INITIAL OCCUPATIONAL HEALTH AND SAFETY TRAINING GENERAL BRIEFING

THE ESSENCE OF OCCUPATIONAL HEALTH AND SAFETY

- Health and safety regulations serve to protect the vital interests of workers
- Health and safety regulations regulate issues related to the protection of the health and life of employees
- Protecting the health and life of the employee from hazards that may arisn the work process

LEGAL ACTS RELATED TO HEALTH AND SAFETY

- Acts (e.g. the Labour Code, especially Section X)
- Regulations (e.g. REGULATION OF THE MINISTER OF HEALTH of 6 June 2013 on occupational health and safety when performing work related to exposure to injury from sharp instruments used in the provision of health services)
- Regulations (e.g. Work Regulations)
- Procedures (e.g. PE-02 "Management of occupational exposure to blood and other potentially infectious material")
- Instructions (e.g. Fire Safety Manual)

EMPLOYER'S OBLIGATIONS RELATED TO HEALTH AND SAFETY PART 1

Article 207. [Basic obligations of the employer] § 1. The employer is responsible for the state of occupational health and safety in the workplace. […]

§ 2. The employer is obliged to protect the health and life of employees by ensuring safe and hygienic working conditions with appropriate use of scientific and technological achievements. In particular, the employer is obliged to:

1) organize work in a way that ensures safe and hygienic working conditions;

2) ensure compliance with the regulations and rules of occupational health and safety in the workplace, issue instructions to remove deficiencies in this respect and control the execution of these instructions;

EMPLOYER'S OBLIGATIONS RELATED TO HEALTH AND SAFETY PART 2

3) respond to the needs of ensuring occupational health and safety and adapt the measures taken to improve the existing level of protection of health and life of employees, taking into account the changing conditions of work;

4) ensure the development of a coherent policy for the prevention of accidents at work and occupational diseases, taking into account technical issues, work organisation, working conditions, social relations and the impact of working environment factors;

EMPLOYER'S OBLIGATIONS RELATED TO HEALTH AND SAFETY PART 3

(5) to take into account the protection of the health of pregnant or breastfeeding workers and disabled workers as part of the preventive measures taken;

6) ensure the execution of orders, statements, decisions and orders issued by the bodies supervising working conditions;

7) ensure the implementation of the recommendations of the social labour inspector.

EMPLOYEE'S OBLIGATIONS RELATED TO HEALTH AND SAFETY

Article 211. K.P.

Compliance with occupational health and safety regulations and rules is the employee's primary responsibility. In particular, the employee is obliged to:

1) know the regulations and rules of occupational health and safety, take part in training and instruction in this field and undergo the required examinations;

2) perform work in a manner consistent with the regulations and principles of occupational health and safety and comply with the instructions and guidelines issued by superiors in this regard;

3) take care of the proper condition of machines, devices, tools and equipment, as well as order and order in the workplace;

EMPLOYEE'S OBLIGATIONS RELATED TO HEALTH AND SAFETY

4) use collective protective equipment, as well as use assigned personal protective equipment and work clothing and footwear, in accordance with their purpose;

5) undergo initial, periodic and follow-up medical examinations and other prescribed medical examinations and follow medical indications;

6) immediately notify the supervisor of an accident or threat to human life or health noticed in the workplace and warn co-workers, as well as other persons in the area of danger, of the imminent danger;

7) cooperate with the employer and superiors in fulfilling obligations related to occupational health and safety.

EMPLOYEE'S FUNDAMENTAL HEALTH AND SAFETY RIGHT

Article 210. K.P. [Abstention from work] § 1. If the working conditions do not comply with the occupational health and safety regulations and pose a direct threat to the health or life of the employee, or if the work performed by the employee poses such a danger to other persons, the employee has the right to refrain from performing work by immediately notifying the supervisor thereof.

§ 2. If refraining from performing work does not eliminate the hazard referred to in § 1, the employee has the right to move away from the place of danger, immediately notifying the supervisor thereof. […]

§ 5. The provisions of § 1, 2 and 4 do not apply to an employee whose duty is to save human life or property.

PENALTIES FOR VIOLATION OF WORK ORDER AND DISCIPLINE

1. For non-compliance by an employee with the established order and organization in the work process, work regulations, occupational health and safety regulations, fire regulations, as well as the adopted method of confirming arrival and attendance at work and justifying absence from work, the employer may apply:
   - punishment of reprimand,
   - punishment of reprimands.
2. For non-compliance with health and safety and fire protection regulations by an employee, leaving work without an excuse, coming to work under the influence of narcotic or psychotropic substances, in a state of intoxication or consuming alcohol at the time and place of work, the employer may also apply a fine in accordance with the rules set out in Article 108 § 3 of the Labour Code.

HEALTH AND SAFETY TRAINING

Types of OHS training

Initial OHS training is organized before the employee is allowed to work. Their main goal is to provide the employee with the knowledge and skills necessary to perform work taking into account safety regulations and rules, and to familiarize the employee with the hazards occurring at specific workplaces.

Periodic OHS training is conducted to update and consolidate knowledge and skills in the field of OHS. The training should be conducted in the form of a course, seminar or guided self-education.

INITIAL HEALTH AND SAFETY TRAINING

Initial OHS training

General instruction should be conducted in such a way as to familiarize the employee with the health and safety regulations contained in the Labour Code, in the work regulations applicable to the employees of a given company and with the rules of first aid. General instruction in OHS rules is provided to newly hired employees, students – apprentices and students of vocational schools employed for the purpose of practical vocational training.

On-the-job training takes place at the workplace where the employee will work. It is aimed at familiarizing the employee with the hazards occurring in this position, ways of protection against hazards and methods of safe work. It should include four stages:

1. an initial conversation between the instructor and the employee,
2. demonstration and explanation by the instructor of all activities to be performed by the employee at the workplace while maintaining safe working methods,
3. trial performance of activities by the employee and possible correction by the instructor,
4. independent work of the employee under the supervision of an instructor.

PERIODIC OCCUPATIONAL HEALTH AND SAFETY TRAINING

Periodic health and safety training for healthcare professionals

Managers of organizational units, people managing employees → at least once every 5 years. The first mandatory training after 6 months from the start of work.

Healthcare workers, administrative and office workers and others not mentioned above, whose nature of work is related to exposure to factors harmful to health, burdensome or dangerous or with responsibility in the field of health and safety → at least once every 5 years. The first mandatory training after 12 months from the start of work.

OCCUPATIONAL MEDICINE DOCTOR

The occupational medicine service is established to protect the health of workers from the impact of adverse working environment conditions and the manner in which it is performed, as well as to provide preventive health care to employees, including health control of employees.

Every employer, regardless of employment status, is obliged to provide their employees with preventive health care.

The above-mentioned legal regulation distinguishes the following types of preventive examinations:

1. Preliminary,
2. Periodic,
3. Control.

TYPES OF PREVENTIVE EXAMINATIONS

Preliminary – they are subject to persons hired for work, juvenile workers transferred to other workplaces and other employees transferred to workplaces where there are factors harmful to health or burdensome conditions.

Periodic – all employees are subject to them before the expiry date of the initial examination.

Check-ups – they are subject to employees in the event of inability to work lasting continuously for more than 30 days, caused by illness, in order to determine the ability to perform work in their current position.

PROTECTING WOMEN'S WORK

- Prohibition of employing pregnant women on a daily basis exceeding 8 hours, overtime and at night (Article 178 of the Code of Civil Procedure)
- Prohibition of posting pregnant women, without her consent, outside the permanent workplace (Article 178 of the Code of Criminal Procedure)
- The right to breaks from work for feeding a child (Article 187 of the Code of Civil Procedure)
- Pregnant women and women breastfeeding must not perform work that is burdensome, dangerous or harmful to health, which may adversely affect their health, the course of pregnancy or breastfeeding the baby. (Article 176 of the Code of Civil Procedure)
- Obligation to transfer a pregnant or breastfeeding woman to another job if, due to the state of pregnancy, she should not perform her previous job (Article 179 of the Code of Civil Procedure)
- Right to maternity leave (Article 180 of the Code of Civil Procedure)

LIST OF WORK THAT IS BURDENSOME, DANGEROUS OR HARMFUL TO THE HEALTH OF PREGNANT WOMEN AND BREASTFEEDING WOMEN

1. Work related to excessive physical exertion, including manual transport of weights and forced body position.
2. Work in a cold, hot, changeable microclimate.
3. Work under exposure to noise and mechanical vibrations.
4. Work exposed to electromagnetic fields with a frequency of 0 Hz to 300 Ghz.
5. Works exposing to ionizing radiation.
6. Work in contact with biological agents.
7. Work in exposure to harmful chemicals.

