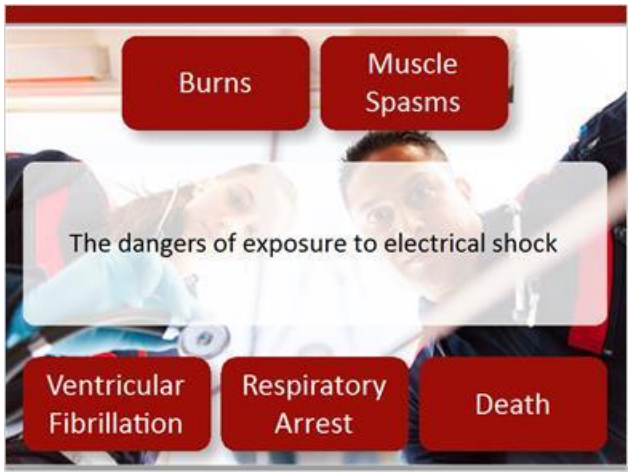
safety.

1.105 Electrical Safety

Notes:

Most equipment in the healthcare setting is electric or runs on electric power. This means there is a potential risk for electric shock from medical equipment.

1.106 Risks of Electrical Shock



Notes:

The main risk to employees with respect to contact with electricity is, of course, shock. But the injuries from electrical shock can vary. Contact with electricity can cause skin burns or muscle spasms. It can also cause respiratory arrest or ventricular fibrillation. Both conditions can be fatal.

1.107 Safety of Energized Equipment

Notes:

In order to prevent accidents, equipment that shows any sign of malfunction or an electrical contact hazard will need to be removed from service immediately. If the equipment malfunctions, shows visual signs of damage or unusual heating, you detect a burning smell or odor while operating, or if the equipment shocks an employee or patient, take the equipment out of service immediately. Report the hazard to your supervisor and submit a ticket for repair with the Clinical Technology and Biomedical Engineering department.

1.108 Safety of Energized Equipment

Notes:

All medical equipment should be inspected and tested on a regularly scheduled basis. The CTBE performs these checks when the equipment is first purchased, and periodically thereafter. With each successful test, a label is placed on the equipment showing that it's approved for use. You can request a test at any time by calling the CTBE.

1.109 Extension Cords and Power Strips

Notes:

Extension cords at Stanford are to be used only on an emergency basis. You can only get

extension cords by requesting one through Facilities and Engineering.

1.110 Extension Cords and Power Strips

Notes:

Extension cords and multi-plug strips are common devices, but it's important to use them safely. You should only use extension cords and multi-plug strips with three-prong plugs. You should not use adapters, cords with two prongs, or cords with a broken third prong. You should never use cords that have exposed wiring or show any signs of physical damage. Report any damaged cord, plug or outlet immediately to the FSRC.

1.111 Extension Cords and Power Strips

Notes:

Multi-plug strips may not be mounted directly to any building surface, and cords may not be stapled, tacked, or nailed to floors or walls. You can use tape to secure them. You should also not bend, stretch, or kink any power cords, or pull on the cords to remove them from outlets.

1.112 Extension Cords and Power Strips

Notes:

Remember not to overload outlets. Circuit breakers should be clearly labeled and breaker boxes should be accessible at all times. Report a tripped breaker to the FSRC immediately.

1.113 Extension Cords and Power Strips

Notes:

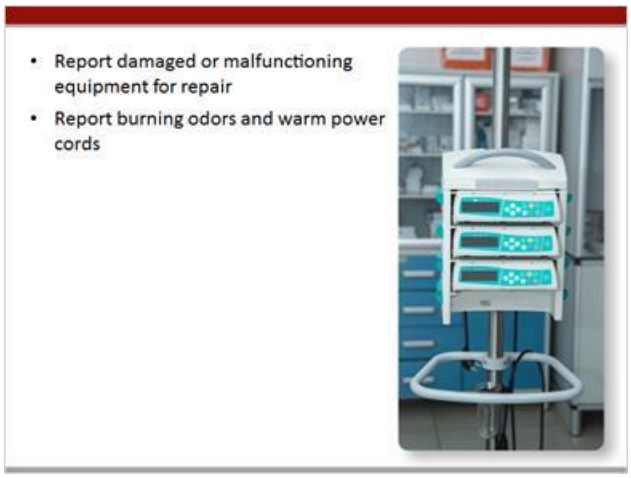
Patients must always be protected from electrical hazards, so keep them in mind when using and positioning equipment, extension cords and multi-plug strips. Keep them at a distance from patients, especially children, and placed to not present a tripping hazard.

1.114 Fire Prevention

Notes:

The other hazard electricity presents is the risk of fire. We'll take this opportunity to share with you some important information about fire prevention and fire and life safety at SHC and SCH.

1.115 Fire Prevention



Notes:

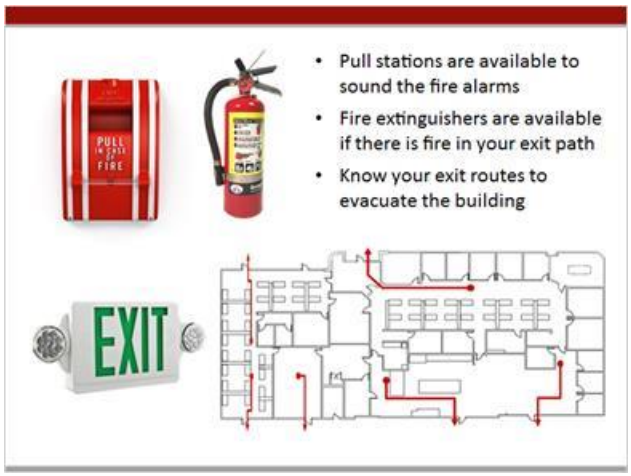
We've talked about how you should remove and report damaged or malfunctioning equipment. Notify the FSRC of any smells of burning plastic or cords or equipment that feels unusually warm. Electrical cords should never feel warm, and is a potential indication of a power overload.

1.116 Fire Prevention

Notes:

You should also never use equipment - especially high-voltage equipment - that you are not trained on or are unfamiliar with.

1.117 Fire Safety Features



Notes:

The outbreak of a fire is always an unexpected event at our facilities. SHC and SCH are prepared with a variety of safety features that assist in notifying occupants of a fire emergency and assisting with safe evacuation. There are pull stations to activate the alarm system, fire extinguishers, emergency exit signs and emergency lighting, and evacuation maps to let people know how to get out of the building. You should have a plan and know your exit route in the event of an emergency. Your supervisor should inform you of the evacuation assembly area in the event that you need to leave the building.

Remember: In case of fire use the stairway. Do not use elevators.

1.118 No Smoking Policy

Notes:

Both Stanford Health Care and Stanford Children's Health are 100% smoke-free environments. The smoking policy applies to areas bounded by Welch Rd, Quarry Rd and Campus Drive West. All staff is responsible for helping enforce our Smoke Free policy. If you see smokers on campus, remind them of our policy and hand them one of our “No Smoking” business cards. Contact EH&S if you need these cards, and contact Occupational Health Services for options to help you quit smoking.

1.119 Part 5 Intro

Notes:

Your training is nearly complete. Let's now look at security and workplace violence, and emergency preparedness procedures.

1.120 Security & Workplace Violence

Notes:

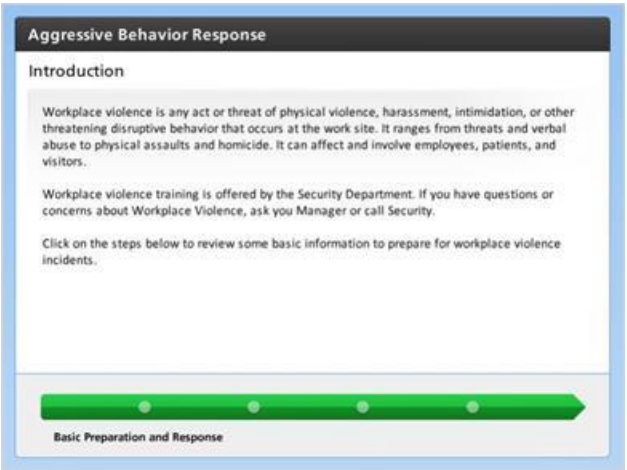
We'll provide you here with some important information on facility security, and how to respond to an episode of violence in the workplace.

1.121 Responsible Lab Management

Notes:

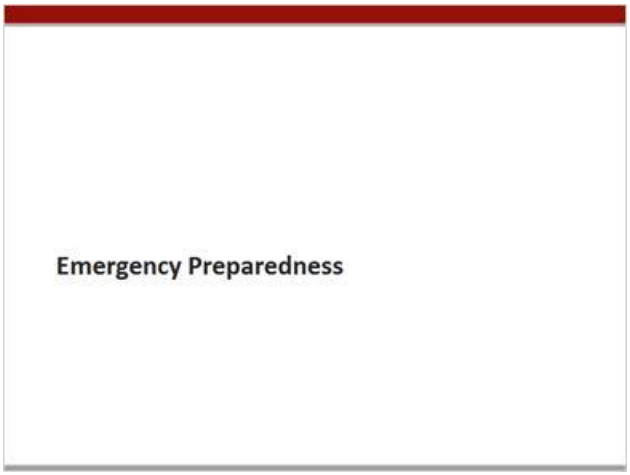
Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and homicide. It can affect and involve employees, patients, and visitors.

1.122 Aggressive Behavior Response



Notes:

1.123 Emergency Preparedness



Notes:

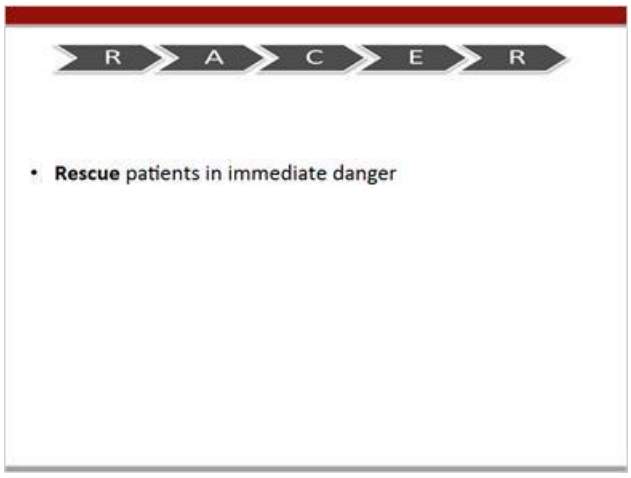
We introduced you to fire and life safety devices earlier, and we'll discuss here the procedures you should follow to respond to emergencies.

1.124 RACER Concept

Notes:

In a patient care environment, we use a specific protocol to respond to fire emergencies. The acronym we use to remember this protocol is RACER.

1.125 R - Rescue



Notes:

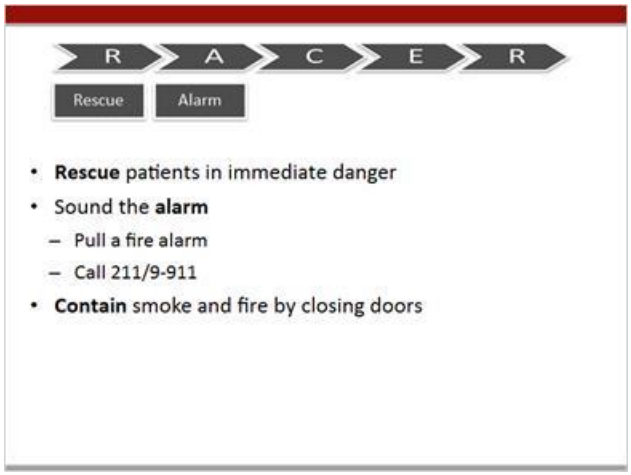
“R” stands for “rescue.” Help patients in immediate, life-threatening danger.

1.126 A - Alarm

Notes:

“A” stands for “alarm.” Pulling the fire alarm or calling emergency numbers will make sure that the emergency responders are alerted.

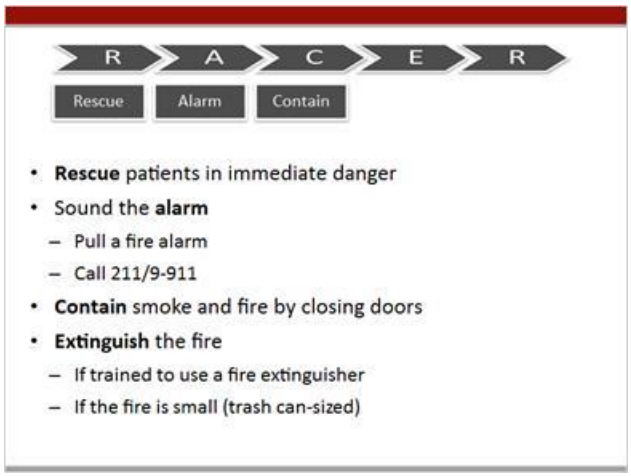
1.127 C - Contain



Notes:

“C” stands for “contain.” Help contain smoke and fire by closing doors, windows and shutters.

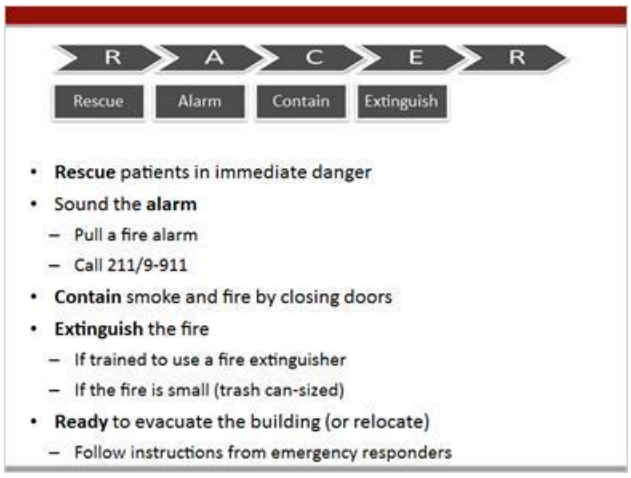
1.128 E - Extinguish



Notes:

“E” stands for “extinguish.” Employees that are trained to operate a fire extinguisher may do so, but only if the fire is small and if the employee can do so safely.

1.129 R - Ready



Notes:

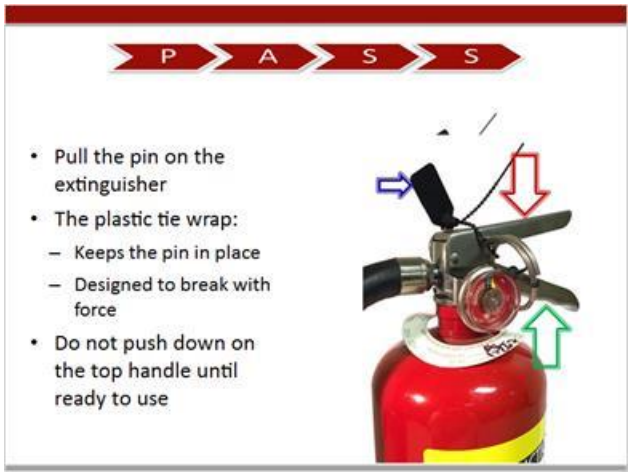
The final “R” stands for “ready.” In an emergency, employees, personnel and patients should be ready to evacuate or relocate to another building. Follow the instructions given from emergency responders as you evacuate the building.

1.130 PASS Concept

Notes:

You may need to use a fire extinguisher if the your evacuation path is on fire. The most common way to remember how to correctly use a fire extinguisher is the acronym “PASS.”

