

## Environment of Care (EC) Team:

### Diane Carillo

Associate Director  
Support Services Division

### Jill Kavoukian, CHSP

Hospital Safety Officer  
Associate Director, EH&S

### David Roy, CFPS

Hospital Fire Safety Manager

### Scott Law

Director of Operations  
University Police

### David Darnel, CCE, JD

Director of Biomedical  
Engineering

### Leo DeBobes, CSP

Assistant Administrator  
Emergency Management

### James Prudenti

Director of Physical Plant

### Robert Weniger

EOC Coordinator of Offsite  
Properties

### EDITOR

Carol Malley

### ASSISTANT EDITOR

Rebecca Woskoff

### STAFF WRITERS

EOC Subcommittee Members  
EH&S Healthcare Staff

### Emergency Numbers:

Dial 911 or 632-3333 (cell phone)

Non-Fire Emergencies 911  
(Major Chemical Spill/HazMat)

All Codes 321

Fire (Code Red) 321

## Are We EC Ready?

Readiness is defined as being “prepared for service or action”. Our environment of care (EC) needs to be continually ready since we service our patients 24/7. We try to insure readiness through continuous monitoring of the environment through rounding with the EC team. The results of the current 2007 Rounds data clearly identifies several strengths and weaknesses in our EC program.

We have had success in compliance in the following areas: ID badges being worn, crash carts locked, staff knowledge of MSDSs, fire exits unobstructed, fire extinguishers marked and accessible, exit lights operational, defibrillator on charge and infusion pumps having inside door latch intact.

We continue to struggle with compliance in the following areas: proper gas cylinder storage, staff knowledge of chemical spill response, fully stocked disaster kits, linen chute secure, ceiling tiles in good condition, and medication storage secured.

We need to all be aware of our environment and add these items into our day to day observations and staff meetings to insure compliance is achieved and maintained. Our goal is to provide a safe, functional and effective environment for our patients, staff and visitors.



*Jill Kavoukian, Hospital Safety Officer  
Associate Director, EH&S*

## Recycling Cans and Bottles

Contributed by Paul Hubbard



The Marketplace Cafe implemented a recycling program for all cans, glass and plastic bottles. The recycling containers are conveniently located at the exits of the Marketplace Cafe.

You can place any  or  plastic bottles, glass bottles or cans in the receptacles for recycling.

The hospital’s goal is to increase recycling to 25%. With your help, we can reduce our solid waste sent to land fills, reuse our resources, and reduce our costs.

## Fire Wardens Needed - To Volunteer Call 4-6752



## “You Got Caught Being Safe” 2007 Recipients

Congratulations to the following employees who received our “You Got Caught Being Safe” recognition:

### **June winners:**

Josette Desir, Endoscopy  
Michael Sessa, HCS  
Eddie Estrella, Physical Plant  
Randall Thomas, Physical Plant  
Cynthia Harvey-Engel, ED Acute  
Aldo Cowell, PACU

### **July winners:**

Rickie Hendrickson, Facilities  
Elizabeth Seaman, Occupational  
Medicine  
Christine Palmeri, Urology  
Richard Piazza, IT  
Megan Tappin, NICU

### **August winners:**

Karen Wallin, IT  
Julio Villamar, OR  
Pauline Hirsh, Microbiology  
Kathy Terwilliger, EH&S

Connie Kraft, Emergency  
Management

From suggesting new waste reduction ideas, implementing new programs, and assisting during regulatory inspections are just a few ways staff are being caught being safe.

***Continue being safe and we will continue to “catch” you.***

**Question:** If you work at an offsite facility, do you know who to contact in case of a fire or chemical spill emergency?

**Answer:** Contact your local fire dept - refer to your EOC reference cards for the specific fire dept.

## Reusing Packaging Materials

Contributed by Fred Luebke



In May 2007 SBUMC purchased new IV infusion pumps. As part of the purchase agreement, 440 old pumps (10 pallets) were returned to the vendor as a trade-in.

When the new equipment arrived we saved the usable shipping boxes, packing materials and pallets and utilized these items to ship the trade-in pumps back to the vendor.

This action saved SBUMC the expense of:

1. Disposing of the boxes and related packing materials.
2. Purchasing new shipping boxes for the return of the equipment to the vendor. New boxes would have cost SBUMC \$2.60 each or \$1,100 and the estimated cost of disposing of the boxes and packing materials is \$400.

Recycling usable shipping materials saved the Medical Center approximately \$1,500 as well as being environmentally friendly.

## Reuse Furniture

Contributed by Carol Malley



When remodeling, beginning a new construction project or just walking the halls of the Hospital, think reuse.

One hospital worker furnished her work space with all found items. She has acquired her desk and stool from the halls of the hospital. Other departments were disposing of these items and she did minor repairs to make them work for her.

If you are looking for any equipment or furniture, contact Property Control at 2-7281 to see if they have what you need or to be placed on a waiting list.