Detailed information can be found in Appendix No. 2 to the Work Regulations.

ACCIDENTS AT WORK

What is an accident at work?

An accident at work is considered to be a sudden event caused by an external cause causing injury or death, which occurred in connection with work:

a) during or in connection with the performance of ordinary activities or instructions by the employee;
b) during or in connection with the performance of activities by the employee for the employer, even without instructions;
c) while the employee remains at the employer's disposal on the way between the employer's registered office and the place of performance of the obligation resulting from the employment relationship.

A specific event **can be classified** as an accident at work only if it meets all four conditions given in the definition at the same time.

ACCIDENTS AT WORK - CAUSES

CAUSES OF ACCIDENTS AT WORK			
Employee misconduct caused by incl.:	**Not using protective equipment**	**Improper work organization**	**Improper organization of the workplace:**
a) ignorance or disregard for the threat, b) ignorance of the rules of safe work, c) disregard for the orders of superiors.	Employees do not use personal protective equipment, collective protective equipment or safety devices.	a) incorrect division of work or scheduling of tasks, b) improper instructions from superiors, lack of supervision, improper coordination of collective work, c) admission to work of an employee with medical contraindications or without valid medical examinations and health and safety training.	a) improper location of equipment at the workplace, b) inappropriate passages or accesses, c) inappropriate placement and storage of work objects, d) lack or improper selection of personal protection.

PROCEDURE FOR REPORTING ACCIDENTS AT WORK IN UCK

Reporting an accident to your immediate supervisor

↓

The supervisor reports the accident to the health and safety specialist on the day of the accident

↓

Obtaining a first aid card from the National Emergency Administration on the day of the accident

↓

Reporting an accident at work on the form in force in the UCK, safety procedure PH-04

↓

Indication of witnesses to an accident to an OHS specialist

ACCIDENTS ON THE WAY TO AND FROM WORK

What is an accident on the way to and from work?

An **accident on the way to or from work** is considered to be a sudden event caused by an external cause, which occurred **on the way to or from the place of employment** or other activity constituting the title of disability insurance, if this route was the shortest and was not interrupted.

PROCEDURE FOR REPORTING ACCIDENTS ON THE WAY TO OR FROM WORK AT UCK

Reporting an accident to your immediate supervisor

↓

Reporting an accident to an OHS specialist on the day of the accident

↓

Obtaining a first aid card from the nearest medical unit on the day of the accident

↓

Reporting an accident on the way to or from work on the form in force in the UCK, safety procedure PH-04

↓

Indication of witnesses to an accident to an OHS specialist

OCCUPATIONAL RISK ASSESSMENT

Occupational risk is the probability of occurrence of undesirable events related to the work performed, causing losses, in particular the occurrence of adverse health effects in employees as a result of occupational hazards occurring in the work environment or the way work is performed.

Why is an occupational risk assessment prepared?

1. In order to adapt working conditions and processes to the employee's capabilities.
2. In order to properly design and organize workstations.
3. In order to apply the necessary preventive measures to reduce the risk of the employee during the performance of work.
4. In order to inform employees about the possibility of hazards during certain works.

OCCUPATIONAL RISK ASSESSMENT - DOCUMENTATION

The occupational risk documentation includes:

1. Job description.
2. Possible hazards causing an accident
3. Description of preventive measures
4. Assessment of occupational risks occurring in a given position.

The documentation of occupational risk should be read by:

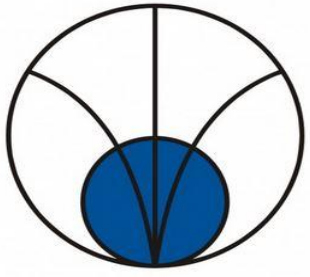
1. Employer, in order to approve the occupational risk assessment in the workplace.
2. An employee, in order to comply with the rules and methods of limiting the occurrence of an accident during the performance of work.
3. Contractor/contract agreement, in order to comply with the rules and methods of limiting the occurrence of an accident event at a given principal.

OCCUPATIONAL RISK ASSESSMENT AT UCK

Detailed information on the occupational risk assessment for each job position can be found on the UCK intranet.

1. Go to the https://jakosc.uck.pl/index.php/komorki-uck website
2. We find the organizational unit we are interested in, click on "Risk assessment".
3. Select the appropriate workstation, click on the red icon with the file.

THREATS OCCURRING ON THE PREMISES OF THE UNIVERSITY CLINICAL CENTER

Hazardous Traumatic Factors	Biological factor	Chemical Agent	Physical factor:		
			Electromagnetic radiation	Ionizing radiation	Laser radiation
					

OCCUPATIONAL RISK – HAZARDOUS TRAUMATIC FACTORS

LP	Threats	Effects	Preventive measures
1	a) Sharp tools used in the delivery of medical services b) Sharp instruments left behind by patients (e.g. pen needles)	• cut wounds, • punctures • cuts	1. Do not leave sharp tools unattended. 2. Be especially careful when working with sharp tools. 3. Follow the rules described in procedure PH-09 "Procedure for the safe handling of sharp instruments used in the provision of health services, including medical waste" - EDITION 2
2	a) Hitting moving or immovable objects (e.g. room equipment, furniture, medical apparatus and equipment, beds, trolleys with patients in rooms, corridors, communication routes, etc.), b) Falling at the same level caused by tripping, slipping on uneven, wet, slippery surfaces, c) Falling on the stairs. d) Beatings – attacks on medical staff.	• Sprains • Fractures • Head injuries	1. Keep your workplace tidy and clean. 2. Move on communication roads using the rule of moving on the right side. 3. Pay attention to transported patients in wheelchairs and beds on communication routes. 4. Be careful when moving up the stairs: limit the use of mobile phones, stick to handrails. 5. Follow the elevator instructions (including the elevator load and the elevator division for transporting people and medical waste). 6. In case of aggression on the part of the patient, follow SOP-14 "Management in the case of aggressive behavior of the UCK patient, his caregiver or family".

OCCUPATIONAL RISK – BIOLOGICAL AGENTS

Threats	Effects	Preventive measures
There are harmful biological factors in the Hospital, which can have a negative effect on the human body and be the cause of many diseases (e.g.: hepatitis B and C, tuberculosis, HIV). The main source of danger is the patient and his biological material. Situations in which contact with a biological agent may occur: 1. Contaminated equipment and tools of disposable or reusable use (needles, scalpels, sewing needles, etc.) unprotected by medical personnel, 2. Inadequate segregation of used single-use equipment, 3. Improper decontamination of areas contaminated with biological agents, 4. Works performed on an active sewage system (sanitary facilities, sewer grates, etc.), 5. Biological agents transmitted by airborne droplets in contact with patients, visitors and hospital staff, 6. Biological agents found on surfaces, equipment, work surfaces, medical equipment.	• infectious diseases, • allergies, • Allergies • Infections • cancer, • Death	1. Before starting work, protect cuts, injuries and abrasions with a waterproof dressing. 2. Cover cuts, scratches on exposed parts of the hands and arms with long-sleeved clothing. 3. In the event of a puncture, cut, medical equipment and apparatus that may potentially be contaminated with blood or other biological material, the PE-02 procedure should be followed. 4. Wear personal protective equipment (e.g. masks, safety glasses, visors, gloves) as needed. 5. Observe the basic rules of hygiene and occupational safety, in accordance with the PE-03 "Hand hygiene" procedure. Wash and disinfect your hands before eating meals and after leaving the Hospital.

