

# Collaboration Between Departments to Identify a Gap in a High Risk, Low Volume Safety Process

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## Problem

A Chemotherapy spill occurred in an Outpatient Treatment Area. The spill was determined to be larger than could be contained as described in the *BIDMC Policy, 1200-17, Nursing Practice During a Hazardous Drug (including chemotherapy) Spill*.

The nurse called, 2-1212 and informed the MASCO Operator that they were calling a **Code Orange** and answered the questions asked by the Operator. Soon after, one of the Pharmacists came to the treatment area with limited supplies for spill management as the East Campus Pharmacy was notified to respond to the **Code Orange**.

The nurses were then told to call the Service Response Center (SRC) which they then did, and they deployed Environmental Services/ housekeeping staff (EVS) to the treatment area. However, their seemed to be a knowledge deficit of the EVS staff and cleaning chemo spills (for example those who responded, did not know that they should wear gloves or a gown during the process). The nurses guided the EVS staff so they were properly protected, and were instructed to assist EVS in the spill management.

An RL Safety Report was entered regarding the **Code Orange** and as the event was reviewed, it was discovered that the *BIDMC Policy, EC-43, Hazardous Spill Response Program, ("CODE ORANGE")* did not match actual practice, and a larger investigation began.

## Goal

To review the *EC-43, Hazardous Spill Response Program, ("CODE ORANGE")* policy and identify breakdowns in communication so that the appropriate and most knowledgeable team members would be notified when a **"CODE ORANGE"** was called.

## The Team

- Deb Crowley, Manager of Telecommunications
- Susan Holland, EdD, MSN, RN, NEA-BC, Patient Safety Coordinator and Risk Manager
- Christine Powers, MPH/ MBA, Director of Environmental Health and Safety
- Aya Sato-Dilorenzo, BSN, RN, OCN, BMTCN, Cancer Center Quality Improvement
- Members of: Emergency Management, Materials Logistics, Shapiro 9 Nursing Staff, Pharmacy, Environmental Services and MASCO

## Investigation

- Discovered that instructions that MASCO was given did not match our current policy of *EC-43, Hazardous Spill Response Program, ("CODE ORANGE")*
- When a staff member dialed 2-1212 and reported a **CODE ORANGE**, the Operator was instructed to ask if the **Code Orange** was related to a medication or blood/ body fluid:
  - If YES to a medication, then the East Campus Pharmacy would be notified to respond to that location/ caller
  - If YES to blood or body fluid, then SRC/ EVS would be notified to respond to that location/ caller
  - AND if YES to either of these questions, the notification process would stop and the **CODE ORANGE** page would never go out to Environmental Health and Safety (EHS) or others.
  - However, if NO to either of these questions, then the **CODE ORANGE** page would go out to EHS and others

## Interventions and Outcomes

Communication with MASCO to ensure they have the correct information: <b>when a CODE ORANGE is activated, a page is always sent to the pager distribution list including EHS</b>	Completed
Environmental Health and Safety and Emergency Management now have automatic access to, and receive notification of Facilities, Environment of Care, and Safety related RL Reports	Completed
Anticipate improved staff satisfaction with the level of support and expertise when Code Orange events occur.	Ongoing
Anticipate a more accurate account of Code Orange events which possibly may help inform EHS work in the future	Ongoing

## References:

- Centers for Disease Control (CDC). (2014). National Institute of Occupational Safety and Health (NIOSH) Study Provides Insight into Healthcare Worker Training & Handling of Hazardous Chemicals.
- Occupational Safety and Health Administration (OSHA) (2012) Hospital-wide Hazards- Hazardous Chemicals, United States Department of Labor
- BIDMC Policy, EC-65, Hazardous Waste Collection*
- BIDMC Policy, NPM 1200-16, Chemotherapy Safe Handling*