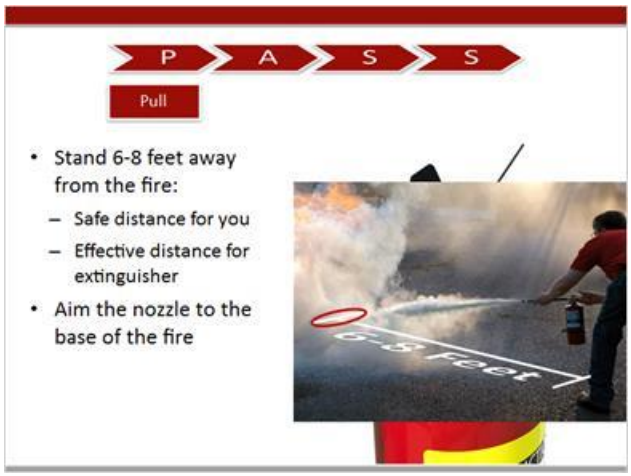
1.131 P - Pull



Notes:

PASS starts by pulling the pin on the fire extinguisher. Hold the extinguisher from the lower handle and pull the metal pin free from the top handle. The plastic zip tie keeps the pin in place but is designed to easily break with force. Avoid pushing down on the top handle until you are immediately ready to use it.

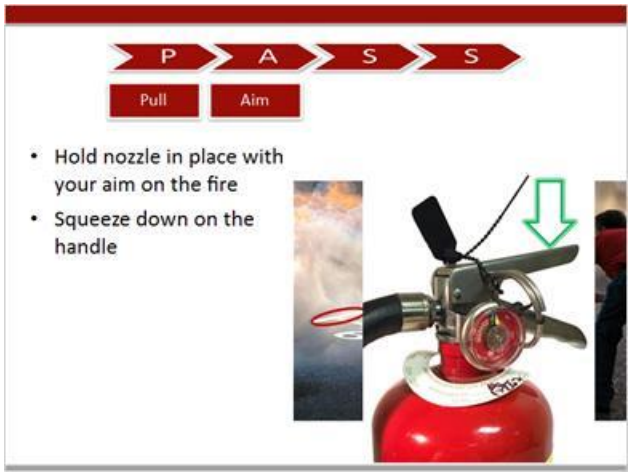
1.132 A - Aim



Notes:

Next, take aim with the nozzle of the extinguisher. Stand between six and eight feet from the fire. This distance is safe for you while still being an effective distance for your fire extinguisher. Aim the nozzle to the base of the fire.

1.133 S - Squeeze



Notes:

Next, squeeze the handle of the extinguisher. Holding the nozzle in place, apply downward pressure on the top handle of the fire extinguisher. The extinguishing media inside will immediately begin to spray from the nozzle.

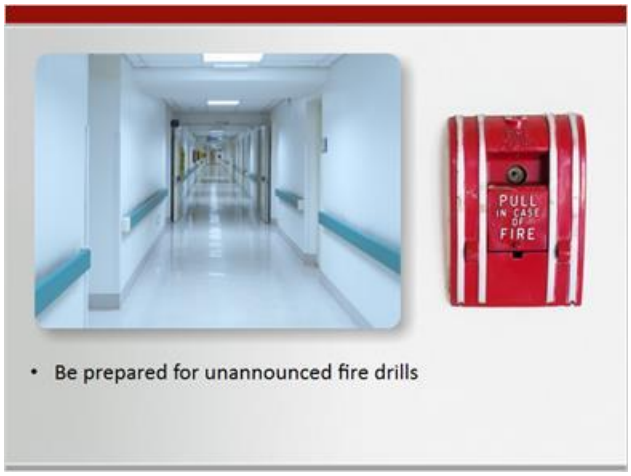
1.134 S - Sweep

Notes:

Finally, sweep the stream of extinguishing material across the fire. Use steady side-to-side motions to guide the stream across the base of the fire until the fire appears to be out. Always be aware of your exit path and be prepared to abandon your fight if the

situation becomes too dangerous or your fire extinguisher runs out.

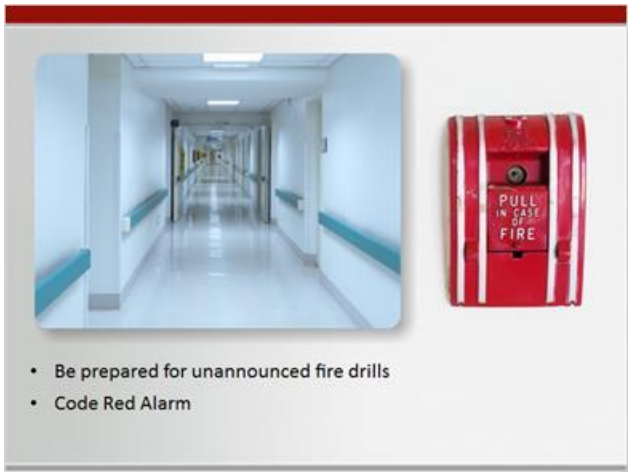
1.135 Fire Drills



Notes:

Fire drills are an important part of our facility's emergency preparedness program. We are required to conduct regular, unannounced fire drills once per shift per quarter for the hospital locations, and once per year for off-site locations. When you hear the fire alarm in your facility, you may not know if it is a drill or a true fire.

1.136 Fire Drills



Notes:

Fires are referred to as a “Code Red” at Stanford facilities, and you should treat all drills as if they were a Code Red emergency. As you respond to the alarm, close doors to prevent the spread of smoke and fire. Clear the hallways to ensure that patients and staff can be safely relocated or evacuated.

1.137 Fire Drills

Notes:

Notify patients and visitors of our procedure in the event of an alarm. Evacuation drills are observed, and personnel are graded for response and competency. The results of evacuations are reported back to leadership management. Failed drills will require staff retraining and a follow-up drill.

1.138 Disaster Planning

Notes:

There are other local and area-wide emergency events that healthcare organizations, including Stanford Hospital and Stanford Children's Health, must be prepared for, to protect the life and safety of its patients and staff. From natural or man-made disasters to war or terrorism, contingency plans have been developed and are ready should they be needed. Individual departments and staff groups are encouraged to have their own contingency plans in place to respond effectively. If you have any questions about our disaster response plans, please contact the Environmental Health and Safety Department.

1.139 Conclusion

Notes:

Let's wrap up this training with some final thoughts.

1.140 Conclusion

Notes:

In this training you learned about a range of employee safety topics including our Injury and Illness Prevention Program and the overall Safety Program.

1.141 Summary

Notes:

You learned about a range of specific safety topics including workplace hazards, safe work practices, and how to prevent injuries and accidents.

1.142 Summary

Notes:

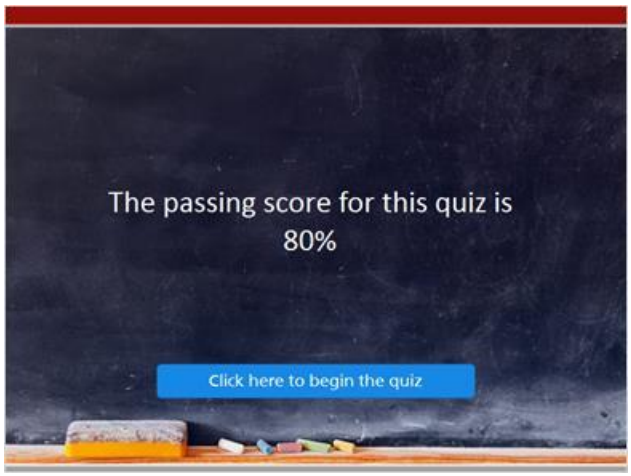
You've also learned about the procedures for incident reporting and the Hospital Emergency Plan. This program has been created to keep you safe, and to inform you of how and where to report in the event of an emergency.

1.143 Topics Complete

Notes:

You have now finished all the topics covered in the training!

1.144 Quiz Intro



Notes:

You will now be given a quiz covering the materials we have gone through. You must have a passing score to receive credit for this course.

1.145 Draw from IIPP Roles & Responsibilities

Draw 1 questions randomly from IIPP Roles & Responsibilities

1.146 Which of the following is a way that you can report unsafe acts or unsafe work conditions?

(Multiple Choice, 10 points, 1 attempt permitted)

Correct	Choice
	Submit a ticket to the FSRC system
	Call FSRC at extension 8-4400 or (650) 498-4400
	Email EHS@stanfordmed.org
X	Any of the above can be used

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

Incorrect (Slide Layer)

1.147 Draw from Ergonomics Topics

Draw all questions randomly from Ergonomics Topics

1.148 Draw from Ergonomics MultiChoice

Draw all questions randomly from Ergonomics MultiChoice

1.149 Draw from Safe Patient Handling

Draw 1 questions randomly from Safe Patient Handling

Notes:

1.150 Draw from Slips, Trips and Falls

Draw 2 questions randomly from Slips, Trips and Falls

1.151 Draw from Bloodborne Pathogens

Draw 3 questions randomly from Bloodborne Pathogens

1.152 Draw from HazCom Pictograms

Draw 2 questions randomly from HazCom Pictograms

1.153 Draw from HazCom Routes of Exposure

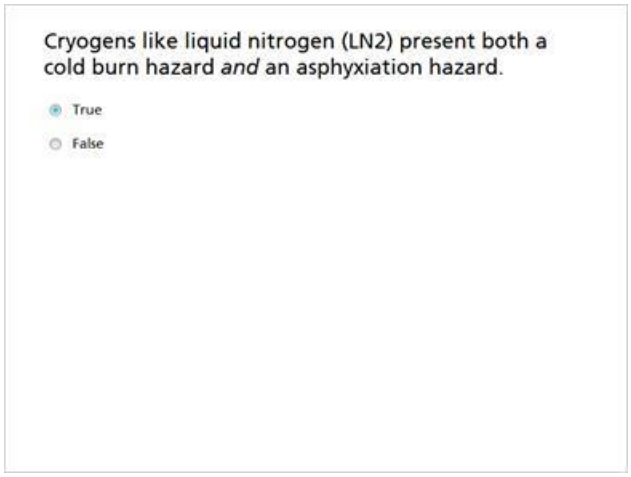
Draw 1 questions randomly from HazCom Routes of Exposure

1.154 Draw from HazCom Topics

Draw all questions randomly from HazCom Topics

1.155 Cryogens like liquid nitrogen (LN2) present both a cold burn hazard and an asphyxiation hazard.

(True/False, 10 points, 1 attempt permitted)



Correct	Choice
X	True
	False

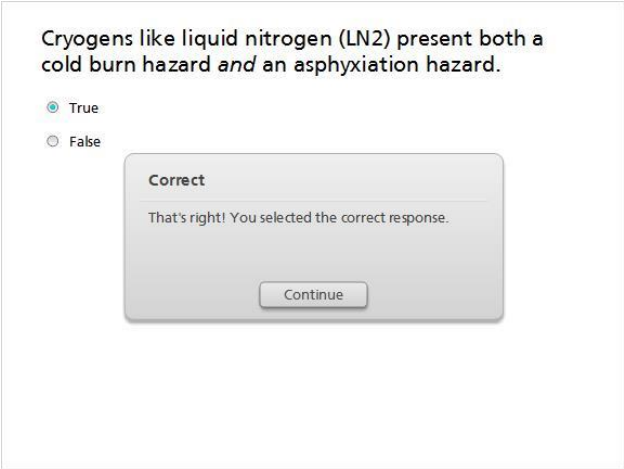
Feedback when correct:

That's right! You selected the correct response.

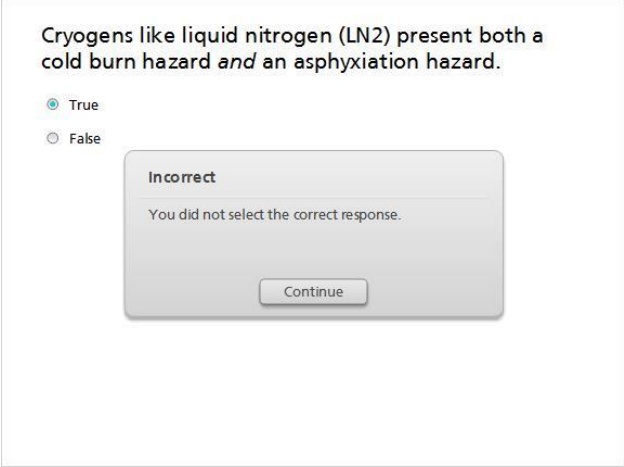
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

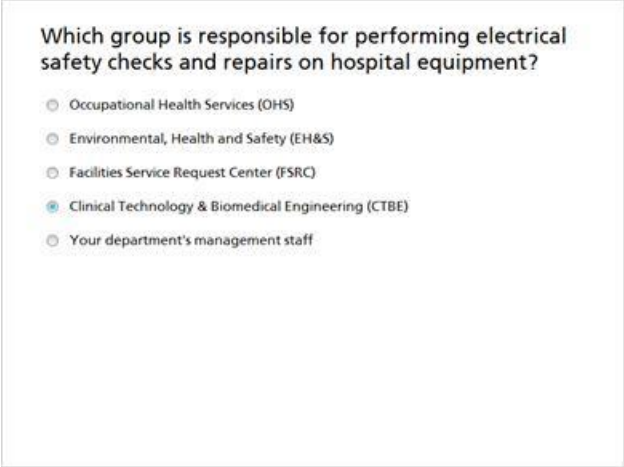


Incorrect (Slide Layer)



1.156 Which group is responsible for performing electrical safety checks and repairs on hospital equipment?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Occupational Health Services (OHS)
	Environmental, Health and Safety (EH&S)
	Facilities Service Request Center (FSRC)
X	Clinical Technology & Biomedical Engineering (CTBE)
	Your department's management staff

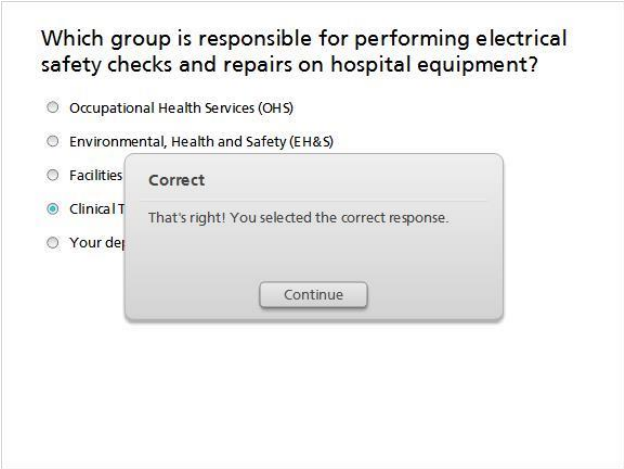
Feedback when correct:

That's right! You selected the correct response.