OCCUPATIONAL RISK – CHEMICAL AGENTS

Threats	Effects	Preventive measures
Hazardous substances and chemical mixtures are used in the Hospital during work: • harmful and irritating, • corrosive, • flammable, extremely flammable, oxidizing, explosive, • toxic, • carcinogenic.	• poisoning, • irritation, • Diseases of the upper respiratory tract, • allergies, • Eye and skin damage • Burns • Cancer • Diseases of the reproductive system	1. Follow the manufacturer's instructions on the packaging. 2. Pay attention to the pictograms on the packaging. 3. Follow the rules set out in the Safety Data Sheets (SDS) and Health and Safety Instructions, use personal protective equipment. 4. In emergency situations (e.g. packaging damage, chemical spillage), follow the rules described in SDS (Section 6)

PICTOGRAMS USED FOR THE LABELLING OF CHEMICAL SUBSTANCES/MIXTURES IN UCK

Pictogram	Hazard phrases
	• gases under pressure • Compressed gases • liquefied gases • Chilled liquefied gases
	• Flammable gases Category 1 • flammable aerosols category 1, 2 • flammable liquid substances category 1, 2, 3 • flammable solids category 1, 2 • substances and mixtures which, in contact with water, emit flammable gases of categories 1, 2, 3
	• Carcinogenicity category 1A, 1B, 2 • mutagenic effect on reproductive cells of categories 1A, 1B, 2 • harmful effects on reproduction category 1A, 1B, 2 • respiratory sensitization category 1 • Target organ toxicity – single exposure to categories 1, 2 • Target organ toxicity – repeated exposure Category 1, 2 • Category 1 aspiration hazard
	• Irritating to skin/eyes Cat 2 • skin sensitization category 1 • acute toxicity (aliborne, after application to the skin, after inhalation) category 4 • Target organ toxicity, Category 3 single exposure • respiratory irritant • Narcotic effect

PICTOGRAMS USED FOR THE LABELLING OF CHEMICAL SUBSTANCES/MIXTURES IN UCK

Pictogram	Hazard phrases
	• acute toxicity (aliborne, after application to the skin, after inhalation) category 1, 2, 3
	• działanie żrące na skórę kat. 1A, 1B, 1C • poważne uszkodzenie oczu kat. 1
	• acute threat to the aquatic environment category 1 • chronic threat to the aquatic environment category 1, 2

OCCUPATIONAL RISK – PHYSICAL FACTOR ELECTROMAGNETIC FIELD

Threats	Effects	Preventive measures
1. The Hospital operates electromagnetic field (EMF) sources, which are used for surgical, diagnostic and therapeutic purposes, e.g. surgical diathermy, physical therapy, magnetic therapy devices, magnetic resonance scanners. 2. Ballistic hazards occurring in Magnetic Resonance Laboratories are caused by the rapid movement of metal objects in a magnetostatic field.	– headaches, – sleep disorders, memory disorders – concentration and attention disorders, hormonal, – heart problems, pressure changes, – excessive sweating, – external and internal injuries caused by a ballistic hazard.	1. Obey the warning signs placed on the entrance door to the studio. 2. Strictly follow the instructions of the personnel operating the radiation source. 3. Conducting preventive medical examinations related to exposure to electromagnetic radiation.

GRAPHIC SYMBOLS FOR ELECTROMAGNETIC FIELD SOURCES AND PROTECTIVE ZONES

SIGN	DESCRIPTION OF THE MARK
	Field-EM Source
	**Safe zone** - an area outside the protection zones, to which no conditions limiting exposure have been defined. Staying in the space of the E-M field of the safe zone is referred to as negligible exposure.
	**Intermediate zone** - staying is permissible under the condition of using protective measures specified due to the identified electromagnetic hazards resulting from the indirect effects of the EM field. Staying in the E-M field space of the intermediate zone is referred to as controlled exposure.
	**Danger zone** - staying is permissible under the condition of using protective measures specified due to the identified electromagnetic hazards resulting from the direct or indirect effects of the E-M field. Staying in the E-M field space of the hazard zone is referred to as controlled exposure.
	**Hard zone** - staying is defined as dangerous, as part of everyday practice it is prohibited.

WARNING SIGNS TO INDICATE A STRONG MAGNETIC FIELD

SIGN	DESCRIPTION OF THE MARK
	Strong magnetic fields
	Non-ionizing radiation
	No people with pacemakers
	Prohibition of possession of metal objects

OCCUPATIONAL RISK – PHYSICAL FACTOR IONIZING RADIATION

Threats	Effects	Preventive measures
In the Hospital, ionizing radiation from X-ray machines and radioactive isotopes is used for diagnostic and therapeutic purposes. Students may be exposed while performing work in rooms or places where ionizing radiation is present. This is especially true of building No. 5, the Department of Nuclear Medicine in the building of the U.S. CMN and bud. 17, the Oncology and Radiotherapy Clinic, the Department of Teleradiotherapy, and other X-ray laboratories and rooms where X-ray machines are used, e.g. operating rooms.	• DNA chain damage and disorders • disorders of the cell reproduction process, e.g.: leukemia, cancer of the skin, bones, internal organs • cataracts, • gastrointestinal disorders, • infertility, • skin burns	1. Agreeing with the Inspector of Radiological Protection to perform work in places exposed to ionizing radiation: Department of Nuclear Medicine building CMN and 17, Department of Oncology and Radiotherapy, Department of Teleradiotherapy, bud. No. 5 and other X-ray laboratories in the UCK. 2. Categorical prohibition of entering ionizing radiation hazard zones without the consent of the Radiological Protection Inspector. 3. Marking of ionizing radiation hazard zones with warning signs. 4. Conducting environmental dosimetry tests in places of danger.

OCCUPATIONAL RISK – PHYSICAL FACTOR LASER RADIATION

Threats	Effects	Preventive measures
The Hospital operates laser radiation sources related to the operation of the devices, e.g. argon laser, neodymium laser, endolaser, laser microscopes and others.	• corneal damage, photochemical cataracts, • retinal damage • skin damage: erythema, burn, skin.	1. Appropriate graphic marking of rooms and sources of optical laser radiation. 2. Proper preparation of rooms for laser work: limited access, minimization of the reflective surface, switches, protective housings, remote control systems. 3. Providing adequate personal protection - safety glasses.

COLLECTIVE PROTECTION MEASURES

"Collective protection measures" - means means intended for the simultaneous protection of a group of people, including individuals, against dangerous and harmful factors occurring individually or jointly in the work environment, which are technical solutions used in work rooms, machines and other devices;

e.g. ventilation, extractors, fume hoods, rooms with various degrees of airtightness (the specificity of working with patients often makes it impossible to use such agents).

EXAMPLES

PERSONAL PROTECTIVE EQUIPMENT (PPE)

"Personal protective equipment" means any equipment worn or held by an employee in order to protect him or her from one or more hazards related to the occurrence of dangerous or harmful factors in the work environment, including any accessories and accessories intended for this purpose.

e.g. medical gloves, visors, half masks, aprons, lead gowns.

Due to the specificity of workplaces in hospitals, individual protective equipment plays a dominant role in protecting employees from dangerous and harmful factors.

EXAMPLES OF PPE

METHODS OF WASTE SEGREGATION THAT ARE GENERATED DURING MEDICAL PROCEDURES AT UCK

Medical waste contaminated with biological material	Hazardous medical waste Non-infectious	Municipal waste
Bag color	**Bag color**	**Bag color**
Code: 18 01 02*, 18 01 03*, 18 01 09, 18 01 82*	Code: 18 01 06*, 18 01 08*, 18 01 09	ID: 20 03 01
18 01 02 - body parts and organs, postoperative materials, human body remains, tissues - histopathological waste. **18 01 03** e.g. dressing materials contaminated with biological material, i.e. cotton wool, lignin, plasters, bandages, gauze pads, plaster dressings and their remains, disposable underwear, disposable apron and masks, disposable gloves, sterilization packaging, single-use medical equipment i.e. catheters, probes, spatulas, syringes, drip drains, ostomy bags, transfusion devices, all waste from isolated patients, etc. **18 01 09** - expired or withdrawn drugs other than cytotoxic and cytostatic. **18 01 82** - Residues from the nutrition of patients in isolation. - Used containers of blood or blood products are handed over to the Blood Bank and then disposed of by the Blood Bank for medical waste	**18 01 06** - chemicals, including chemical reagents containing hazardous substances, collected in canisters placed in laboratories or in purchase packaging, collected on an ongoing basis by an external specialized company. A detailed procedure for dealing with chemical substances and mixtures is described in procedure PH-06 "Occupational health and safety in the use of chemical substances/mixtures". **18 01 08** - ampoules with residues of cytostatic and cytotoxic drugs. **18 01 09** Medicines other than those listed in 18 01 08*, e.g.: rejected batches of goods, expired, contaminated medicines, narcotic drugs, psychotropic substances and precursors of group I-R.	- cardboard packaging - empty medication blisters - towels after washing hands - packaging after opening disposable equipment - paper, e.g. leaflets and instructions

*hazardous waste

WORK SAFELY WITH SHARP TOOLS

- Be extra careful
- Prepare a container for used sharps
- Make sure sharp tools have no visible damage
- Do not use damaged, malfunctioning equipment
- When occupational exposure occurs, use the post-exposure procedure

PE-02 "MANAGEMENT IN CASE OF OCCUPATIONAL EXPOSURE TO BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIAL"

1) When the source of exposure is known, blood is taken from the patient (only after obtaining the patient's written consent – an entry in the medical history)

2) Record the event in the internal system of reporting non-compliance and fill in the post-exposure form in accordance with the procedure.

