Age Specific Competencies
One Size Does Not Fit All!

All healthcare organizations to provide ongoing education, training and competency validation to assure safe and effective age-specific patient care.
Age Specific Competency

• This is not only a regulatory requirement, but also a professional necessity.

• Patients of different ages are prone to different risks and have specific needs.

• Staff members who have developed competency in caring for a certain age group are sensitive to these needs and risks and are adept at assessing, diagnosing, planning, implementing, and evaluating the care for these patients.

• Ensuring that their staff is competent in caring for patients of differing ages is one important way that hospitals ensure the quality and safety of the care they provide.
Generally Accepted Age Ranges

- Infant (0-12mos)
- Toddler (1-4)
- School Age (5-11)
- Adolescent (12-17)
- Adult (18-69)
- Senior (70+)
<table>
<thead>
<tr>
<th>Communication</th>
<th>Care Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes noises with throat.</td>
<td>Speak softly and smile at the infant.</td>
</tr>
<tr>
<td>Enjoys being held, cuddled,</td>
<td>Do not approach the infant directly or too</td>
</tr>
<tr>
<td>touched, talked to, and smiled at.</td>
<td>quickly.</td>
</tr>
<tr>
<td>Cry is strong when hungry or</td>
<td>Meet the baby’s basic needs to develop a</td>
</tr>
<tr>
<td>uncomfortable.</td>
<td>sense of trust.</td>
</tr>
<tr>
<td>Babbles, coos, and gurgles</td>
<td>Smile and talk to infant.</td>
</tr>
<tr>
<td>when talked to.</td>
<td></td>
</tr>
<tr>
<td>Responds/enjoys contact with</td>
<td>Interact with the infant.</td>
</tr>
<tr>
<td>family, physical movement,</td>
<td>Smile and speak softly.</td>
</tr>
<tr>
<td>soft toys, large toys, plastic</td>
<td>Include parents as much as possible.</td>
</tr>
<tr>
<td>rings, banging toys and block</td>
<td></td>
</tr>
<tr>
<td>toys.</td>
<td></td>
</tr>
</tbody>
</table>
**Toddler (1-4)**

<table>
<thead>
<tr>
<th>Communication</th>
<th>Care Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imitates speech</td>
<td>Smile and talk to toddler</td>
</tr>
<tr>
<td>May throw tamper tantrums. Fears parents leaving.</td>
<td>Make sure toddler is reassured that primary caretaker(s) will return if separated.</td>
</tr>
<tr>
<td>Wants some sense of control.</td>
<td>Ask toddler what he or she would like to eat or drink.</td>
</tr>
<tr>
<td>Uses play to learn, express self, and work out fears.</td>
<td>Interact with child and play.</td>
</tr>
</tbody>
</table>
School Age (5-11)

<table>
<thead>
<tr>
<th>Communication</th>
<th>Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates fully in conversation with adults</td>
<td>Interact with child as you would with an adult.</td>
</tr>
<tr>
<td>Begins separation from family.</td>
<td>Honor their striving for independence.</td>
</tr>
<tr>
<td>Learns by doing.</td>
<td>Explain the consequences of dangerous behaviors i.e. those resulting in actual physical harm.</td>
</tr>
<tr>
<td>May be independent, disobedient, defiant; rejects discipline.</td>
<td>Needs to be reminded of dangerous situations.</td>
</tr>
</tbody>
</table>
**The Adolescent (12-17)**

<table>
<thead>
<tr>
<th>Communication</th>
<th>Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to be influenced by peers and significant adults.</td>
<td>Model appropriate actions/relationships. Enforce limits.</td>
</tr>
<tr>
<td>Question authority figures and seek out ways to change a situation which seems</td>
<td>Interact with respect and dignity. Clearly communicate the immediate</td>
</tr>
<tr>
<td>unfair.</td>
<td>consequences of engaging in unsafe behavior.</td>
</tr>
<tr>
<td>Interested in making independent decisions. Formulates sex role identity.</td>
<td>Respect the need for independence. Enforce limits.</td>
</tr>
<tr>
<td>Experiments with adult behaviors.</td>
<td></td>
</tr>
<tr>
<td>Need for privacy continues. Value of physical appearance placed highly.</td>
<td>Respect need for privacy. Pay attention to increasing emphasis on physical</td>
</tr>
<tr>
<td></td>
<td>appearance.</td>
</tr>
</tbody>
</table>
## Adult (18-69)