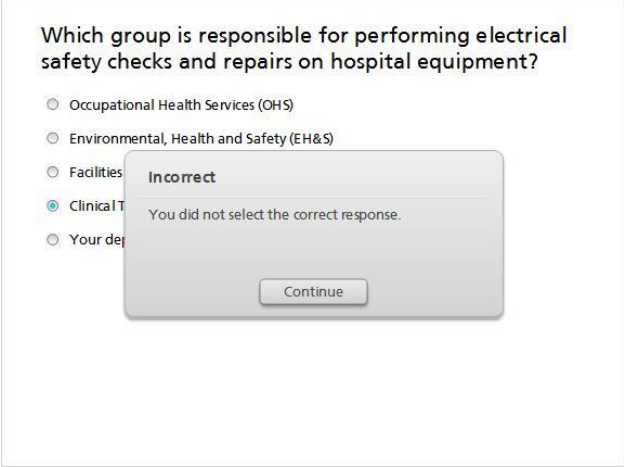
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



Incorrect (Slide Layer)

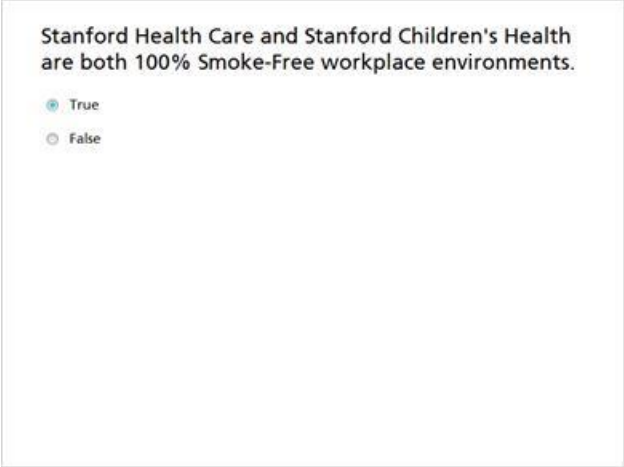


1.157 Draw from Electrical Safety T/F

Draw 1 questions randomly from Electrical Safety T/F

1.158 Stanford Health Care and Stanford Children's Health are both 100% Smoke-Free workplace environments.

(True/False, 10 points, 1 attempt permitted)



Correct	Choice
X	True
	False

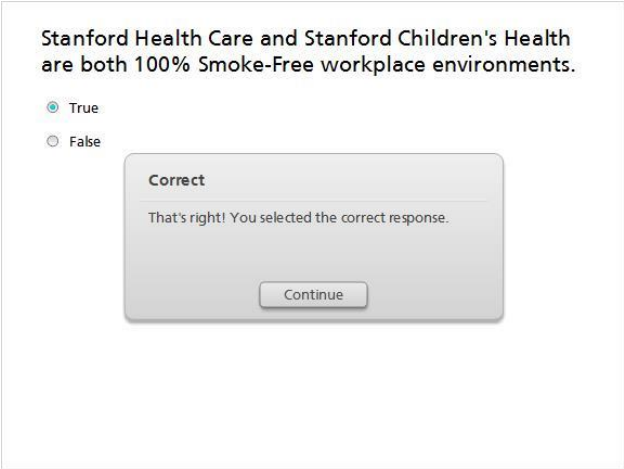
Feedback when correct:

That's right! You selected the correct response.

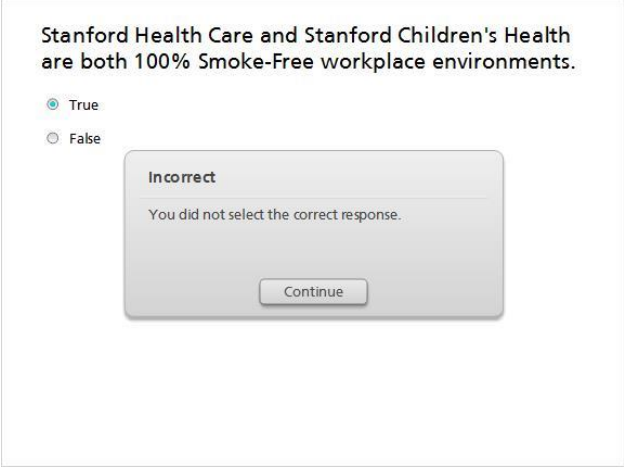
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



Incorrect (Slide Layer)



1.159 Draw from Emergency Preparedness

Draw 2 questions randomly from Emergency Preparedness

1.160 Results Slide

(Results Slide, 0 points, 1 attempt permitted)

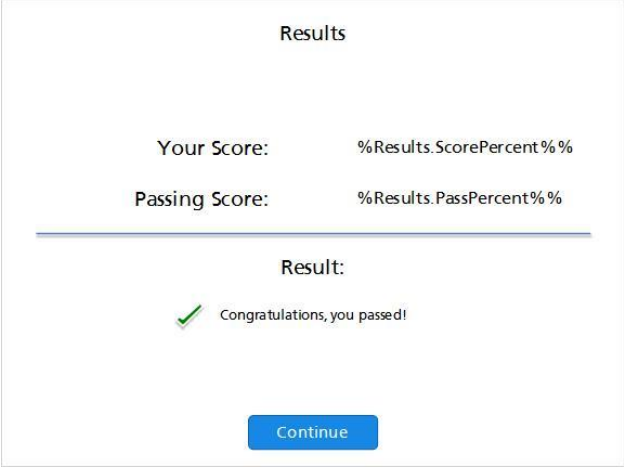
Results for
1.145 Draw from IIPP Roles & Responsibilities
1.146 Which of the following is a way that you can report unsafe acts or unsafe work conditions?
1.147 Draw from Ergonomics Topics
1.148 Draw from Ergonomics MultiChoice
1.149 Draw from Safe Patient Handling
1.150 Draw from Slips, Trips and Falls
1.151 Draw from Bloodborne Pathogens
1.152 Draw from HazCom Pictograms
1.153 Draw from HazCom Routes of Exposure
1.154 Draw from HazCom Topics
1.155 Cryogens like liquid nitrogen (LN2) present both a cold burn hazard and an asphyxiation hazard.

1.156 Which group is responsible for performing electrical safety checks and repairs on hospital equipment?
1.157 Draw from Electrical Safety T/F
1.158 Stanford Health Care and Stanford Children's Health are both 100% Smoke-Free workplace environments.
1.159 Draw from Emergency Preparedness

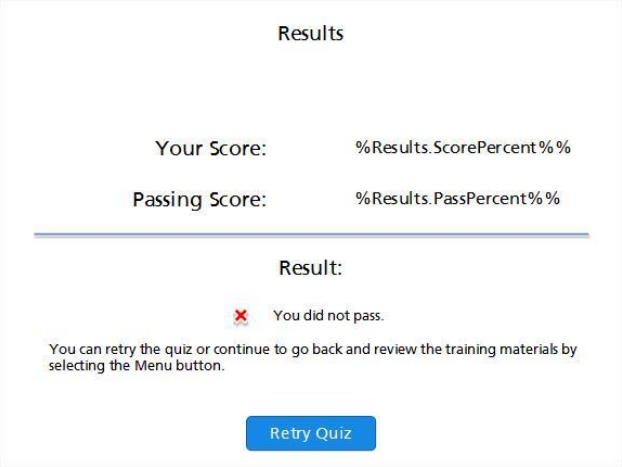
Result slide properties

Passing Score	80%

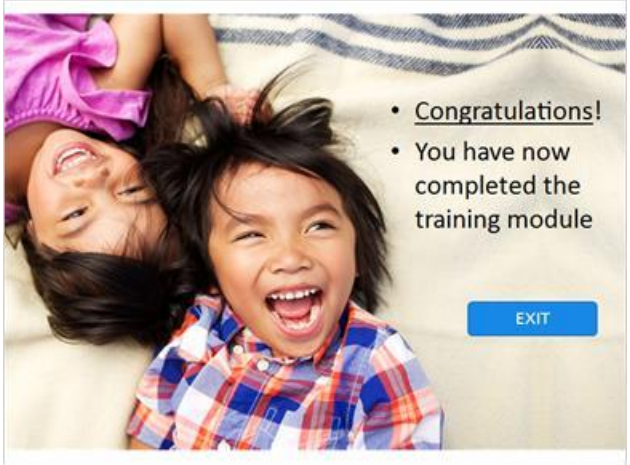
Success (Slide Layer)



Failure (Slide Layer)



1.161 Thank You



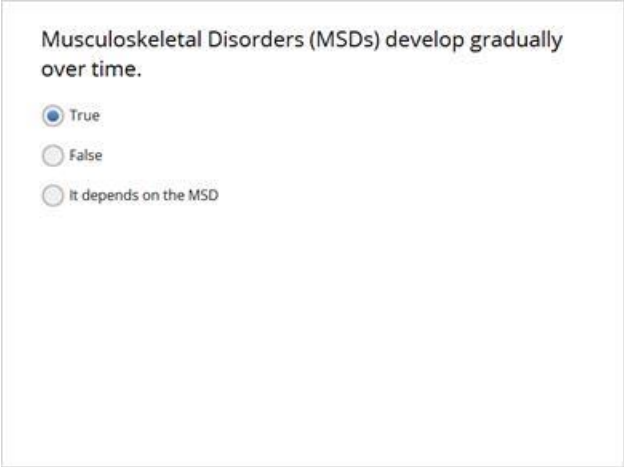
Notes:

Congratulations on completing this safety training. If you have any questions about the materials you've just reviewed, talk to your supervisor, or contact EH&S. Thank you for your participation!

1. Ergonomics MultiChoice

Q1.1 Musculoskeletal Disorders (MSDs) develop gradually over time.

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
X	True
	False
	It depends on the MSD

Feedback when correct:

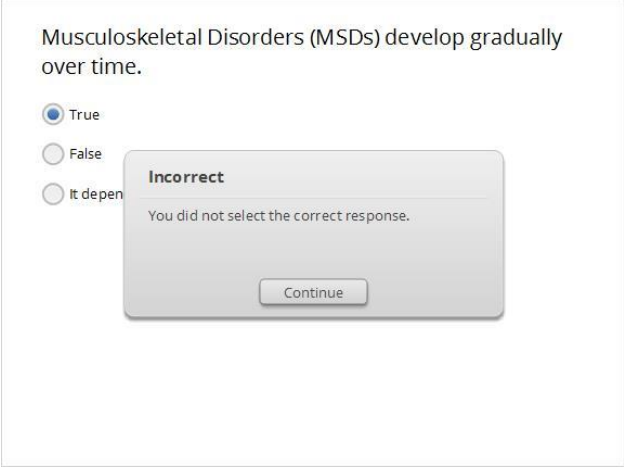
That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

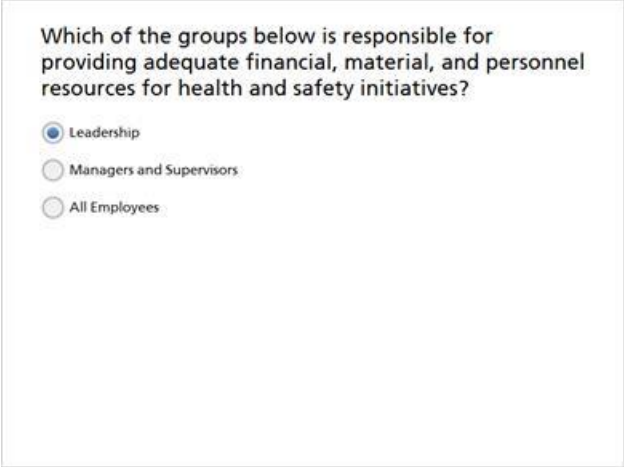
Incorrect (Slide Layer)



2. IIPP Roles & Responsibilities

Q2.1 Which of the groups below is responsible for providing adequate financial, material, and personnel resources for health and safety initiatives?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
X	Leadership
	Managers and Supervisors
	All Employees

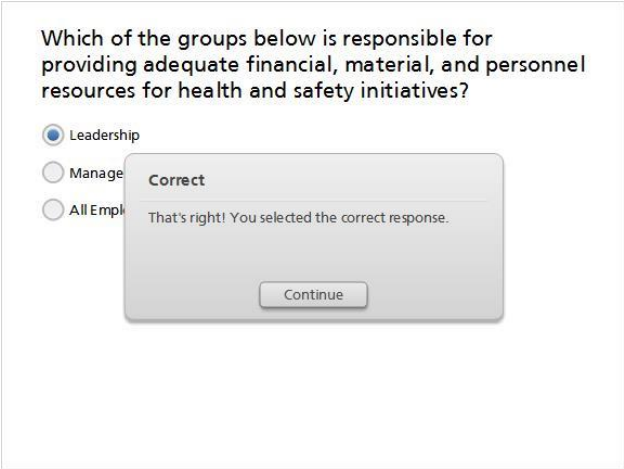
Feedback when correct:

That's right! You selected the correct response.

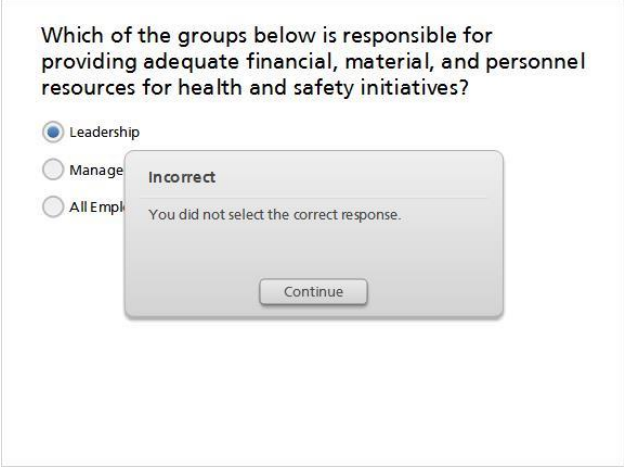
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

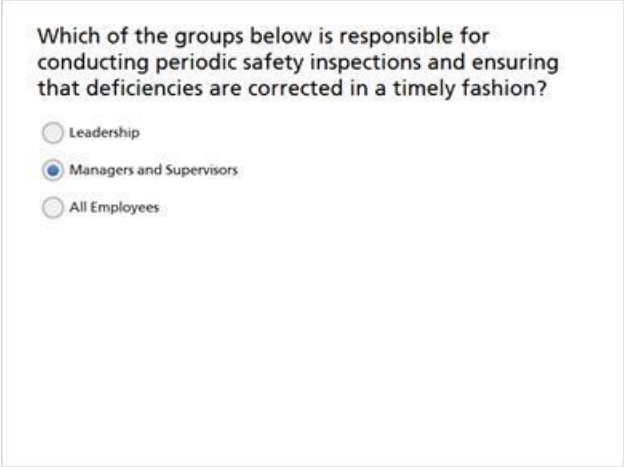


Incorrect (Slide Layer)



Q2.2 Which of the groups below is responsible for conducting periodic safety inspections and ensuring that deficiencies are corrected in a timely fashion?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Leadership
X	Managers and Supervisors
	All Employees

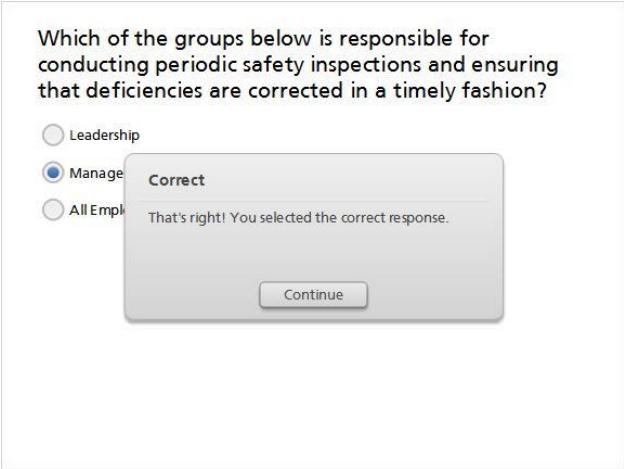
Feedback when correct:

That's right! You selected the correct response.