3) With a completed post-exposure form, the fastest way to report to:

4) a) On weekdays from 9.00 a.m. to 2.00 p.m. at the Preventive and Therapeutic Clinic (HIV/AIDS) at the PCCHZiG in Gdańsk at 18 Smoluchowskiego Street, tel. 58 341-40-41, ext. 330

5) b) On weekdays from 2:00 p.m. to 9:00 a.m. and on Saturdays, Sundays and holidays, report to the Emergency Room of the PCK Maritime Hospital in Gdynia at 1 Powstania Januarowego Street, after prior telephone information about the exhibition! tel. 58 726-05-46 and 58 726-05-47 (night duty)

6) No later than the next working day, report with a completed post-exposure form to the OHS Inspectorate (7 Dębinki Street, building no. 9, floor II, room 2004), tel. 58 349-24-51.

7) After completing the preventive measures, report to the Occupational Medicine Clinic and submit post-exposure documentation (al. Zwycięstwa 30A, Gdańsk) from Monday to Friday from 07:00 to 15:00.

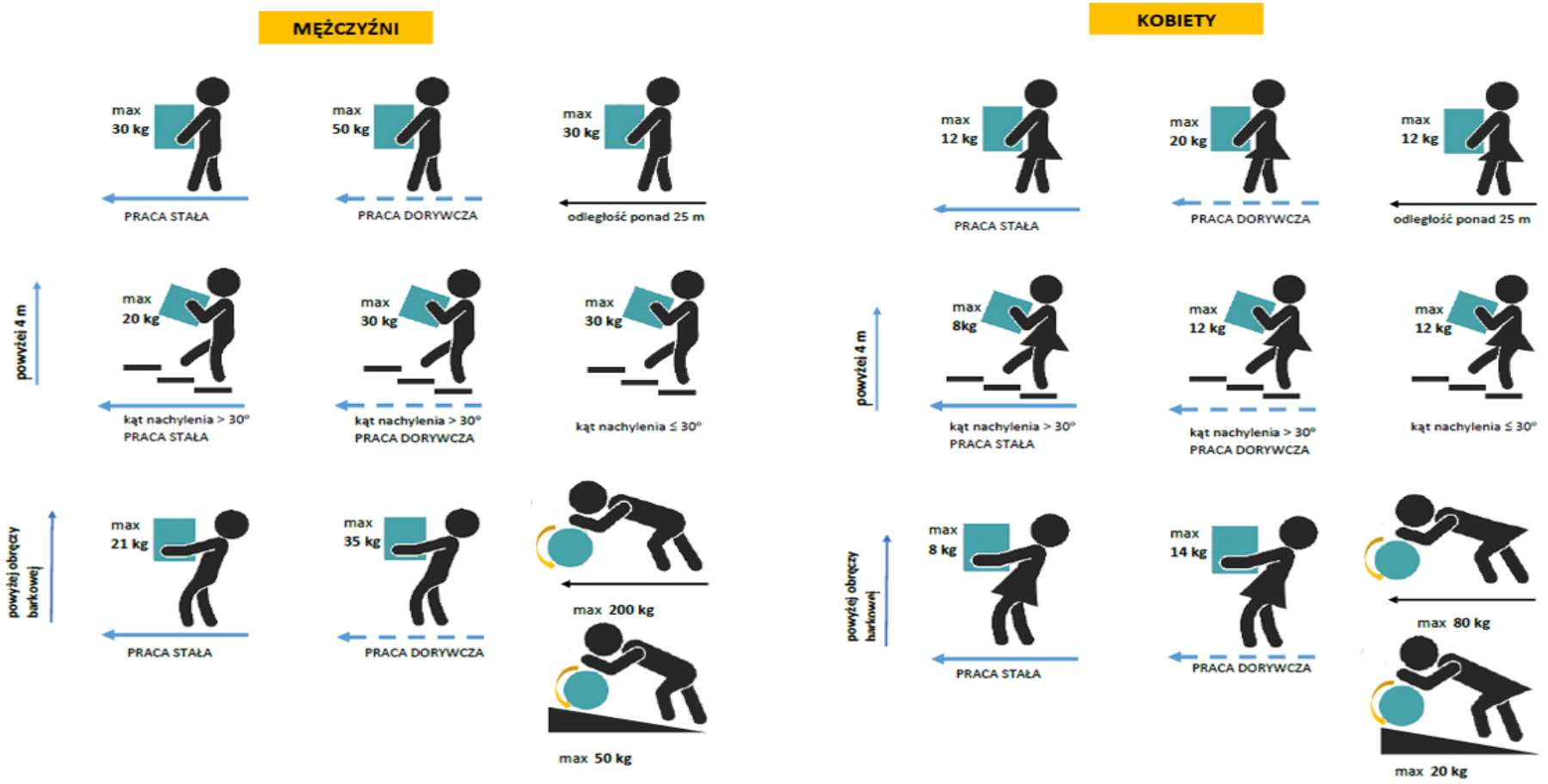
RULES FOR MOVING AROUND THE UCK

On the premises of the hospital:

1. General traffic regulations apply.
2. When moving around the internal corridors of the hospital, pay special attention to the warning signs "Caution slippery floor".
3. When moving up the stairs, hold on to the handrail.
4. Pedestrians move on sidewalks and designated substitute sidewalks (during construction works in the UCK),
5. Be especially careful in the area of construction works.

RULES OF INTERNAL TRANSPORT IN UCK

MANUAL TRANSPOTATION OF OBJECTS BY ONE EMPLOYEE



UCK Uniwersyteckie Centrum Kliniczne

www.uck.gda.pl

PRINCIPLES OF TRANSPORULES OF INTERNAL TRANSPORT IN THE UCK

Correct position

Incorrect position

It's safer to push than to pull

RULES FOR THE ALLOCATION OF WORK CLOTHES AND FOOTWEAR AND PERSONAL PROTECTIVE EQUIPMENT

In accordance with the Labour Code, in order to allocate work clothing and footwear and personal protective equipment, the employer has introduced the "Regulations for the allocation of work clothing and footwear, personal protective equipment and protective medical devices" in the UCK, which can be found in the following link:

https://jakosc.uck.pl/images/O_UCK/Regulaminy/Regulamin_przydzia%C5%82u_odzie%C5%BCy_i_obuwia_roboczego_2017.PDF

WARNING SIGNS OCCURRING IN THE UCK

Attention: slippery floor	No smoking	No mobile phones	No entry to the construction site
			

TOTAL SMOKING BAN ON HOSPITAL PREMISES

Art. 5 § 1. It is forbidden to smoke tobacco products, including smoking novel tobacco products, and to smoke electronic cigarettes:

1) on the premises of medical facilities of medical entities and in the premises of other facilities where health services are provided;

2) on the premises of organisational units of the education system referred to in the regulations on the education system and organisational units of social assistance referred to in the regulations on social assistance;

3) on the premises of the university

Ustawa z dnia 9 listopada 1995 r. o ochronie zdrowia przed następstwami używania tytoniu i wyrobów tytoniowych (Dz.U.2024.1162 t.j z dnia 2024.08.02)

SMOKING PREVENTION PROGRAM IN UCK

The aim of the program is to make people staying in the UCK aware of the harmfulness of smoking, the consequences of violating the smoking ban and the dangers, including fire risk.