<table>
<thead>
<tr>
<th>Communication</th>
<th>Care Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Want to receive accurate information about their health problems.</td>
<td>Consider level of disabilities, readiness to learn, any cognitive impairments.</td>
</tr>
<tr>
<td>Want to be respected for who they are.</td>
<td>Religious/ethnic beliefs should be addressed and respected. Consider cultural/lifestyle implications.</td>
</tr>
<tr>
<td>Want to be involved in their health care decisions.</td>
<td>Involve the patient in their healthcare process. If the patient agrees involve significant others in education.</td>
</tr>
<tr>
<td>Changes in vision, hearing, muscle, and joint activity can be expected.</td>
<td>Consider sense impairment i.e hearing visual etc...when teaching the patient.</td>
</tr>
<tr>
<td>Chronic health problems can start to develop.</td>
<td></td>
</tr>
</tbody>
</table>
### Communication

| Possible impairment in hearing and short-term memory. | Start spoken explanations of aspects of care by making eye contact with the patient, then relating the information succinctly and clearly. Repeat the information if needed. |
| Possible visual impairment. | Provide written instructions with large font. Provide information to family member/significant other. |
| Many emotional concerns i.e. self health, grief of other family members and friends. | Encourage them to express freely their feelings about their accomplishments and also loss and grief. |
| Comprehension may be challenged with so many tests, procedures and medications. | Help them work out a manageable schedule. Explain any procedure using appropriate terms. Avoid medical terminology. |
Fire Safety, Security and General Safety Training
Safety and Security Management

**Reporting potential risks and/or security incidents:** Security staff is available on site on a 24-hour basis, seven days per week. To contact Security, call the Security Operations Office at extension 345, call the operator at ext. 0, or page over head by dialing 555. Upon notification, security personnel will immediately respond to the caller’s location and document all incidents and concerns that are reported.

**Hospital photo identification:** Hospital policy requires all staff members to wear employee photo identification. Security personnel monitor compliance with the hospital identification policy.

**Personal belongings:** Employees should never leave personal belongings unattended in any public or private area. Valuables should always be secured before leaving the work area. Lockers are available.

**Parking:** All employees will register their vehicle with the Security Department. Parking is permitted in the Employee Parking area located behind the Hospital, or in the top lot in the row closest to Shoprite. Employee parking is prohibited in the ER parking lot.
Bomb Threats: When the hospital receives a “bomb treat”, our objectives are:
• To provide for the safety of our patients and employees.
• To prevent panic and to minimize disruption of the institution.
• To coordinate with appropriate public safety departments, i.e.: New York State Police, Ulster County Sheriff’s Department, and Napanoch Fire Department.

If you should discover a suspicious item: **DO NOT TOUCH, MOVE OR DISTURB SUCH ITEM!**

Call the Security Supervisor or the switchboard operator and keep everyone away until Security arrives.

If found in a room with a door, close the door so that the potential blast may be confined to that room only.

If a warning is received it may be in the form of a telephone call or through the mail. If you receive a suspicious package in the mail, notify Security immediately. If you receive a threat over the telephone it should be taken seriously. The following guidelines should be followed:

- Attempt to keep the caller in conversation and signal others to alert Security.
- Attempt by conversing with the caller, to have the person disclose the location of the object by building, floor or room and the expected time of the event.
- Listen for background noises or clues, which might give a location of the caller.
- Note the sex of the caller, young or old, odd expressions or slang used, type of accent, if any, fast or slow talker or any other distinguishing features of the call.
- When the call has ended, immediately write down the details of the call and contact Security if they have not already been contacted.
Safety and Security Management

In the event of an emergency, if you cannot contact the Operator, you can dial 555 to bypass the switchboard and conduct the page yourself.
Safety and Security Management

**Hospital emergency codes**

Staff members must be familiar with hospital emergency codes. ERH utilizes an overhead public announcement system to communicate information to staff members.