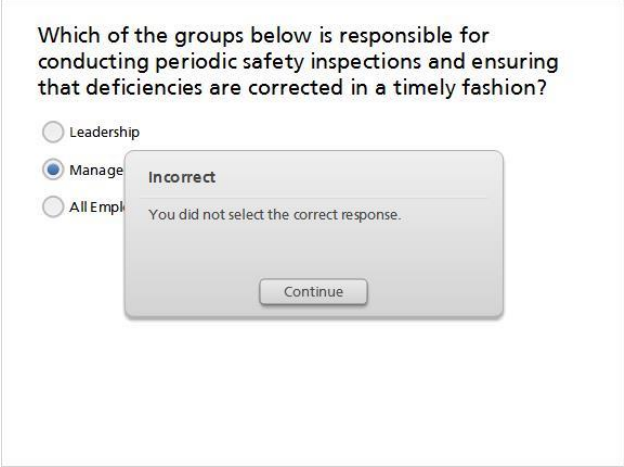
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

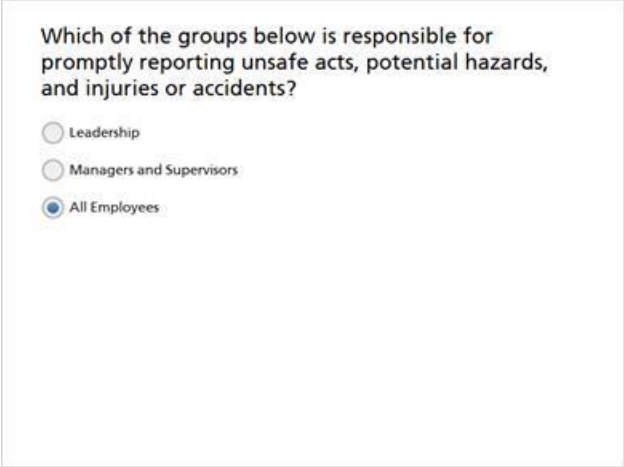


Incorrect (Slide Layer)



Q2.3 Which of the groups below is responsible for promptly reporting unsafe acts, potential hazards, and injuries or accidents?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Leadership
	Managers and Supervisors
X	All Employees

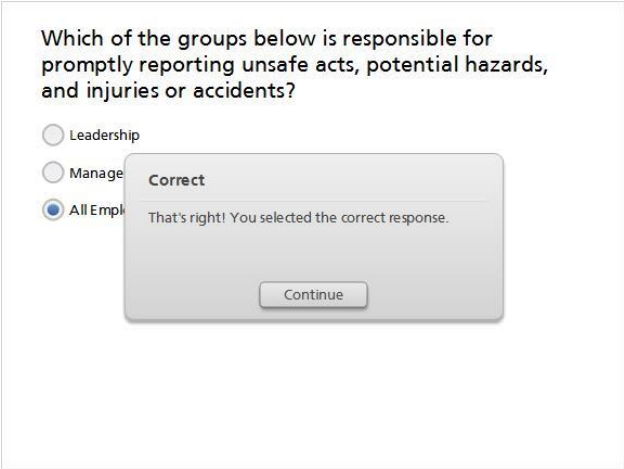
Feedback when correct:

That's right! You selected the correct response.

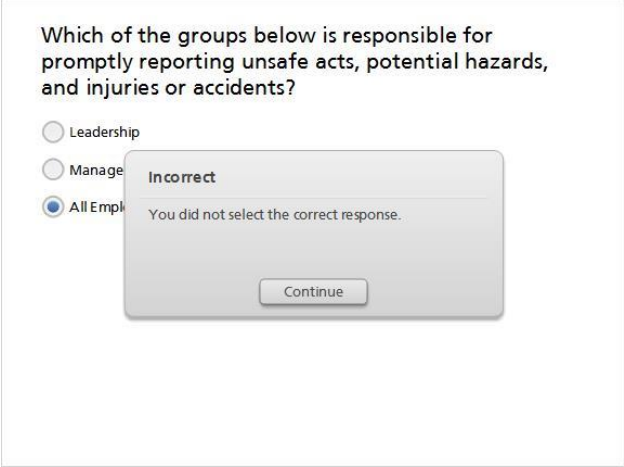
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



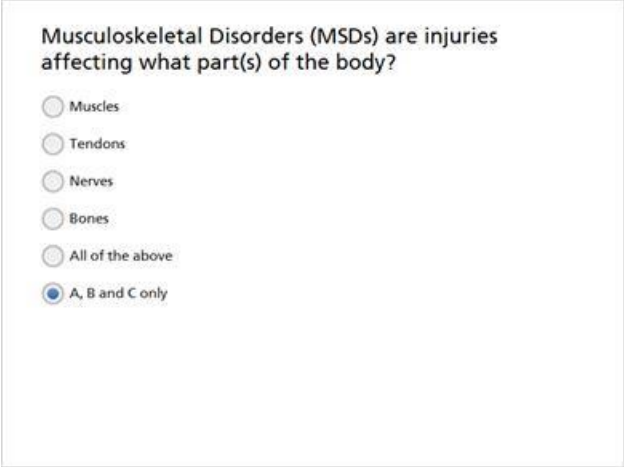
Incorrect (Slide Layer)



3. Ergonomics Topics

Q3.1 Musculoskeletal Disorders (MSDs) are injuries affecting what part(s) of the body?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Muscles
	Tendons
	Nerves
	Bones
	All of the above
X	A, B and C only

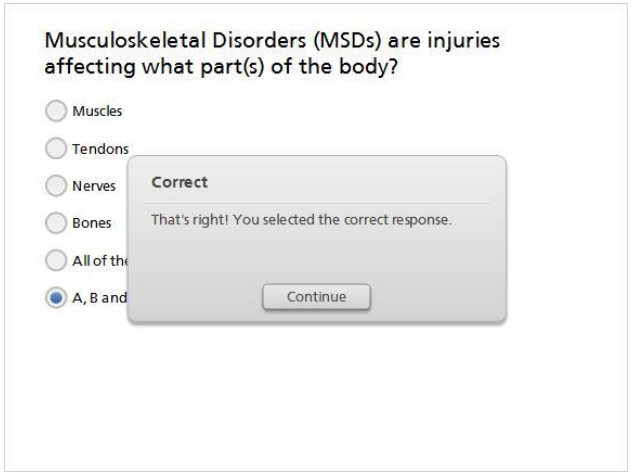
Feedback when correct:

That's right! You selected the correct response.

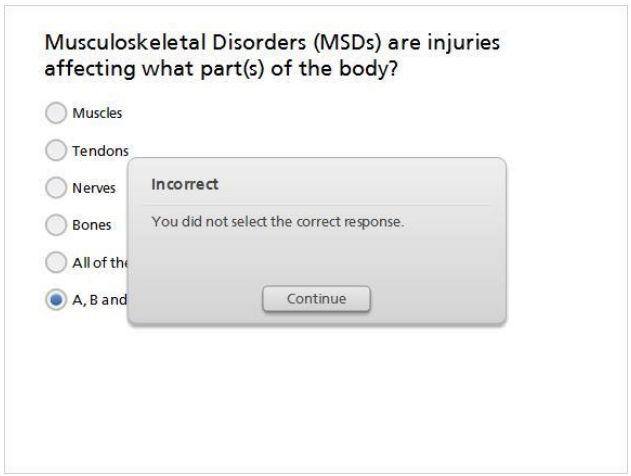
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

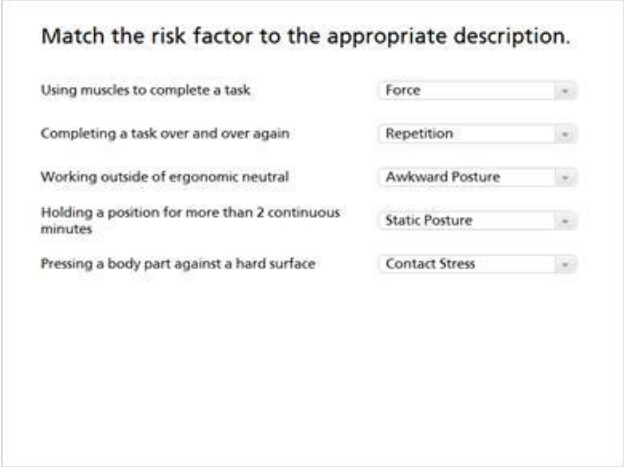


Incorrect (Slide Layer)



Q3.2 Match the risk factor to the appropriate description.

(Matching Drop-down, 10 points, 1 attempt permitted)



Correct	Choice
Using muscles to complete a task	Force
Completing a task over and over again	Repetition
Working outside of ergonomic neutral	Awkward Posture
Holding a position for more than 2 continuous minutes	Static Posture
Pressing a body part against a hard surface	Contact Stress

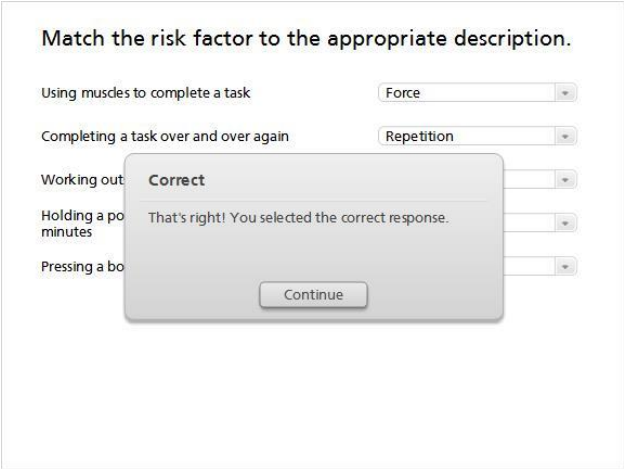
Feedback when correct:

That's right! You selected the correct response.

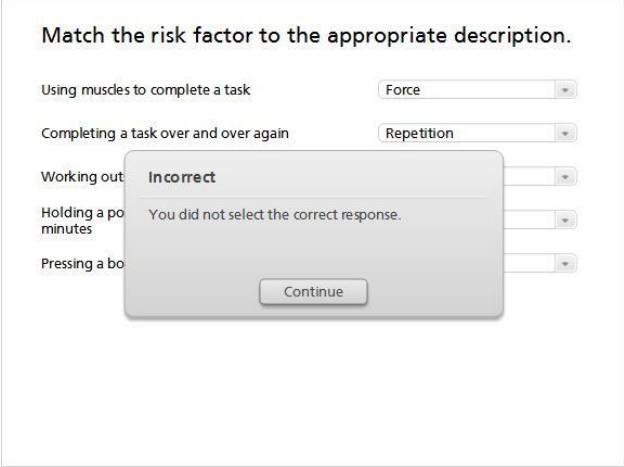
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



Incorrect (Slide Layer)



4. Ergonomics T/F

Q4.1 MSDs gradually develop over time.

(True/False, 10 points, 1 attempt permitted)

Correct	Choice
X	True
X	False

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

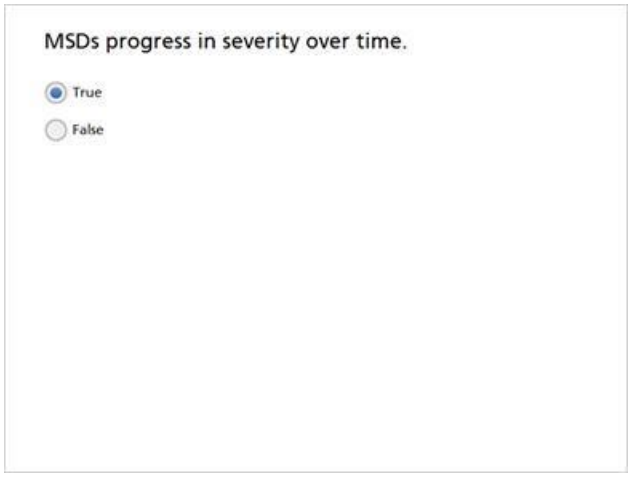
You did not select the correct response.

Correct (Slide Layer)

Incorrect (Slide Layer)

Q4.2 MSDs progress in severity over time.

(True/False, 10 points, 1 attempt permitted)



Correct	Choice
X	True
X	False

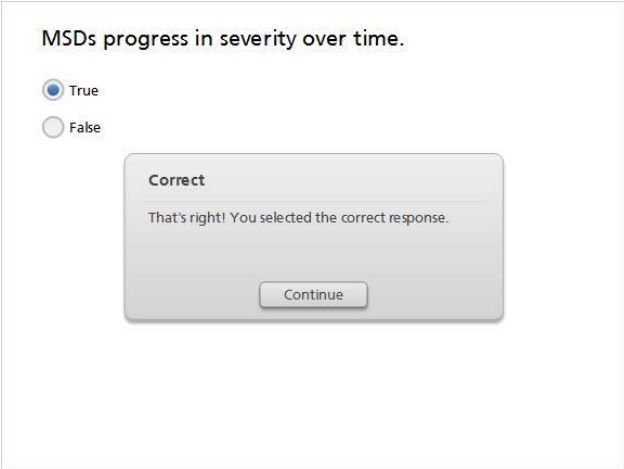
Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

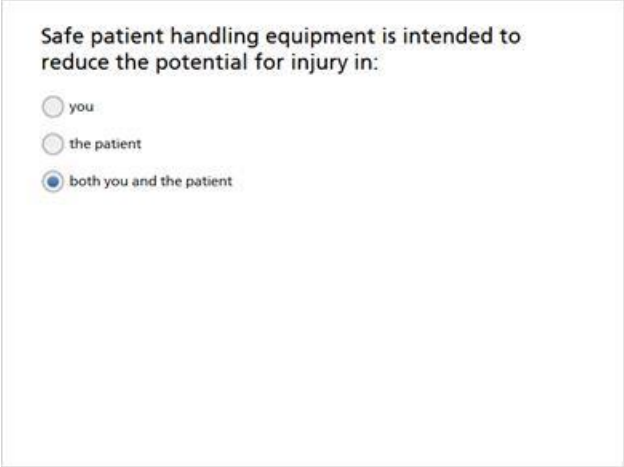


Incorrect (Slide Layer)

5. Safe Patient Handling

Q5.1 Safe Patient Handling equipment is intended to reduce the potential for injury in:

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	you
	the patient
X	both you and the patient

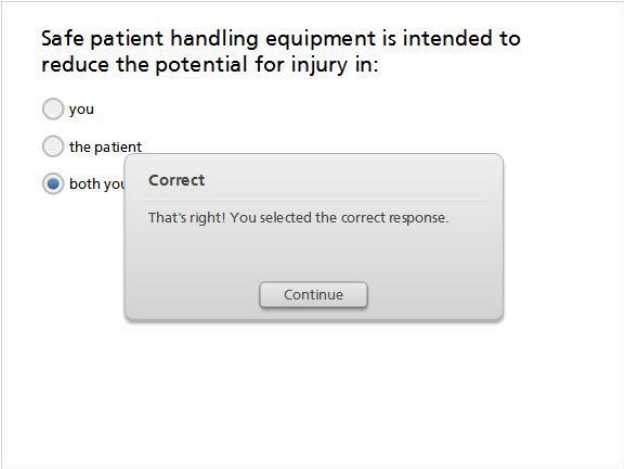
Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

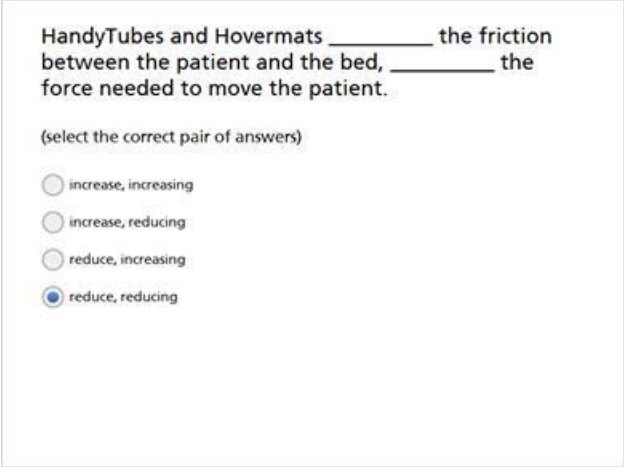


Incorrect (Slide Layer)

Q5.2 HandyTubes and Hovermats _____ the friction between the patient and the bed, _____ the force needed to move the patient.

(select the correct pair of answers)

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	increase, increasing
	increase, reducing
	reduce, increasing
X	reduce, reducing

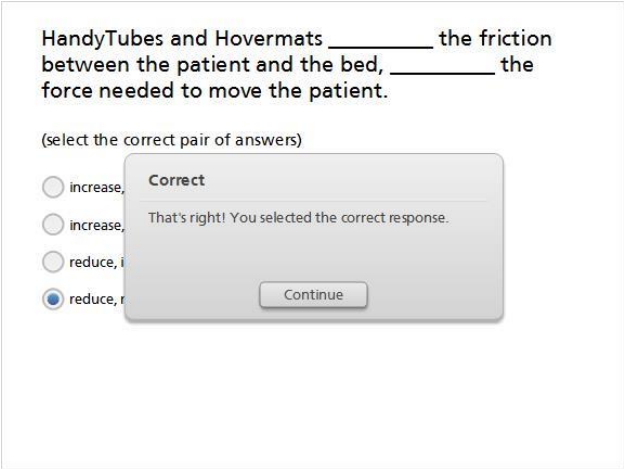
Feedback when correct:

That's right! You selected the correct response.