Proceedings against persons who violate the ban:

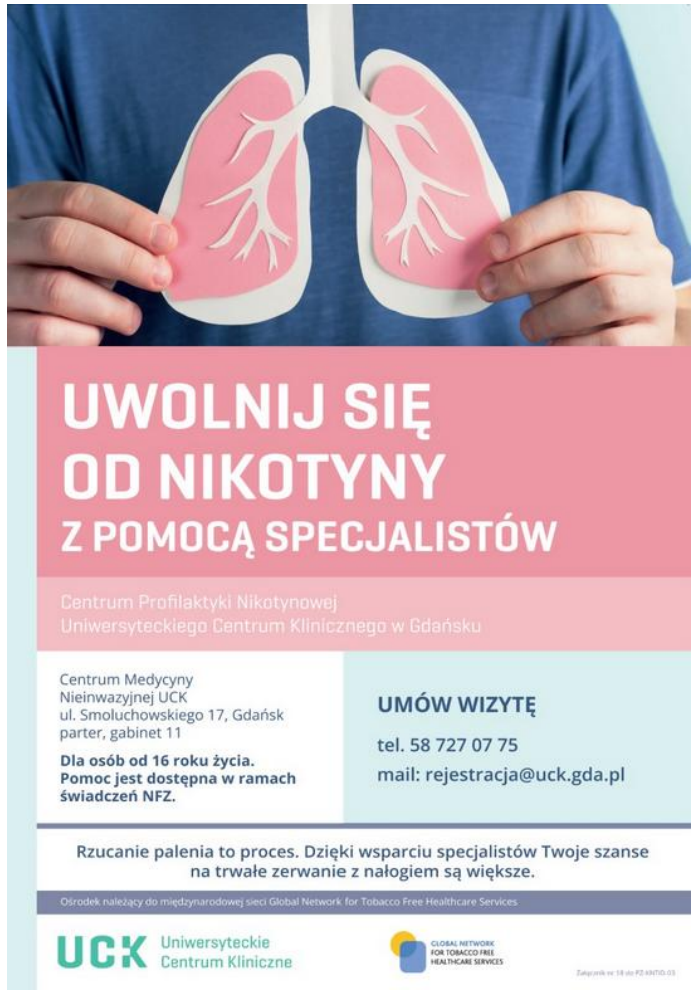
- Informing employees about the possibility of using from consultations at the Nicotine Prevention Centre,
- Application of disciplinary penalties,
- Reporting cigarette smoking violations in the UCK by contractors or subcontractors to their employers.

Educational materials:

1. Where did cigarettes come from?
2. Diseases resulting from smoking.
3. What does cigarette smoke contain?
4. What do you lose by smoking cigarettes?
5. Take your lungs on vacation.
6. The effect of smoking on beauty.
7. Healthy diet.
8. What do you gain by quitting smoking?

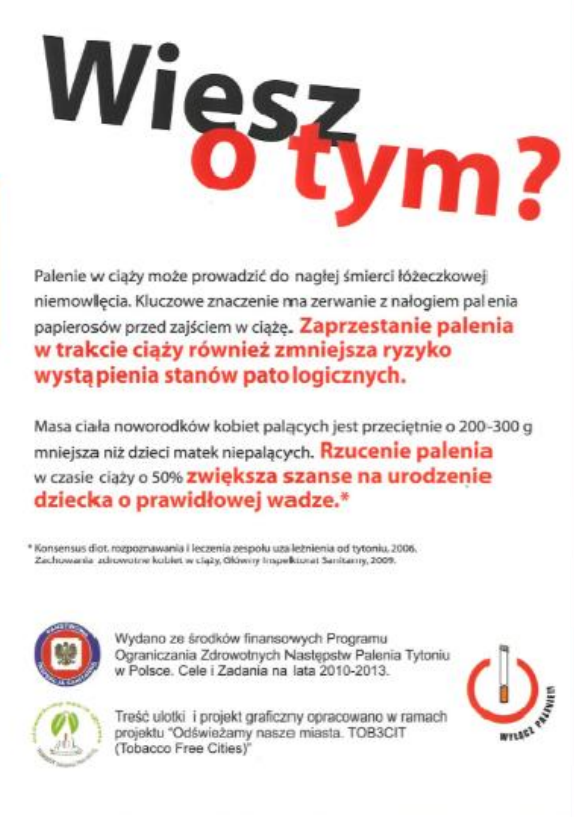
ANTI-SMOKING PREVENTION ORGANIZED BY UCK

- The clinic deals with the treatment of people over 16 years of age who are addicted to nicotine in tobacco products and nicotine. The clinic offers specialist care as part of the Tobacco Disease Prevention Program (including Chronic Obstructive Pulmonary Disease).
- The program is addressed to people addicted to tobacco and nicotine products referred from the basic stage of the program implemented by a primary care physician or from a hospital ward and who apply without a referral.



Link to the consultation:
https://uck.pl/jednostki-szpitala/poradnie-dla-doroslych/poradnia-leczenia-zespolu-uzaleznienia-od-tytoniu.html

SMOKING AND HEALTH



ERGONOMICS OF WORKING AT THE COMPUTER

Ergonomics is intended to ensure appropriate conditions in the workplace that will minimize the risk of accidents at work. In addition, the right workplace makes us more efficient, productive, we have no problems with concentration and our efficiency increases.

EFFECTS OF LACK OF ERGONOMICS WHEN WORKING AT THE COMPUTER

1. Pain in the back, neck and other parts of the spine, pain in the buttocks.
2. Migraine, concentration disorders.
3. Problems with torso twisting or bending, movement limitation.
4. Pain in the back, neck and other parts of the spine, pain in the buttocks.
5. Migraine, concentration disorders.
6. Problems with torso twisting or bending, movement limitation.

HOMO COMPUTERUS

EMPLOYER'S OBLIGATIONS TOWARDS PEOPLE WORKING AT SCREEN MONITORS

For employees who work more than 4 hours a day in front of screen monitors, the employer is obliged to provide:	
1. A break of 5 minutes after each hour of intensive work at the computer, which should be used for other types of work (limiting contact with the screen monitor) 2. A pregnant woman can work at screen monitors for 8 hours in one work shift - but the time spent operating a screen monitor cannot exceed 50 minutes at a time, after which there should be at least a 10-minute break, included in working time.	Subsidy for the purchase of eye-correcting glasses, as recommended by a doctor.

FIRST AID

- UCK employees are subject to mandatory training in first aid.
- Trainings take place once a year and are conducted by specialized staff of the Clinical Emergency Department.
- Details of the procedure are described in the SOP-05 procedure "Treatment in life-threatening situations, m.in. in the case of loss of consciousness, respiratory arrest and circulatory arrest in the UCK area"

IMPORTANT EMERGENCY PHONES IN UCK

TELEFONY ALARMOWE UCK

ZESPÓŁ REANIMACYJNY / RESUSCITATION TEAM

BUDYNEK CMI – (58) 349 **30 01**, 32 96

DĘBINKI (POZA CMI) W TYM BUDYNEK CMN
– (58) 349 **24 68**, 695 802 328

SZPITAL STUDENCKI – (58) 349 **32 95**

KLINICZNY ODDZIAŁ RATUNKOWY / EMERGENCY DEPARTMENT

STARSZY LEKARZ DYŻURNY	LEKARZ DYŻURNY	MŁODSZY LEKARZ DYŻURNY
(58) 349 **38 14**	(58) 349 **37 95**	(58) 349 **38 12**

THANK YOU FOR YOUR ATTENTION AND WE WISH YOU SAFE WORK ON THE UCK

Developed by:
Marcin Krzebietke – Kierownik BHP
Paweł Kulikowski – Główny Specjalista ds. BHP

FIRE PROTECTION TRAINING

Basic principles of fire protection and fire management

LEGAL ACTS REGULATING FIRE PROTECTION. IN THE UCK COMPLEX

- Act of 24 August 1991 on Fire Protection (i.e. Journal of Laws of 2022, item 2057)
- Regulation of the Minister of Infrastructure of 12 April 2002 on the technical conditions to be met by buildings and their location (i.e. Journal of Laws of 2022, item 1225)
- Regulation of the Minister of Internal Affairs and Administration on fire protection of buildings, other structures and areas (Journal of Laws of 2010, item 719, as amended)
- Regulation of the Minister of Internal Affairs and Administration of 24 July 2009 on fire water supply and fire roads (Journal of Laws of 2009, No. 124, item 1030)
- Other legal acts, standards, ordinances, fire safety instructions, etc.

FIRE PROTECTION

Fire protection consists in the implementation of projects aimed at protecting life, health, property or the environment against fire, natural disaster or other local hazard by, among others, preventing the occurrence and spread of fire, natural disaster or other local threat, providing forces and means to fight fire, conducting firefighting activities (to a safe extent), as well as promptly and properly alerting services.