## Respirator Safety

Contributed by Annette Falcetta

**Attention: Moldex N95 Respirator wearers!**

**Your Moldex Respirator is now known as an “Inovel” Respirator and is also classified as a surgical mask.**

When ordering a new Inovel respirator use the following Lawson numbers:  
 Inovel/Moldex 1511 (small) - #26414  
 Inovel/Moldex 1512 (medium) - #26416  
 Inovel/Moldex 1513 (large) - #26415

## Office Ergonomics Guidelines

Contributed by Kathy Terwilliger



Follow these guidelines when working at your computer work station:

- Keep your spine and head upright.
- Position your computer monitor and keyboard directly in front of you.
- Keep wrists in a "neutral" position - horizontal and parallel to the floor.
- Keep your elbows bent at 90 degrees.
- Consider using a gel wrist rest.

- Adjust your chair to allow feet to rest on floor (knees and hip should be at same level).
- Take breaks periodically; consider doing exercises (check out exercises at <http://dohs.ors.od.nih.gov/exercises.htm>).

If you are still not comfortable at your workstation after implementing these changes, contact EH&S at 4-6783 for an office ergonomics evaluation.



## What to Do When An Employee Leaves Your Department

Contributed by Ray Dawson

**Question:** When an employee leaves my department or terminates the hospital, how do I know what equipment such as tools, scrubs, laptop computers, lab coat, Blackberry, pager or cell phone the employee was provided during their employment?

**Answer:** When equipment is initially provided to an employee the department head is responsible for recording the equipment provided. When the employee transfers or terminates their employment, it is the responsibility of the department head to account for the equipment. In the case of a transfer, the

responsibility for accounting for the equipment must also be transferred to the new department head. In the case of an employee terminating the hospital, the current department head is responsible for accounting for the equipment and returning it to the proper place.

The Equipment Checklist is the document used to accomplish this task and can be accessed at the Human Resources web site. Click on “Policies” where you will find policy number HR 309, “Assignment of Hospital Materials To Employees” or click on Forms for HR, then click on the Equipment Checklist.

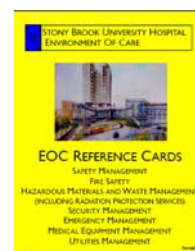
## Updated Environment of Care Reference Cards

Contributed by Kathy Terwilliger

The hospital's EOC reference cards, initially prepared in 2004, were updated this year and are currently being distributed throughout the hospital, ASC and ACP. This document contains important information on the seven EOC management plans - Safety Mgm't, Fire Safety, Hazardous Materials & Waste Mgm't (including Radiation Protection Services), Security Mgm't, Emergency Mgm't,

Medical Equipment Mgm't and Utilities Mgm't. The offsite facilities have their own EOC reference cards which are in the process of being updated.

Please review the important information contained in these cards.



## Teaming with Setauket Fire Department

Contributed by David Roy



A major component to a hospital's fire safety plan is the involvement of the local fire department in pre-fire planning and drilling. The Setauket Fire Department which protects Stony Brook University Hospital, has been very active in their training within the hospital. Their commitment to the hospital is evidenced by the amount of training you might see them conducting around the site, usually in the evening or on weekends since they are volunteer firefighters.

Being a large and complex building coupled with the uniqueness of a healthcare facility,

training is multi-faceted. For instance, you might see their crews in the stairwells, connecting to the "standpipe" system or advancing the hose up the stairs and discharging off the roof. To get water from their engines on the street to the fire hoses in the upper floors of this hi-rise, or into the interior of the sprawling network levels, they need to practice the proper techniques of standpipe operations.

Another important function that Setauket FD does is pre-incident planning our facility. Working with



EH&S's hospital fire marshals, they tour the building,

noting all the fire protection features as well as learning the hospital's concept of "evacuate-in-place" where patients are moved past fire barriers to protected compartments.

A pre-incident challenge they are monitoring is the constantly changing fire lane accesses and floor layouts occurring with the Major Modernization project, a task which regularly brings them to the construction sites for additional training.

These are just a few examples of the numerous training drills the Setauket Fire Department conducts at not only the hospital, but the Ambulatory Surgery and Ambulatory Care Pavilion as well.



## The High Cost of an Injury

Contributed by Kathy Terwilliger

In a recent review of our employee injuries, the hospital paid out approximately \$80K, which included medical and compensation costs, for a slip injury due to a wet floor. An additional \$300K is anticipated to be paid out for the remaining life of the claim as well as the pain and suffering experienced by one of our staff and the work loss days that accompany an injury that requires medical intervention and recovery. Corrective actions

were taken following this incident and other slip injuries.

Hospital Custodial Services (HCS) purchased additional wet floor signs and supplied each housekeeper with three wet floor signs for daily use. HCS Managers and Supervisors trained staff regarding "wet floor sign use", and protecting the safety of patient, visitor and staff.

We have seen a reduction in slip and fall injuries from wet floors as a result of these actions.

Thanks to the staff of Hospital Custodial Services for their participation in implementing an effective corrective action.

Remember, if you see spillage (non-chemical) on the floor - do something; mark it with caution signage, clean it up or contact HCS (4-1455) to clean up.