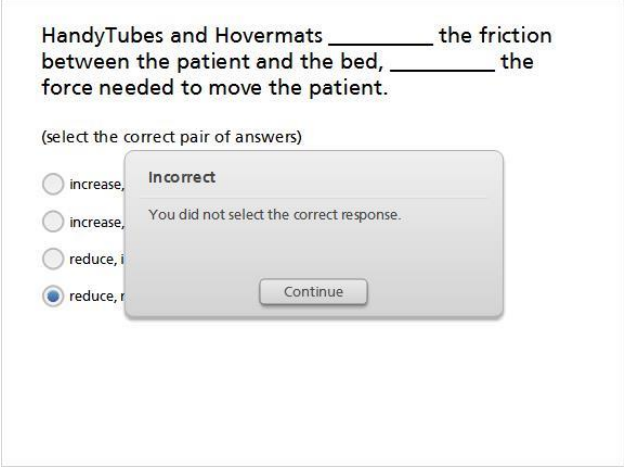
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



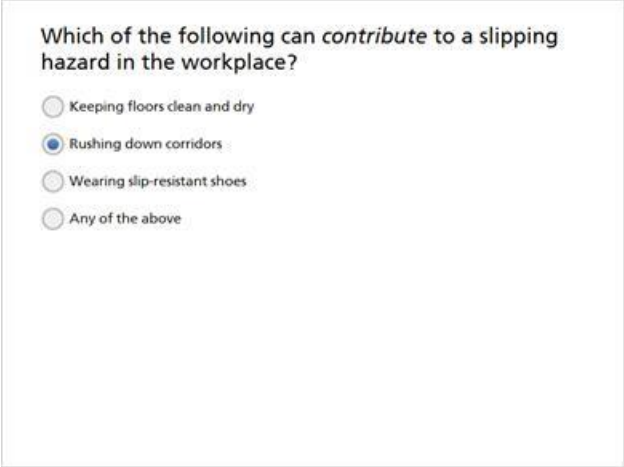
Incorrect (Slide Layer)



6. Slips, Trips and Falls

Q6.1 Which of the following can contribute to a slipping hazard in the workplace?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Keeping floors clean and dry
X	Rushing down corridors
	Wearing slip-resistant shoes
	Any of the above

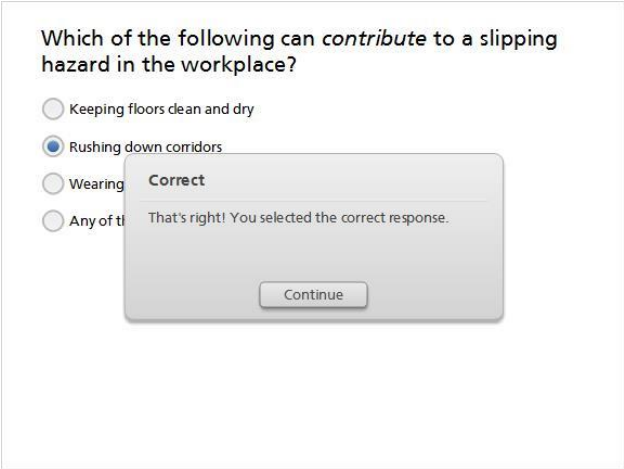
Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

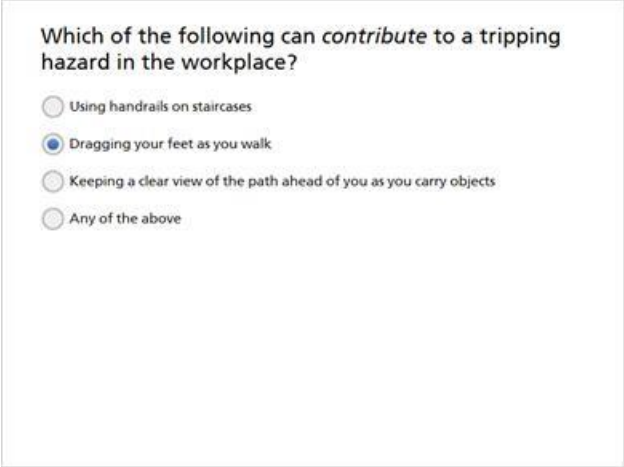
Correct (Slide Layer)



Incorrect (Slide Layer)

Q6.2 Which of the following can contribute to a tripping hazard in the workplace?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Using handrails on staircases
X	Dragging your feet as you walk
	Keeping a clear view of the path ahead of you as you carry objects
	Any of the above

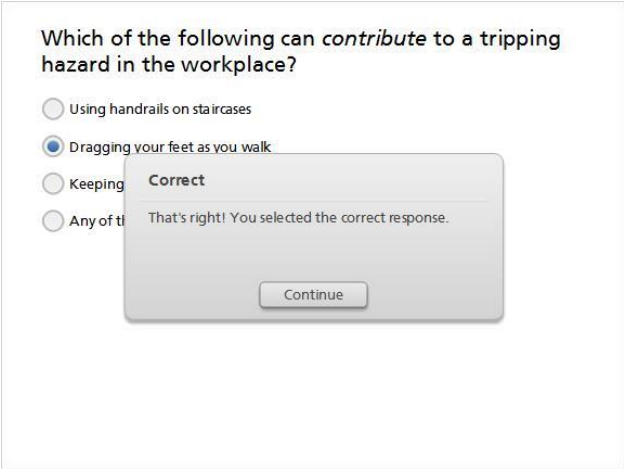
Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

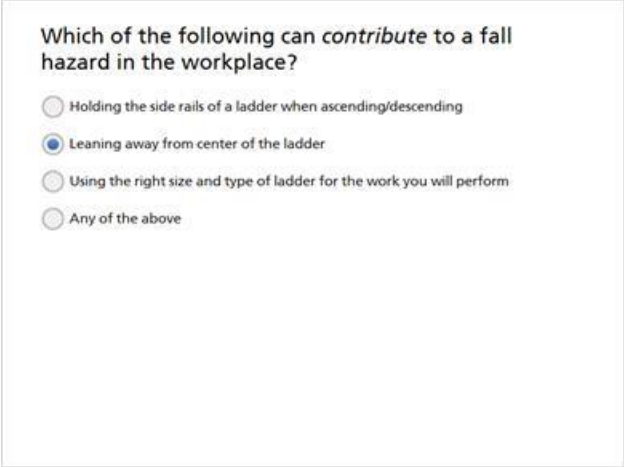
Correct (Slide Layer)



Incorrect (Slide Layer)

Q6.3 Which of the following can contribute to a fall hazard in the workplace?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Holding the side rails of a ladder when ascending/descending
X	Leaning away from center of the ladder
	Using the right size and type of ladder for the work you will perform
	Any of the above

Feedback when correct:

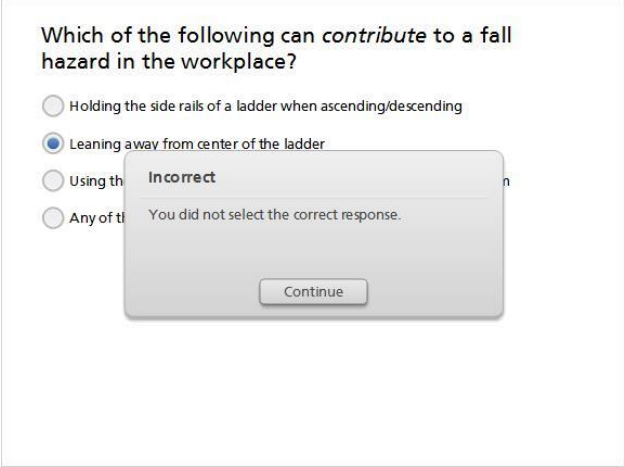
That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

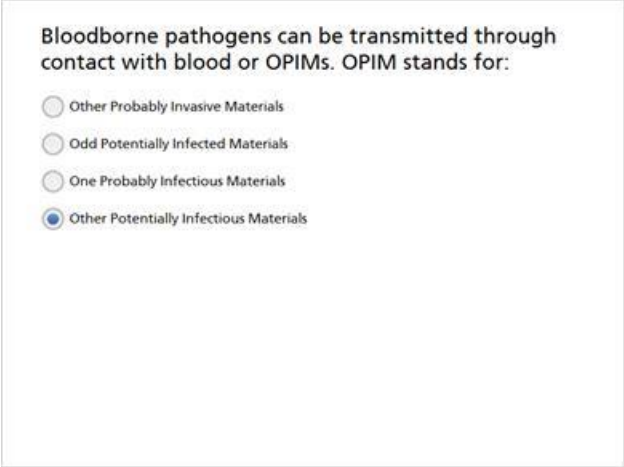
Incorrect (Slide Layer)



7. Bloodborne Pathogens

Q7.1 Bloodborne Pathogens can be transmitted through contact with blood or OPIMs. OPIM stands for:

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Other Probably Invasive Materials
	Odd Potentially Infected Materials
	One Probably Infectious Materials
X	Other Potentially Infectious Materials

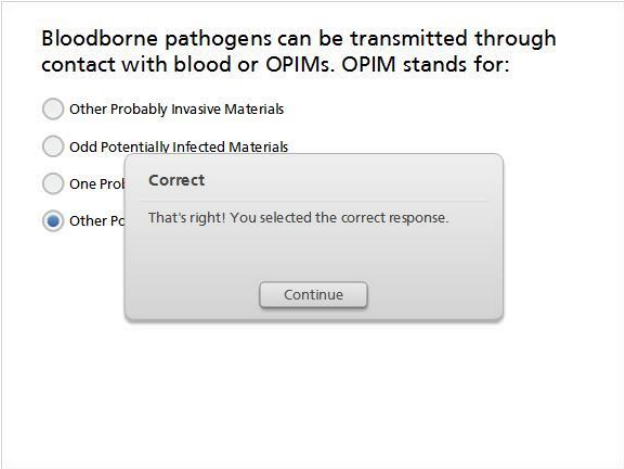
Feedback when correct:

That's right! You selected the correct response.

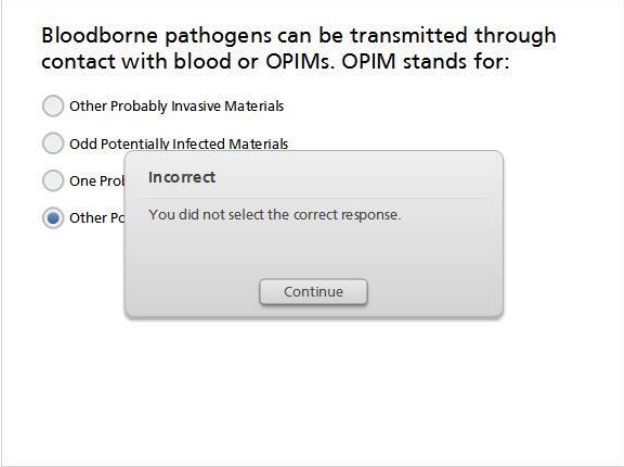
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

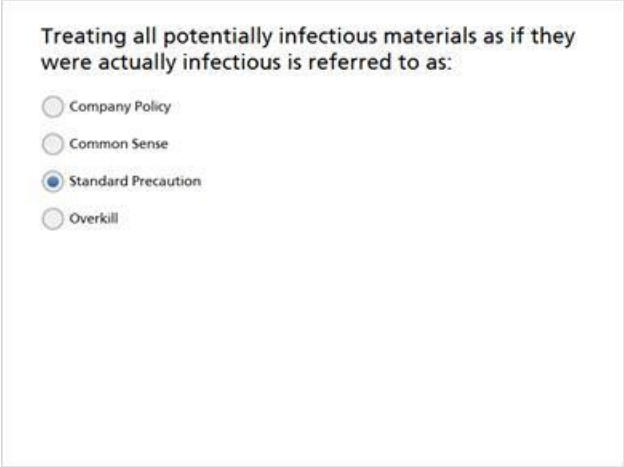


Incorrect (Slide Layer)



Q7.2 Treating all potentially infectious materials as if they were actually infectious is referred to as:

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Company Policy
	Common Sense
X	Standard Precaution
	Overkill

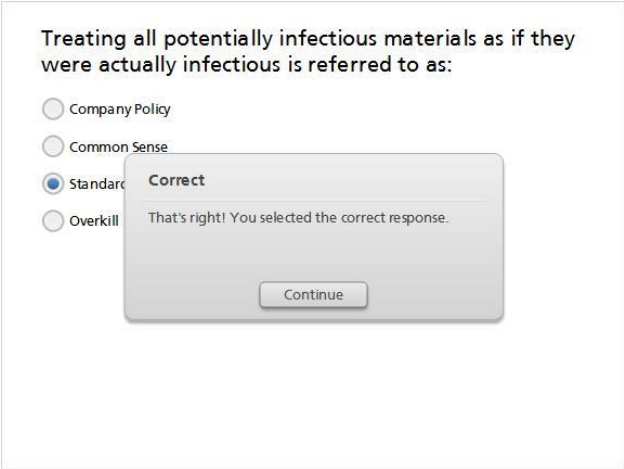
Feedback when correct:

That's right! You selected the correct response.

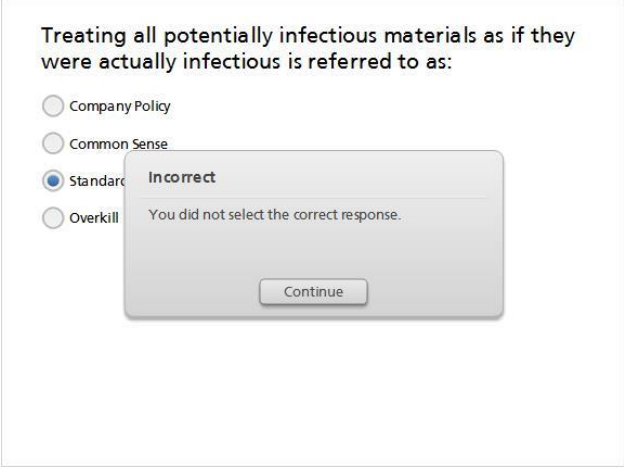
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

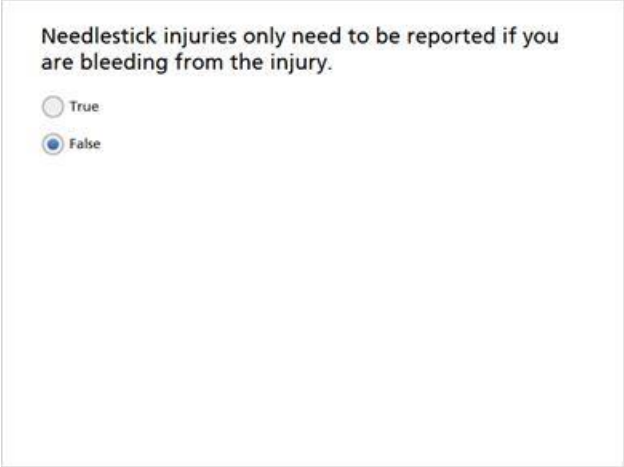


Incorrect (Slide Layer)



Q7.3 Needlestick injuries only need to be reported if you are bleeding from the injury.