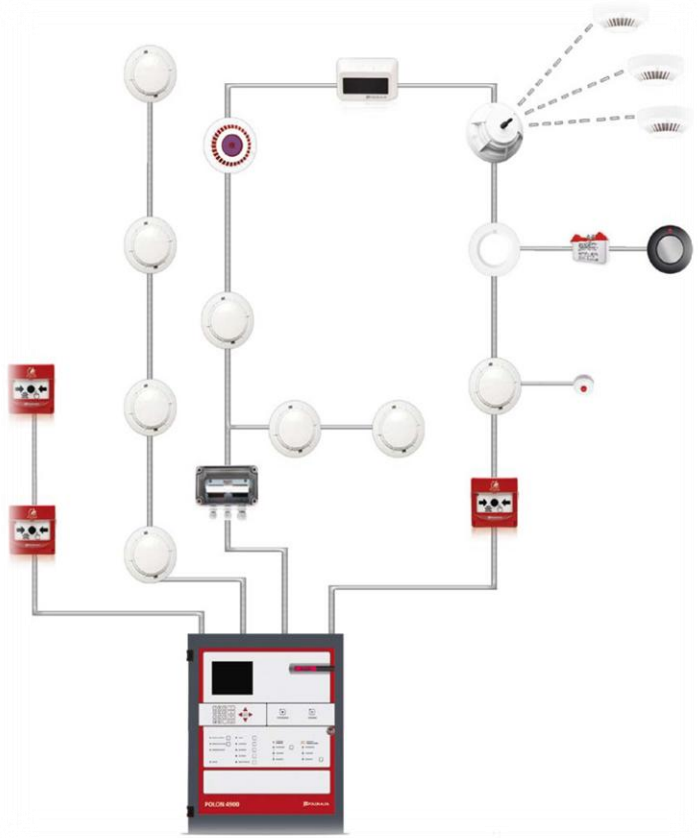
FIRE PROTECTION DEVICES

Fire alarm system

The Manual Fire Alarm (ROP) is designed to manually activate a fire alarm system by a person who has noticed a fire. The warning is activated in two stages and consists of hitting the safety glass and pressing a button.

A fire detector is a component of a fire alarm system that contains at least one sensor that continuously or periodically checks whether a given physical or chemical phenomenon accompanying a fire has occurred, in which case it generates an alarm signal

The raised trigger indicators are used primarily for optical signaling of alarms from detectors of fire alarm systems installed in hard-to-reach places. They are used to quickly identify and locate the location of the threat.



FIRE FIGHTING EQUIPMENT

Audible warning system

The building safety system is designed to broadcast warning signals and voice messages, which are transmitted automatically after receiving a signal from the fire alarm system, as well as at the operator's request.

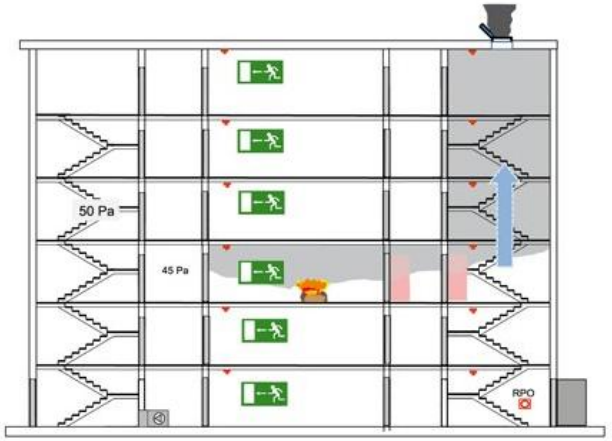
Example voice prompts:

- Attention, attention! A threat has been detected in the building. Please leave the building immediately and calmly through the nearest emergency exit. Please do not use the elevators!
- Attention, attention! There was a fire hazard in the building. Please go to the nearest emergency exit!
- Attention, attention! Stop working! I manage a comprehensive evacuation of the building! Proceed with the evacuation!
- I ask everyone for attention! A fire was detected in the building. Please stop and wait for the next message.
- I ask everyone for attention! An audible hazard warning system will be tested. Please do not respond to instructions and continue with all previous activities.

URZĄDZENIA PRZECIWPOŻAROWE

Smoke prevention or smoke extraction devices

The smoke extraction system is activated manually or automatically. When the smoke extraction system is activated, the alarm signal is transmitted to the control panel. The task of the control panel is to manage fire dampers during a fire. This means that the control panel opens the flaps and activates the aeration elements.



Installation of emergency escape lighting

The purpose of installing emergency lighting is to ensure the safety of all people staying in a building where the lighting stops working due to a lack of power, causing darkness - it is not intended to illuminate rooms in order to continue work or activities, but to enable safe evacuation.

FIRE PROTECTION DEVICES

Fire Hydrant Water Supply System for Indoor Hydrants

An indoor hydrant is a device that allows water to be directly drawn from the main pipes of the water supply network in order to nip fires in the bud. The hydrant is equipped with a valve and a connector for the hose.

Handheld firefighting equipment

A fire extinguisher is a portable extinguishing device, with a total weight not exceeding 20 kg, which, after starting, independently ejects the extinguishing agent as a result of the pressure of the gas contained in the fire extinguisher tank or stored in a separate tank.

OWNER'S OBLIGATION IN THE FIELD OF FIRE PROTECTION

- The owner or manager of a building or area is obliged to protect it against fire hazard or other local hazard, as well as to comply with fire regulations, being liable for their violation.
- Responsibility for the performance of fire protection obligations applied to the duties and tasks entrusted to the building or area is assumed in whole or in part by their manager or user on the basis of a concluded civil law agreement establishing management or use. In the event that such an agreement has not been concluded, the responsibility for the performance of fire protection obligations lies with the person actually in possession of the building or area.

YOUR RESPONSIBILITIES

- read the manual and participate in fire training;
- carry out the orders of superiors and fire services. in terms of compliance with the requirements of fire regulations;
- maintain order at the workplace;
- know the fire hazards at your workplace and counteract their causes;
- have the skills to use hand-held fire-fighting equipment and fire-fighting and rescue devices equipped in the facility;
- know the basic rules and directions of evacuation;
- know the rules of conduct indicated in the instructions in the event of a fire;
- take part in a rescue and firefighting operation until the arrival of the Fire Brigade, if it is safe;
- comply with smoking bans;
- warn people staying on the premises of the facility, if they violate fire rules, to comply with fire regulations;
- comply with the applicable fire protection regulations. and health and safety with care for fire safety in the position occupied.

YOUR RESPONSIBILITIES

A user using a building or area during work is obliged to protect the workplace from fire hazards, as well as to comply with fire regulations, being liable for their violation.

Employees who do not comply with fire regulations are subject to criminal sanctions under Articles 163 - 164 of the Criminal Code and Articles 82 - 83 of the Code of Misdemeanours.

Important

- Operations in smoky rooms may only be performed by persons trained and equipped with appropriate personal protective equipment, m.in. respiratory protection apparatus with a reserve of air allowing movement in the smoke zone.
- Therefore, all evacuation and rescue and firefighting activities that are burdened with a direct risk of loss of health or life should be carried out only by professional services established for this purpose - e.g. the State Fire Service.

WHAT IS FIRE?

Fire is an uncontrolled combustion process, occurring in a place not intended for this purpose, spreading in an uncontrolled manner, causing a threat to the health and life of people and animals, as well as material losses.

CONDITIONS FOR THE OCCURRENCE OF A FIRE

The simultaneous occurrence of three factors:

- combustible material
- oxygen
- heat sources

forms a triangle of combustion and is the rule for the occurrence of all fires

Taking away one arm of the triangle causes extinguishing!

GROUPS OF FIRES

A

Ciała stałe pochodzenia organicznego, przy spalaniu których występuje zjawisko żarzenia (drewno, papier, węgiel, tworzywa sztuczne, itp.)

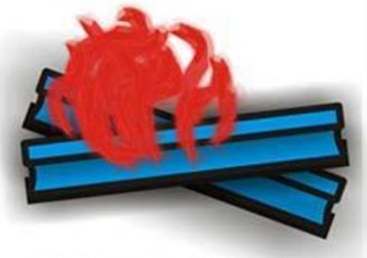
B

Ciecze palne i substancje stałe topiące się wskutek wytworzonego przy pożarze ciepła (benzyna, nafta, parafina, pak, naftalen, itp.)