It is important to be familiar with the following codes.

- Code Red - Fire
- Code Orange - Radiation Event
- Code Black - Disaster
- Code Yellow - Chemical Spill
- Code Pink - Child Abduction
- Code Blue - Cardiac/Respiratory
- Code Silver – Displayed Weapons or Hostage Taken
- Code Green - All Available Personnel
- “ACTIVE SHOOTER” – to be used if there is an active shooter event
- Dr. G – A discreet way to ask for Security.
- Code NBC Nuclear, Biological or Chemical Event
To protect the hospital, its personnel, the patients and their families from unnecessary problems and potential liabilities, all requests for information from the press will be referred to the office of the President/CEO.

No information is to be given to the media by any employee, except through the President/CEO, who is the authorized spokesperson for the hospital.

In the absence of the President/CEO, the Administrator-On-Call (A.O.C.) is the only authorized spokesperson for the Hospital.
Safety and Security Management

Visiting Hours

Family and friends are encouraged to visit between the hours of 12:00 P.M. and 8:30 P.M.. Our first objective is to ensure the best possible care for our patients; therefore, decisions concerning visitors will be made by the patient’s caregiver in collaboration with the patient.

Security will request that the Operator on duty to announce the nearing of the end of visiting hours at 8:15 P.M..
Special consideration for extended visitation will be afforded to visitor only on the attending medical staff or caregivers authorization.

Visitors may enter and leave through the main entrance only until 8:30 P.M.. All late visitors will be ushered and encouraged to use Emergency Room exit to leave the Hospital.
Safety and Security Management

Hospital emergency codes

Staff members must be familiar with hospital emergency codes. ERH utilizes an overhead public announcement system to communicate information to staff members.

It is important to be familiar with the following codes.

- Code Red - Fire
- Code Orange - Radiation Event
- Code Black - Disaster
- Code Yellow - Chemical Spill
- Code Pink - Child Abduction
- Code Blue - Cardiac/Respiratory
- Code Silver – Displayed Weapons or Hostage Taken
- Code Green - All Available Personnel
- Dr. G – A discreet way to ask for Security.
- Code NBC Nuclear, Biological or Chemical Event
Safety and Security Management

**Disaster Plan**

The primary purpose of the ERH’s Disaster Plan is to be ready at a moment’s notice to treat victims and save lives should a disaster occur.

This plan involves the hospital response to disasters or emergencies that affect the environment of care. If a disaster occurs, ask your supervisor what your responsibilities are. There is an Emergency Management Plan in each Department, which best describes your role based on your primary Department.
Safety and Security Management

**Medical Equipment Management Plan**
This plan ensures the maintenance of medical equipment, as well as to promote the safe and effective use of medical equipment.

**Utility Management Plan**
This plan strives to decrease utility failures and increase the reliability of utility systems.
Workplace Fire / Safety
Fire Safety
Hospital Construction

Intact Rooms
(20 Minutes)

Automatic Fire Doors
(1 ½ hr.)

Automatic Fire Doors Should Never be Blocked or Wedged Open.
Hospital Fires

Unauthorized Smoking

Electrical Malfunctions

Equipment Misuse

Careless Behavior
R.A.C.E.

- R – Rescue
- A – Alarm
- C – Confine
- E – Extinguish or Evacuate
CALL CODES

Code Pink  - Infant/Child Abduction  Code Red  - Fire
Code Blue  - Cardiac Crisis  Code Yellow  - Chemical Spill
Code Orange - Radiation Event  Code Black  - Disaster
Code Silver  - Displayed Weapon or Hostage Taken
Manpower  - All Available personnel (emergency only)
NBC  - Nuclear, Biological or Chemical Event

Emergency Paging System
DIAL 555
From any hospital phone to page overhead
The request for help (use the codes) & location must be clearly stated and repeated two times.

FIRE SAFETY

R  Rescue  - Remove anyone in immediate danger, then ambulatory, then non-ambulatory. At the same time you should ALERT people by calling out “code red”
A  Alarm  - Pull the nearest alarm pull station.
C  Contain  - Close all doors & windows after checking the rooms. Signify room has been checked by tying a piece of cloth, towel or sheet to outside of the door.
E  Extinguish  - If the fire isn’t too large grab the nearest extinguisher & follow PASS. If fire is too large & instructions have been given you should evacuate.