(True/False, 10 points, 1 attempt permitted)



Correct	Choice
	True
X	False

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

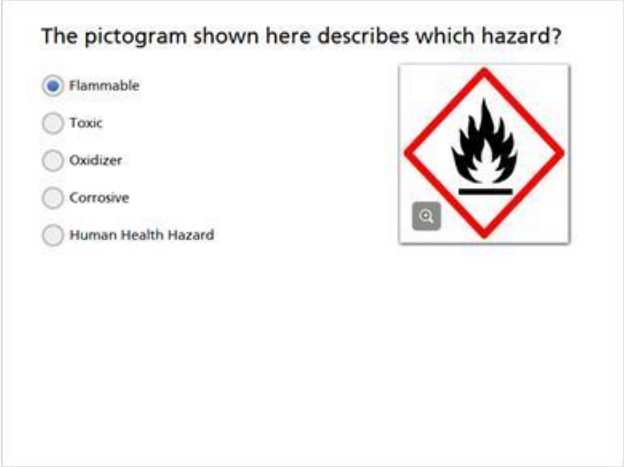
Correct (Slide Layer)

Incorrect (Slide Layer)

8. HazCom Pictograms

Q8.1 The pictogram shown here describes which hazard?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
X	Flammable
	Toxic
	Oxidizer
	Corrosive
	Human Health Hazard

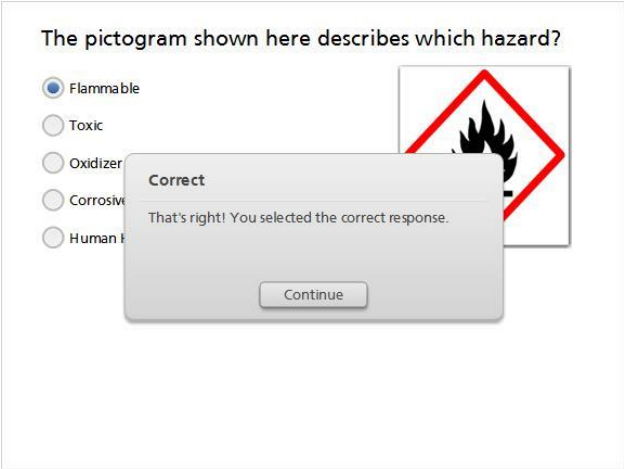
Feedback when correct:

That's right! You selected the correct response.

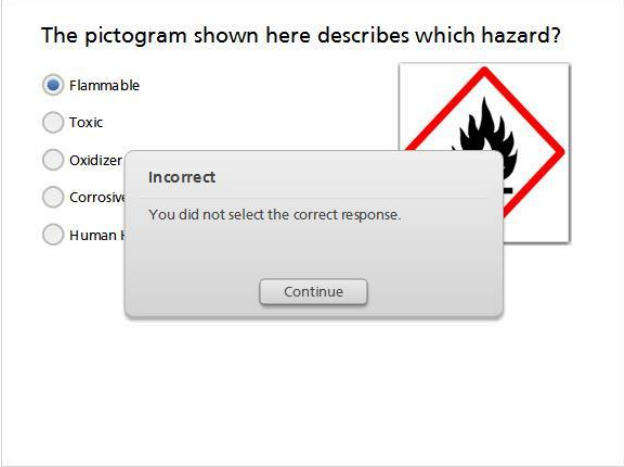
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

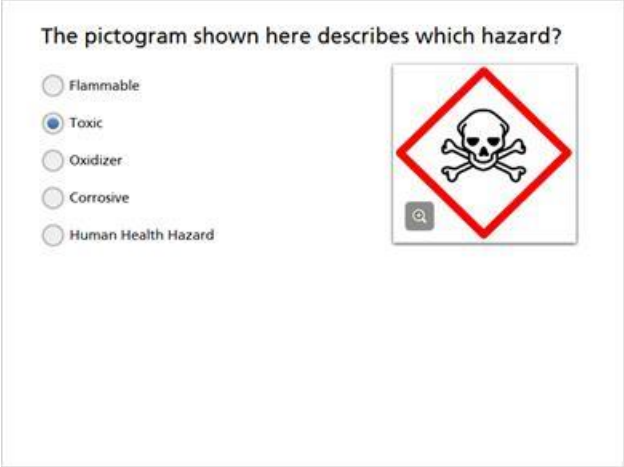


Incorrect (Slide Layer)



Q8.2 The pictogram shown here describes which hazard?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Flammable
X	Toxic
	Oxidizer
	Corrosive
	Human Health Hazard

Feedback when correct:

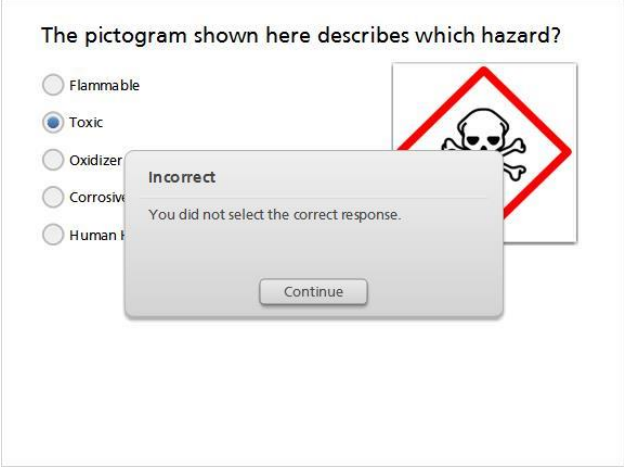
That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

Incorrect (Slide Layer)



Q8.3 The pictogram shown here describes which hazard?

(Multiple Choice, 10 points, 1 attempt permitted)

Correct	Choice
	Flammable
	Toxic
X	Oxidizer
	Corrosive
	Human Health Hazard

Feedback when correct:

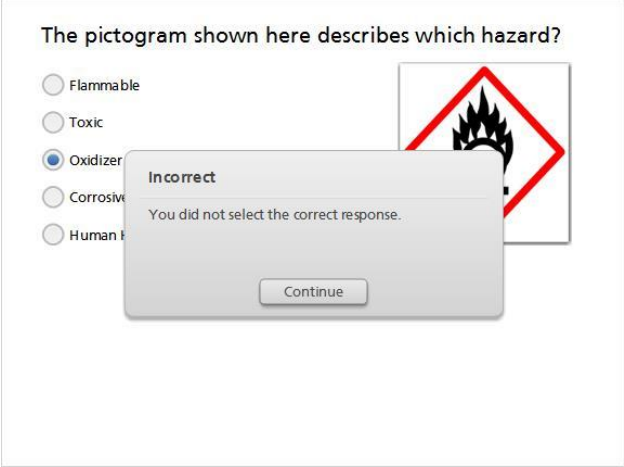
That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

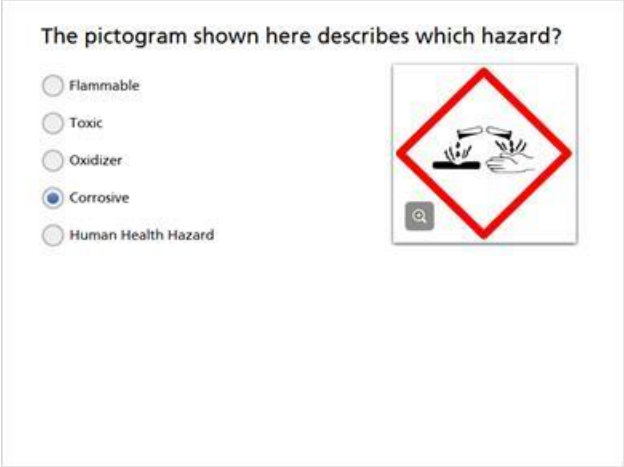
Correct (Slide Layer)

Incorrect (Slide Layer)



Q8.4 The pictogram shown here describes which hazard?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Flammable
	Toxic
	Oxidizer
X	Corrosive
	Human Health Hazard

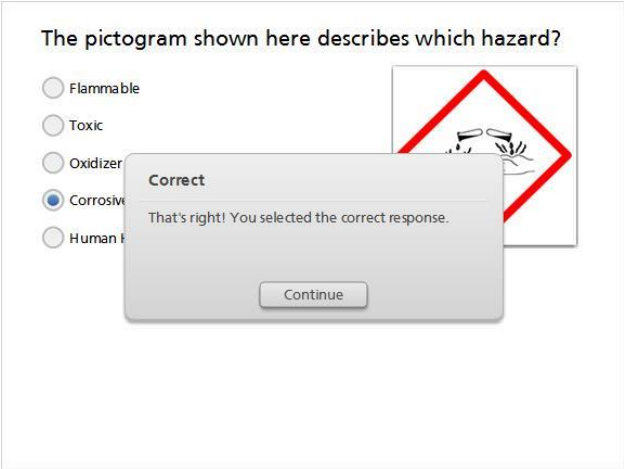
Feedback when correct:

That's right! You selected the correct response.

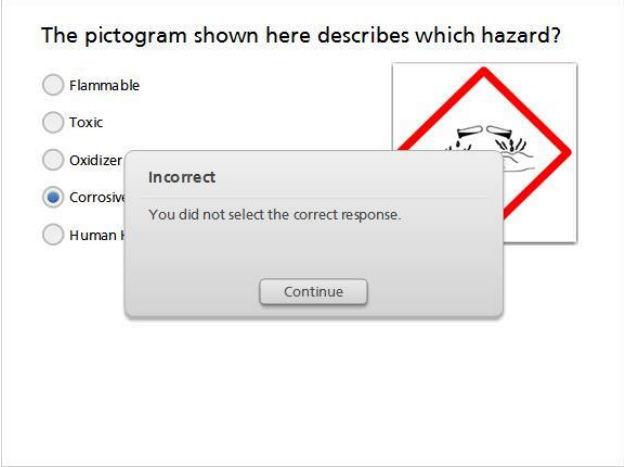
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

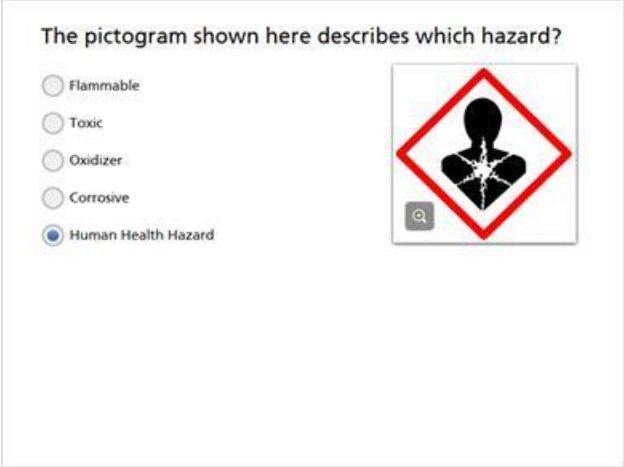


Incorrect (Slide Layer)



Q8.5 The pictogram shown here describes which hazard?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Flammable
	Toxic
	Oxidizer
	Corrosive
X	Human Health Hazard

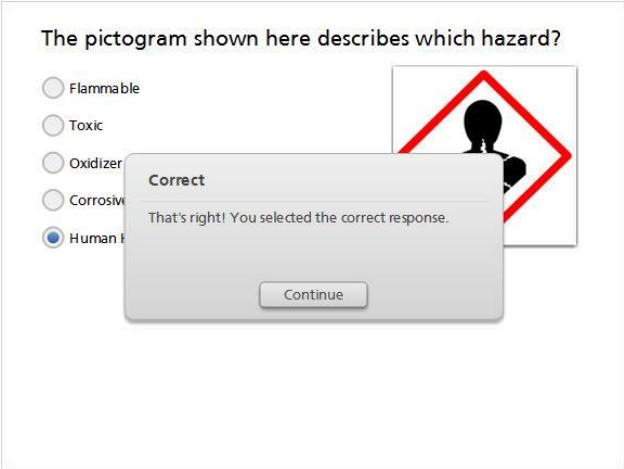
Feedback when correct:

That's right! You selected the correct response.

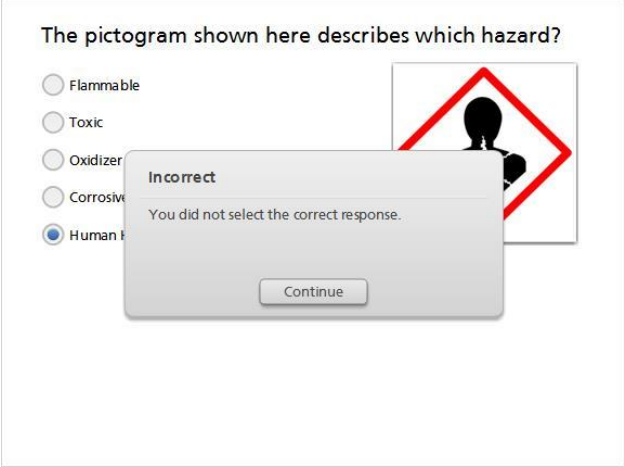
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



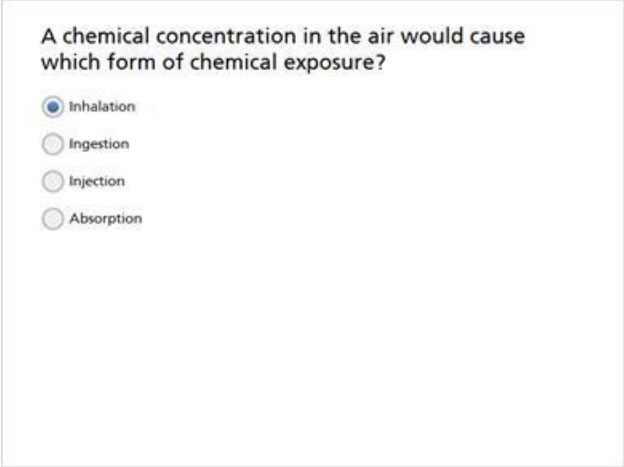
Incorrect (Slide Layer)



9. HazCom Routes of Exposure

Q9.1 A chemical concentration in the air would cause which form of chemical exposure?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
X	Inhalation
	Ingestion
	Injection
	Absorption

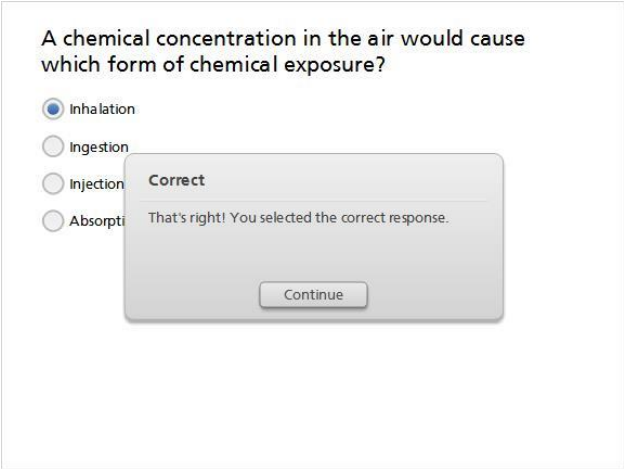
Feedback when correct:

That's right! You selected the correct response.