C

Gazy (metan, aceton. propan, butan, itd.)

D



Metale (magnez, sód, uran, itd.)

F

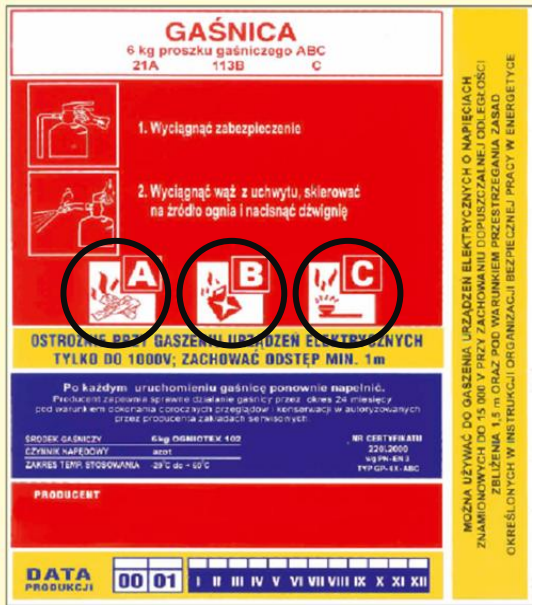
Oleje i tłuszcze pochodzenia roślinnego i zwierzęcego w urządzeniach kuchennych) można gasić pianą, proszkiem i dwutlenkiem węgla

HANDHELD FIREFIGHTING EQUIPMENT

The effect of an extinguishing action, as well as the safety of its conduct, depends on many factors, including the choice of the right extinguishing agent. Making the right choice depends on recognizing the type of fire and a minimum of knowledge about extinguishing agents and their operation.

Oznakowanie gaśnic

Każda gaśnica posiada naklejoną etykietę zawierającą piktogramy objaśniające zakres i sposób stosowania gaśnicy



CONSTRUCTION OF THE FIRE EXTINGUISHER

RULES FOR THE USE OF FIRE EXTINGUISHERS

Extinguish the fire from the windward side (with the wind)

Extinguish burning surfaces starting from the shore!

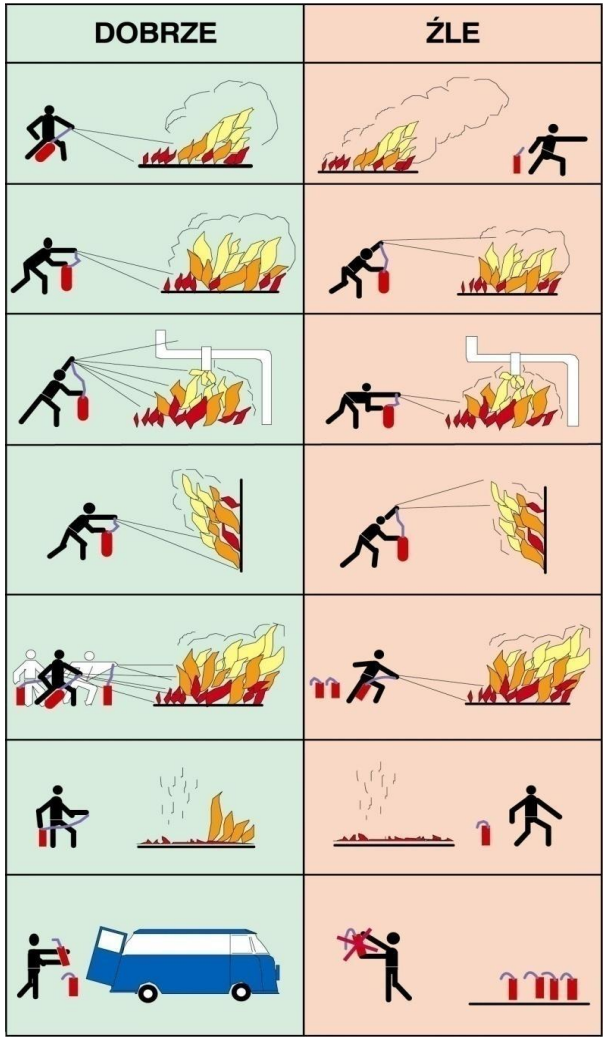
Fires of dripping and flowing substances should be extinguished with a stream directed from top to bottom!

Extinguish wall fires with a directed stream from bottom to top!

Use a sufficient number of fire extinguishers - never one after the other.

Pay attention to the possibility of re- lighting a fire.

Never hang fire extinguishers permanently after use. Have refilling first



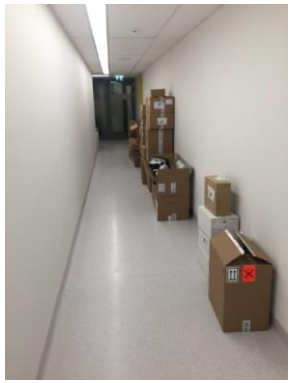
MAIN CAUSES OF FIRES:

- smoking (in places where there is a ban), throwing cigarette butts, burning matches into the trash can or throwing them near combustible materials, as well as into technological manholes;
- improper use of open flame – matches, candles, etc.;
- improper execution, improper operation and maintenance of electrical equipment and installations;
- use of makeshift electrical installations;
- using non-certified heating devices or placing heating devices on a combustible surface/in the vicinity of combustible materials;
- lack of proper supervision and carelessness when performing fire-hazardous work (e.g. welding, metal cutting).

PROHIBITED ACTIVITIES

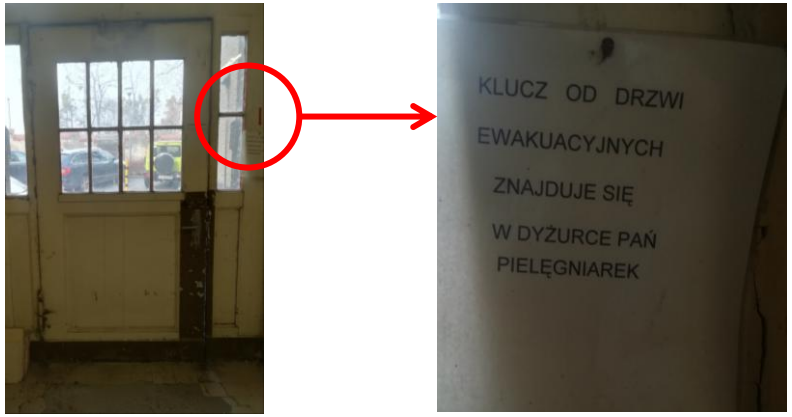
- Use of installations, equipment and tools that are technically defective or in a manner inconsistent with the intended purpose or conditions specified by the manufacturer, or failure to subject them to periodic inspections

- storing combustible materials on general transport roads for evacuation or placing objects on these roads in a way that reduces their width or height below the required values
- storage of combustible materials in technical rooms, in unusable attics and attics, and on public transport routes in basements



PROHIBITED ACTIVITIES

- closing the escape door in such a way that it cannot be used immediately in the event of fire or other emergency causing the need for evacuation.



- closing the escape door in such a way that it cannot be used immediately in the event of fire or other emergency causing the need for evacuation.

- leaving caps covering the fire detector after renovation and fogging of rooms.

PROHIBITED ACTIVITIES

- blocking fire doors and gates in such a way that they cannot close automatically in the event of a fire




- preventing or restricting access to fire extinguishers and fire protection devices


PROHIBITED ACTIVITIES

- the use of open flames, smoking and the use of other factors that may initiate the ignition of materials

!Attention!

There is a categorical ban on smoking in the UCK!!

RULES OF CONDUCT DURING A FIRE

If you notice a fire, proceed as follows:

1. Evaluate the phase of fire development:

1.1. Small fire (in the bud), action:

Attempt to extinguish with hand-held fire extinguishing equipment: fire extinguisher, internal hydrant.

RULES OF CONDUCT DURING A FIRE

1.2. Developed fire, fire and smoke fill the rooms, action:

a) activate the nearest ROP button,

b) notify the fire brigade by phone – tel. 112,

c) notify the immediate environment, e.g. a hospital ward, about the threat (voice alarm),

d) notify the secretariat of the Hospital Director about the situation (administrative working hours 7.00-15.00), in the remaining time, night, holiday, etc. the senior duty doctor of the KOR.

e) attempt to evacuate the sick.