FIRE EXTINGUISHER  FIRE ZONES

P  Pull Pin
A  Aim at base of the fire
S  Squeeze handle
S  Sweep side to side
1- Entire 1ST Floor (Basement)
2- Swing Bed/Outpatient Clinic
3- Med/Surg/Physical Therapy
4- Lobby, OR, Xray, Cardiology
5- Elevator Room (Roof)
6- HVAC Room (Roof)
7- Emergency Department

IF YOU DO NOT KNOW.... ASK YOUR SUPERVISOR

Important Extensions
ER-264  ADMIN-296
SECURITY-263
Corporate Compliance-400

MSDS MATERIAL SAFETY DATA SHEET
For detailed information on a chemical, its hazard to you & treatment for exposure, see the ER staff.

MISSION STATEMENT
Ellenville Regional Hospital will provide quality health care services through the use of available resources, to meet the needs of the people who live, work or visit our surrounding communities. This health care will be delivered with a compassionate and respectful attitude, for the patients, their families and friends.
Move Anyone in Immediate Danger First.

Ambulatory Patients In Immediate Danger.

Non-Ambulatory Patients.
At the same time as you are trying to rescue someone you should ALERT your co-workers by shouting CODE RED. This will allow your co-workers to be aware of the incident.
Move Patient Charts with Patients
Avoid Using Elevators
Pull the Nearest Fire Alarm Box

CODE RED

Coded

555
When using 555 to announce the **CODE RED** you should speak loud & clear and repeat your message twice.

Ex: **CODE RED** Room 123, **CODE RED** Room 123
Contain Smoke
Containment
- First check all rooms. Look under the beds & in the bathrooms for occupants.
- Close all doors and windows
- Once a room has been checked, tie a piece of cloth to the outside of the door (towel, sheet, pillow case) to signify the rooms been checked
Extinguish
The ABC's
Type B and C fire extinguishers contain carbon dioxide.

Type A/B/C fire extinguishers contain a dry chemical effective on all classes of fires and is located throughout the building.
Do not enter a room if the fire is too large.

Touch closed doors with the back of your hand.

If the door is warm, **DO NOT** open it. The fire behind the door is probably too large to fight.
USING EXTINGUISHERS

Pull the Safety Pin
Aim the Fire Hose
Squeeze the Handle
Sweep at the Base of the Fire
Evacuate

Only when Authorized by:
Fire Department
Police Department
Safety Director
Fire Chief
Hospital Security
Senior Management

Do Not Re-Enter Bldg. Until Authorized to do so by the Fire Dept.
Partial Evacuation - Moving from one fire zone to another.

Full Evacuation - Completely leaving the building. Meeting spot is the parking lot overlooking Shoprite.
Evacuate

EXITS

BASEMENT
• Boiler Room
• Employee Entrance
• Cafeteria Entrance
• Storage room

1ST FLOOR
• ER Waiting
• Ambulance Entrance
• Main Entrance
• Swing Unit
• PT Department
• Radiology
• Calman Pavilion (2)
Fire Safety Tips

Know the location of the nearest fire alarm box
Know the pull station code
Count the number alarm bells
Close all doors
Listen for PA instructions
Stay close to the ground (smoke)
How to use a fire extinguisher
Evacuation procedures (adjacent)
Location & equipment used for evacuating patients
# Fire Zones

<table>
<thead>
<tr>
<th>Zone</th>
<th>Description</th>
<th>Bells</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lower Level (Entire lower level except Finance Suite)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>First Floor North (Med/Surg)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>First Floor East (Swing Unit &amp; Phys Therapy)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>First Floor West (Lobby, OR &amp; Radiology)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Roof - Elevator Room (Rooftop)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Finance Suite (Lower Level)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Roof – HVAC Room (Rooftop)</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>First Floor West (Emergency Dept)</td>
<td>9</td>
</tr>
</tbody>
</table>

## Additional Alarms
- Calman Pavilion Fire Alarm
- General Evacuation Alarm: 6 Bells