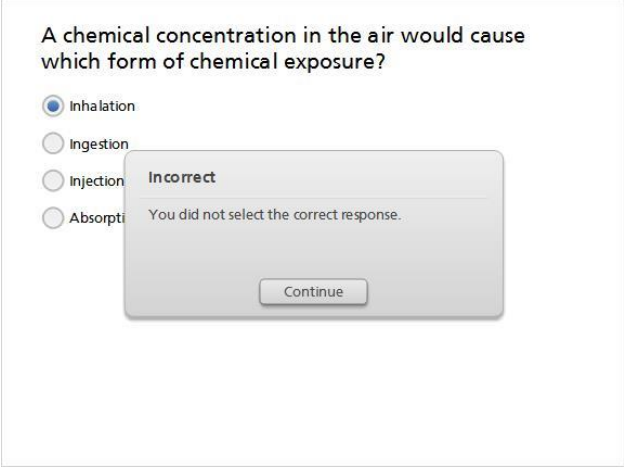
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

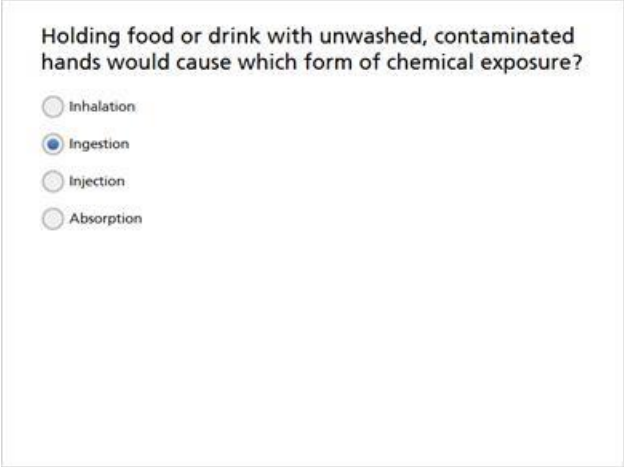


Incorrect (Slide Layer)



Q9.2 Holding food or drink with unwashed, contaminated hands would cause which form of chemical exposure?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Inhalation
X	Ingestion
	Injection
	Absorption

Feedback when correct:

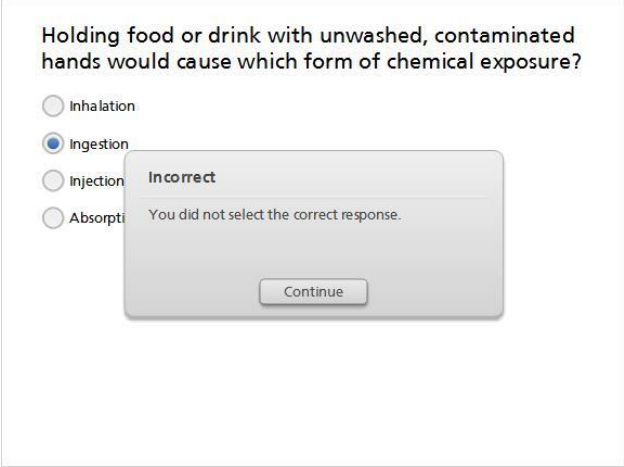
That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

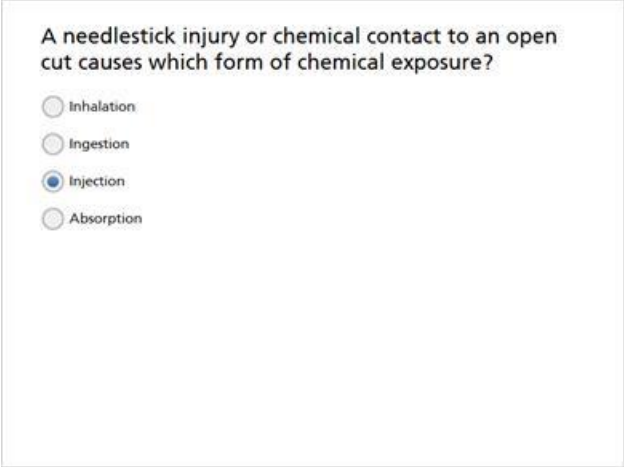
Correct (Slide Layer)

Incorrect (Slide Layer)



Q9.3 A needlestick injury or chemical contact to an open cut causes which form of chemical exposure?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Inhalation
	Ingestion
X	Injection
	Absorption

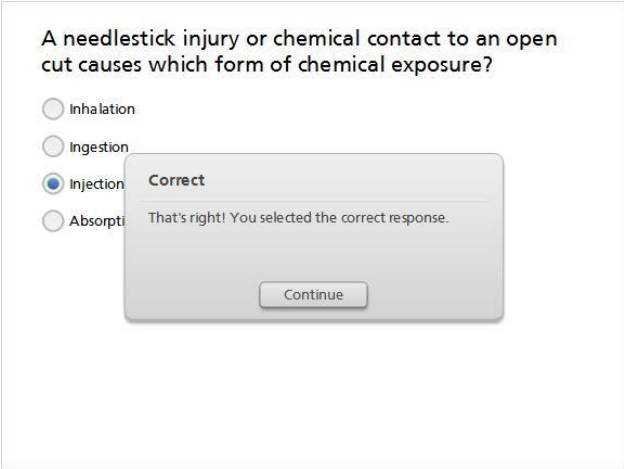
Feedback when correct:

That's right! You selected the correct response.

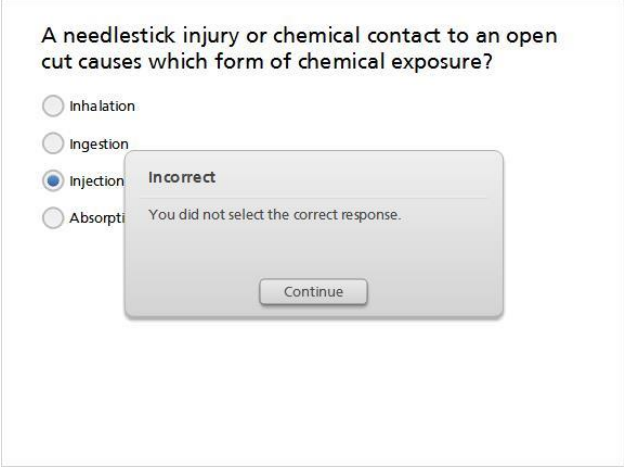
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

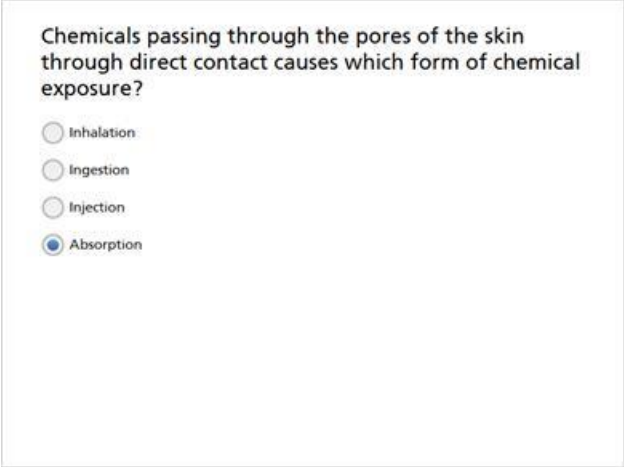


Incorrect (Slide Layer)



Q9.4 Chemicals passing through the pores of the skin through direct contact causes which form of chemical exposure?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Inhalation
	Ingestion
	Injection
X	Absorption

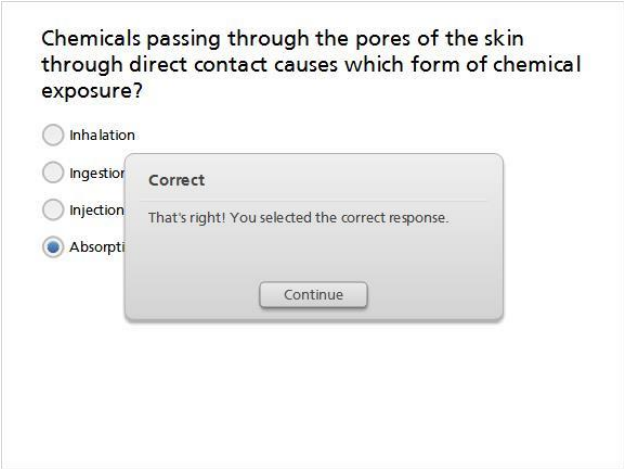
Feedback when correct:

That's right! You selected the correct response.

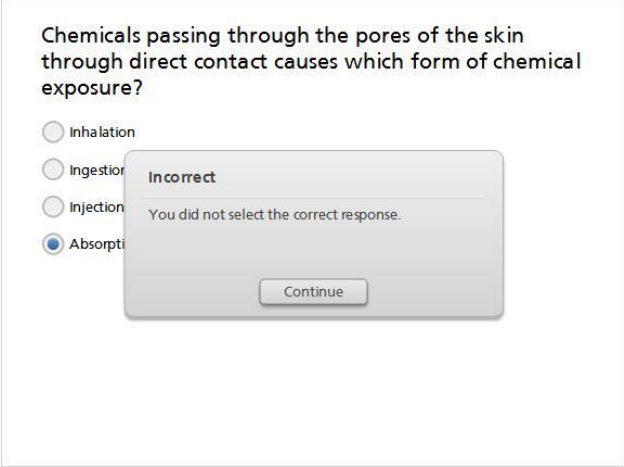
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



Incorrect (Slide Layer)

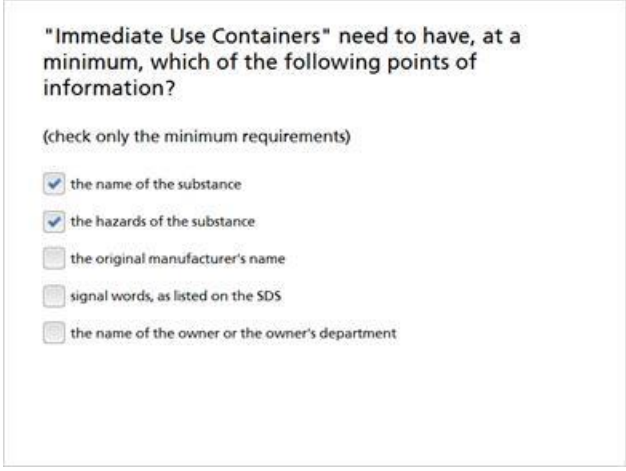


10. HazCom Topics

Q10.1 "Immediate Use Containers" need to have, at minimum, which of the following points of information?

(check only the minimum requirements)

(Multiple Response, 10 points, 1 attempt permitted)



Correct	Choice
X	the name of the substance
X	the hazards of the substance
	the original manufacturer's name
	signal words, as listed on the SDS
	the name of the owner or the owner's department

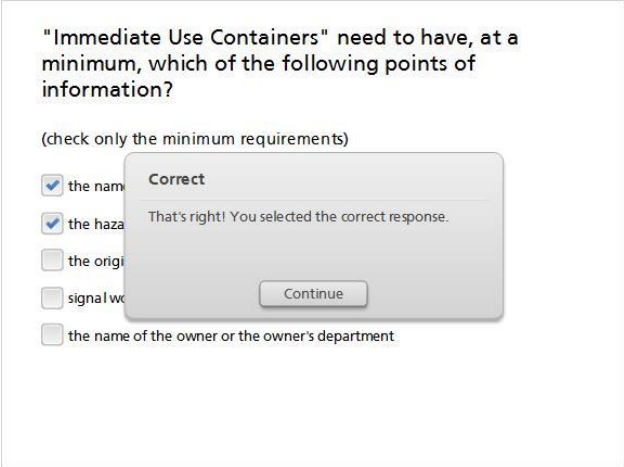
Feedback when correct:

That's right! You selected the correct response.

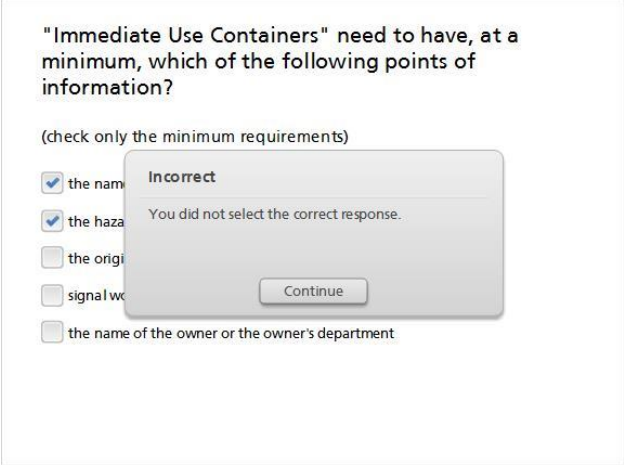
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

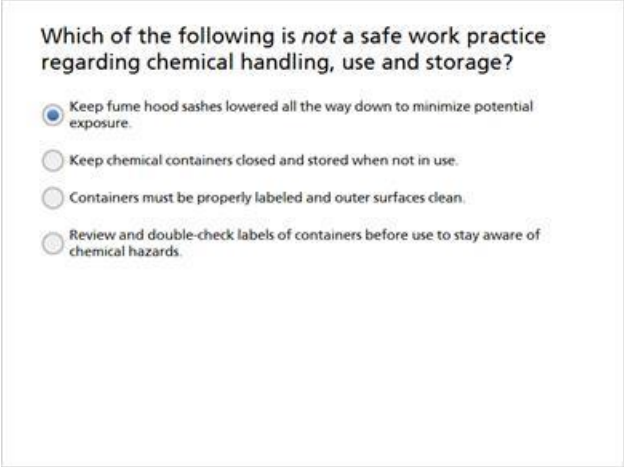


Incorrect (Slide Layer)



Q10.2 Which of the following is not a safe work practice regarding chemical handling, use and storage?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
X	Keep fume hood sashes lowered all the way down to minimize potential exposure.
	Keep chemical containers closed and stored when not in use.
	Containers must be properly labeled and outer surfaces clean.
	Review and double-check labels of containers before use to stay aware of chemical hazards.

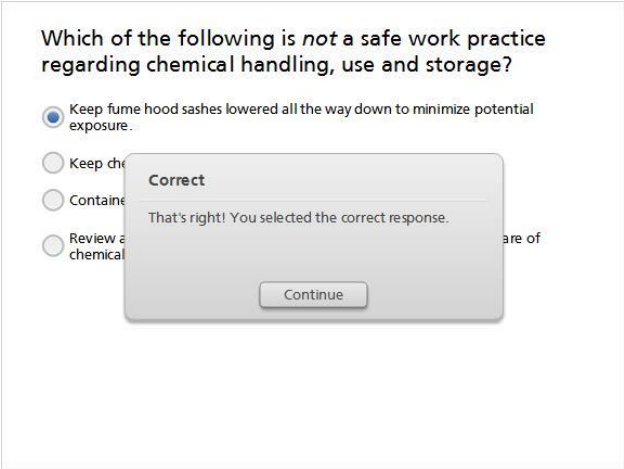
Feedback when correct:

That's right! You selected the correct response.

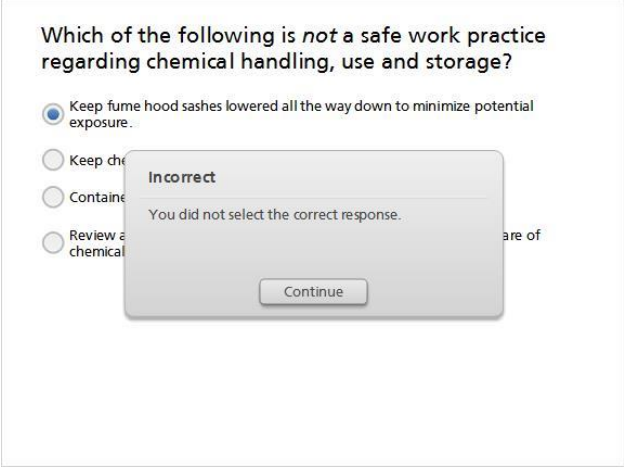
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



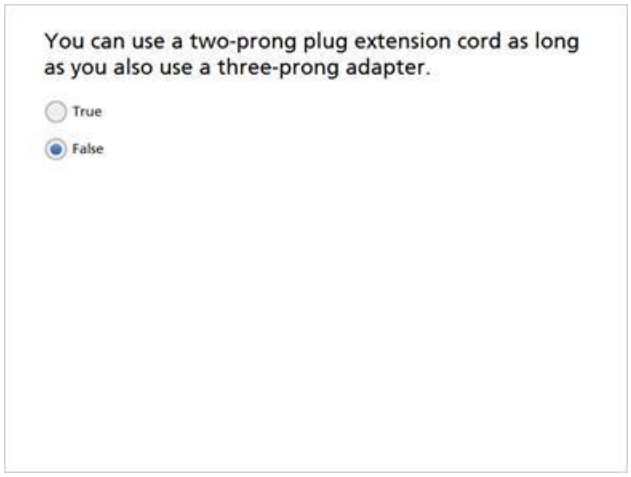
Incorrect (Slide Layer)



11. Electrical Safety T/F

Q11.1 You can use a two-prong plug extension cord as long as you also use a three-prong adapter.