2. The above activities should be divided among all personnel.

RULES OF CONDUCT DURING EVACUATION

After deciding to evacuate people and property, you should:

1. Immediately notify all employees and people staying in the building about the occurrence and nature of the threat and the need to evacuate.
2. The building security service actively participates in notifications.
3. In the event of a fire hazard, the fire alarm system using ROP or the staircase smoke extraction system using the smoke extraction button should be activated (if the fire is noticed before these systems work automatically – after smoke is detected using smoke detectors).
4. Evacuation sequence:
   a) First of all, people in the zone directly threatened by fire should be evacuated first.
   b) People should be evacuated in the following order: newborns, children, immobilized patients, patients after surgery, other patients, or medical documentation and equipment or materials of special value.
5. Forces to carry out the evacuation: employees of clinics/hospital wards, auxiliary service personnel present on the hospital premises, hospital administration personnel, technical service personnel.

RULES OF CONDUCT DURING EVACUATION

When moving on escape routes, the following rules should be followed:

1. People on the escape route move at a fast pace, but without running and overtaking people in front of them,
2. It is not allowed to stop and move in the opposite direction of evacuation (unless the escape route is cut off by a fire - then you should head in the opposite direction or to the second emergency exit or, if this is not possible, you should go to the farthest room, if possible plug the holes in the door with damp rags or clothes and let the rescuers know about you through the window),
3. The speed of movement should be adjusted to the people in front of us,
4. Do not push people inside the door or escape passage,
5. In smoky rooms, we move in an inclined position, as low as possible to the floor, where there is the lowest concentration of smoke,
6. If possible, cover the mouth and nose with a handkerchief soaked in water or part of clothing,
7. Move along the walls, paying attention to the signs for the direction of evacuation,
8. Physical coercion should be used against people who are panicking,
9. Peace and quiet should be maintained so that the commands of the evacuation leader can be heard.

SAFETY SIGNS USED

Emergency exit
It indicates the direction of evacuation, including the escape exit, which is a door from the room to the escape route or a door used on the escape

Downward direction of the escape route
Indicates the direction of evacuation with a level change to a lower level.

Direction of the escape route up
Indicates the direction of evacuation with a change of level to a higher level or the direction of evacuation at the same level diagonally in an open space.

Direction of the escape route upwards / straight ahead / through the door
Indicates the direction of evacuation with a level change to a higher level or the direction of evacuation at the same level straight ahead, or when a sign placed above the door informs about the direction of evacuation straight to the door and the need to cross it.

Downward direction of the escape route
Indicates the direction of evacuation with a level change to a lower level.

Emergency exit
Indicates the escape door:
from the premises; from the building; to another fire zone; through the vestibule and from the fire vestibule.

Emergency exit
It indicates the direction of evacuation, including the escape exit, which is a door from the room to the escape route or a door used on the escape route.

Emergency exit key
Indicates the location of the key at the lockable escape door.

Evacuation meeting point
It indicates a safe meeting point where people after evacuation should gather.

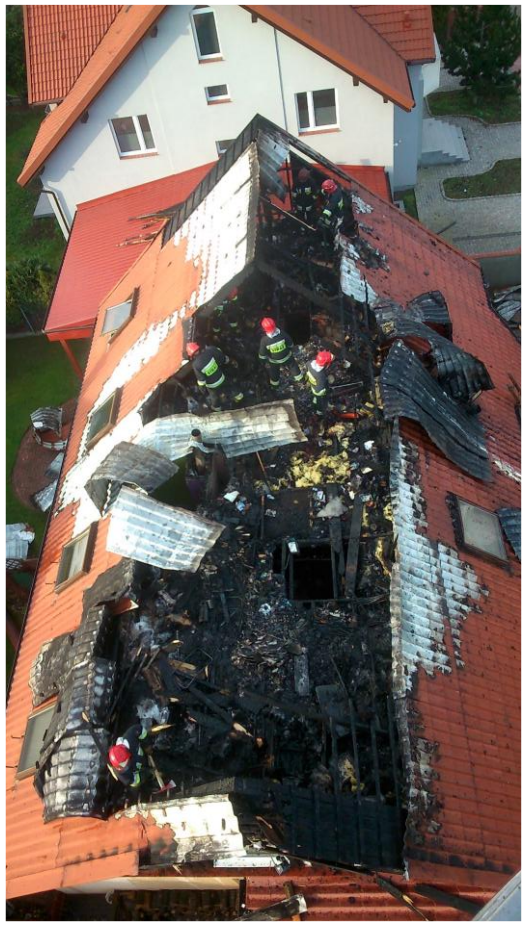
TASKS OF THE HOSPITAL DIRECTOR, SENIOR PHYSICIAN OF THE HOSPITAL - PERSONS RESPONSIBLE FOR CONDUCTING RESCUE AND FIREFIGHTING OPERATIONS

1. It receives a fire notification by determining the exact location of the fire, the size and speed of development, whether there is a threat to people, whether the fire brigade has been alerted (who reports).
2. When the fire brigade has not been notified, the Municipal Command Station of the State Fire Service alerts tel. 998.
3. He goes to the place of the fire. He takes on the function of the rescue operation manager.
4. Depending on the situation, he instructs subordinate employees to alert the ambulance, determining how many ambulances they need to evacuate sick people.
5. He alerts the hospital and maintenance services on duty, recommends, depending on the situation, to cut off the electricity supply to the facility, turn on the evacuation lighting, and cut off the oxygen supply. Some employees are directed to the place of fire, others to be evacuated when the need arises (taking stretchers from the premises of warehouses of field reserves, other hospital departments).
6. He instructs the head of the clinic, the doctor on duty of the clinic, to prepare patients for evacuation. He recommends notifying the doctors of the clinics / departments on duty that are not at risk in order to bring nurses and caregivers to evacuate the sick.
7. It specifies the evacuation routes (which staircase) and the area for evacuees (facilities, wards that are not at risk).
8. Appoints personnel to keep records of evacuated patients.
9. Upon arrival, the commander of the fire brigade unit passes on the management, informing about the situation and the decisions made.
10. He works closely with the commander of the rescue operation (providing information, help in people).
11. He makes a decision to evacuate the most valuable medical equipment.
12. He supervises the evacuation of the sick.
13. He supervises the selection of patients, referring patients to clinics/departments of the hospital that are not at risk, depending on the patient's condition.
14. He appoints people to supervise the burnt site (head of the technical department, workshop employees).

TASKS OF THE CHIEF PHYSICIAN, DOCTOR ON DUTY - PERSONS RESPONSIBLE FOR CONDUCTING RESCUE AND FIREFIGHTING OPERATIONS

1. It determines the location of the fire, its size and development, the threat to people and neighboring rooms.
2. It informs staff and patients about an accident.
3. Notifies the fire brigade by phone 998, the Hospital Director or the Senior Physician of the Hospital, the hospital duty services.
4. He instructs doctors, nurses and other employees to start a firefighting operation using fire extinguishers and the use of an internal hydrant network, and he himself manages the first phase of the extinguishing action.
5. He informs the Hospital Director or the Senior Doctor of the KOR about the number of rescuers needed to evacuate the sick, about the number of stretchers needed.
6. He knows the current condition of patients and staff.
7. He obeys the instructions of the rescue operation manager, i.e. the Hospital Director or the Senior Physician of the Emergency Medical Corps.
8. In the case of evacuation, it determines which patients should be removed and which should be evacuated with the help of evacuation equipment (stretchers, trolleys, beds), determines the direction of evacuation and the area for evacuees (other hospital departments, facilities, a specific part of the plot),
9. Checks with the Ward Nurse or the Nurse on duty whether all patients have left the rooms, determines which equipment to evacuate and determines the place of evacuation, determines the order of evacuation of patients in the evacuation area (neighboring clinics/wards, buildings that are not at risk,
10. In the event of a fire in the adjacent ward or other premises: appoints staff to care for its own patients, does not allow panic, appoints nurses and support staff to assist in the evacuation operation,
11. In the event of an emergency, it prepares staff and patients to evacuate its own ward.

EFFECTS OF NON-RESPONSE OR DELAYED RESPONSE



Thank you for your attention and I wish you a pleasant and safe work

Developed by:
Fire Protection Specialist