(True/False, 10 points, 1 attempt permitted)



Correct	Choice
	True
X	False

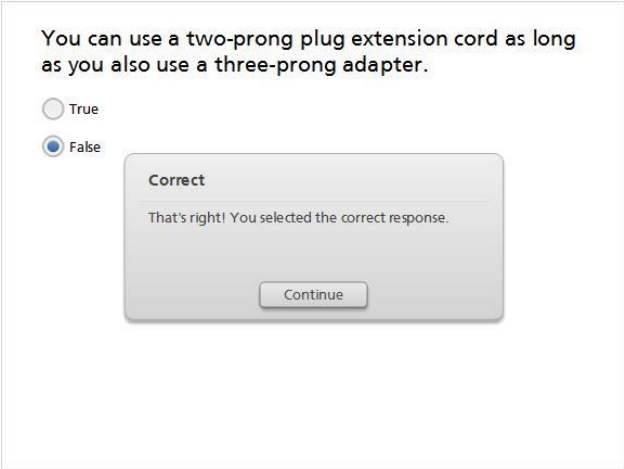
Feedback when correct:

That's right! You selected the correct response.

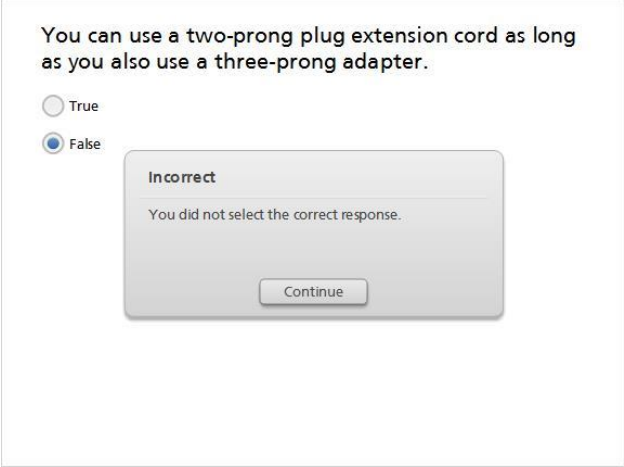
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

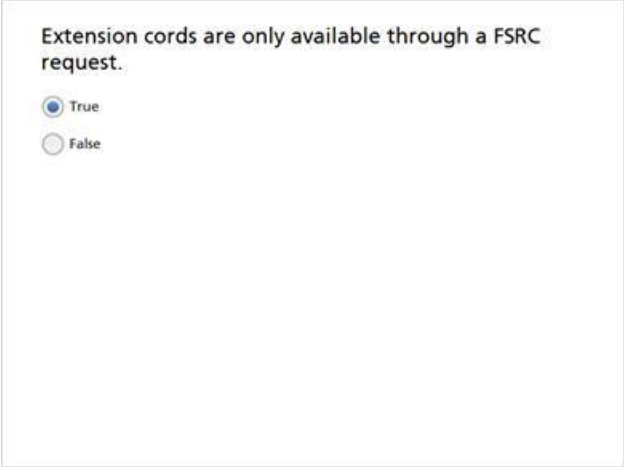


Incorrect (Slide Layer)



Q11.2 Extension cords are only available through a FSRC request.

(True/False, 10 points, 1 attempt permitted)



Correct	Choice
X	True
	False

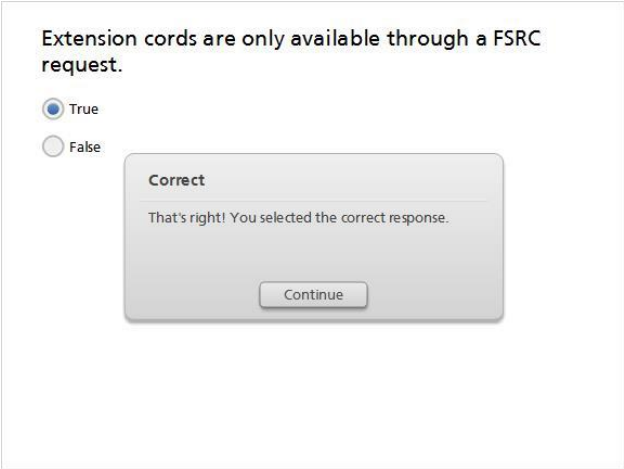
Feedback when correct:

That's right! You selected the correct response.

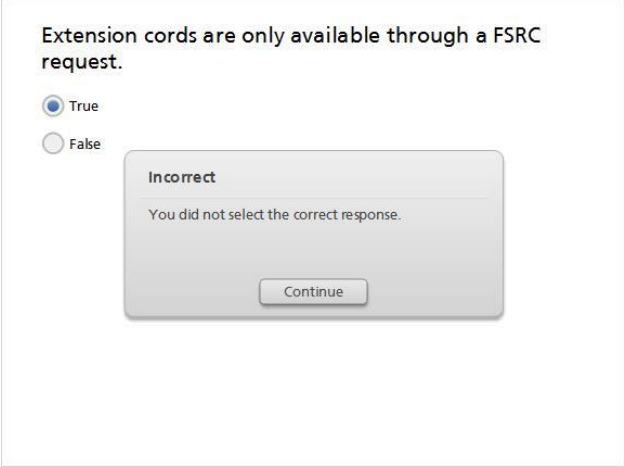
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

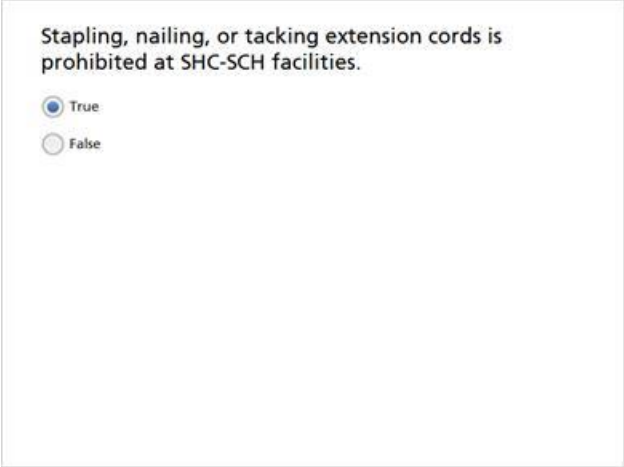


Incorrect (Slide Layer)



Q11.3 Stapling, nailing, or tacking extension cords is prohibited at SHC-SCH facilities.

(True/False, 10 points, 1 attempt permitted)



Correct	Choice
X	True
	False

Feedback when correct:

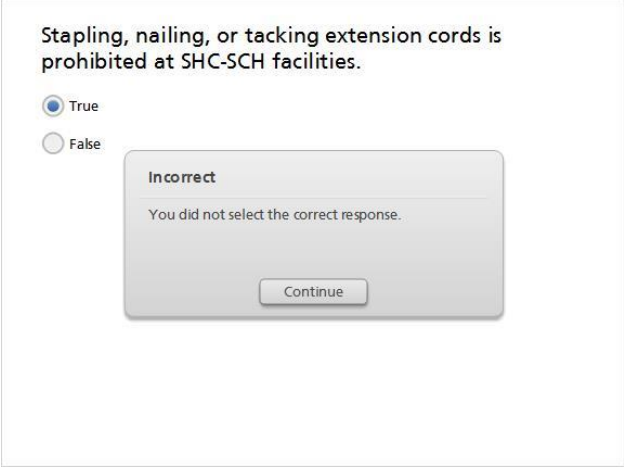
That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

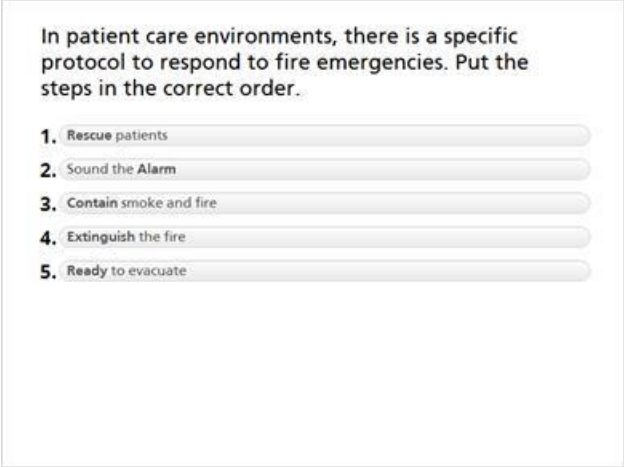
Incorrect (Slide Layer)



12. Emergency Preparedness

Q12.1 In patient-care environments, there is a specific protocol to respond to fire emergencies. Put the steps in the correct order.

(Sequence Drag-and-Drop, 10 points, 1 attempt permitted)



Correct Order
Rescue patients
Sound the Alarm
Contain smoke and fire
Extinguish the fire
Ready to evacuate

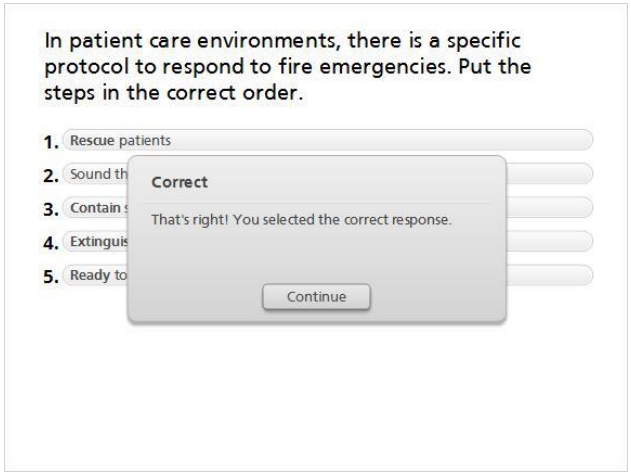
Feedback when correct:

That's right! You selected the correct response.

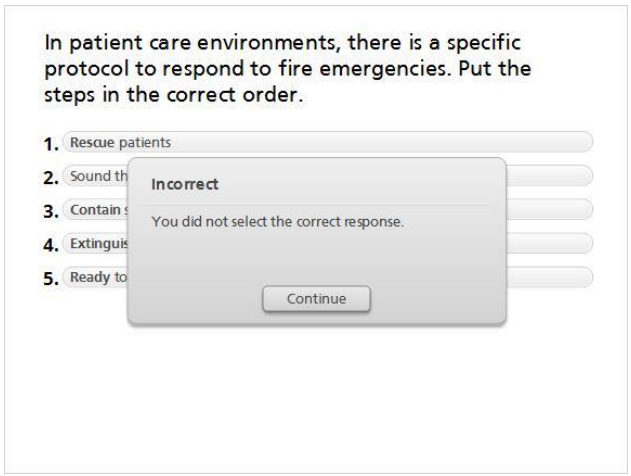
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

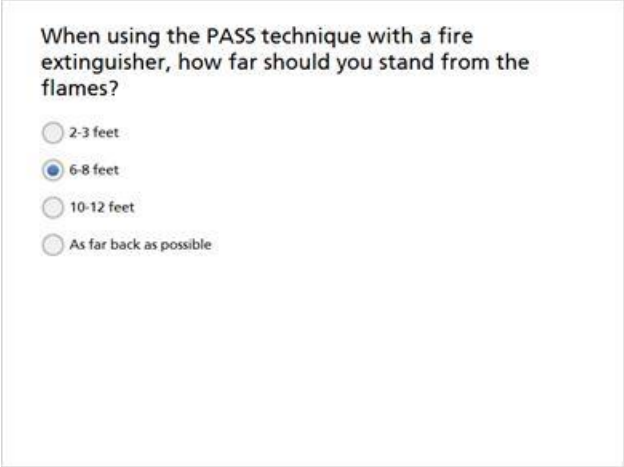


Incorrect (Slide Layer)



Q12.2 When using the PASS technique with a fire extinguisher, how far should you stand from the flames?

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	2-3 feet
X	6-8 feet
	10-12 feet
	As far back as possible

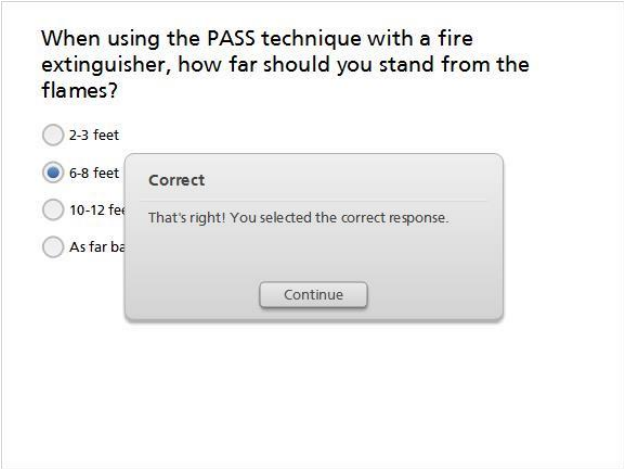
Feedback when correct:

That's right! You selected the correct response.

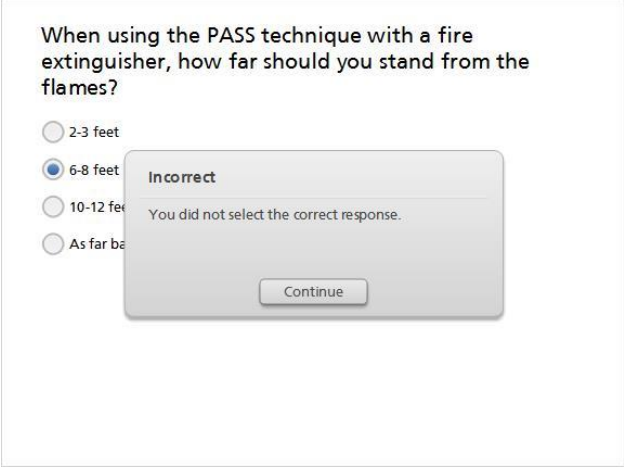
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



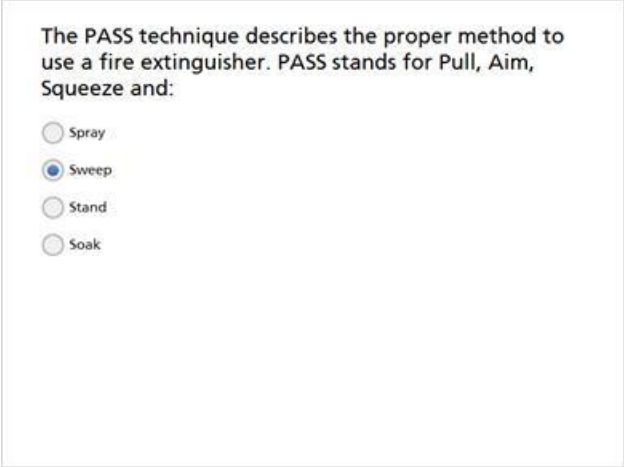
Incorrect (Slide Layer)



Q12.3 The PASS technique describes the proper method to use a fire extinguisher.

PASS stands for Pull, Aim, Squeeze and:

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	Spray
X	Sweep
	Stand
	Soak

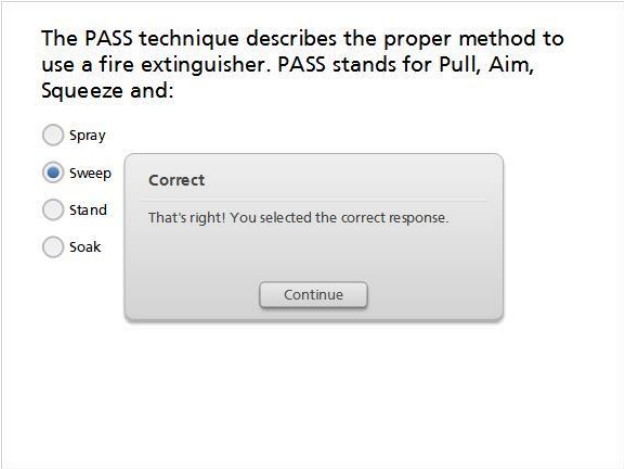
Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)



Incorrect (Slide Layer)