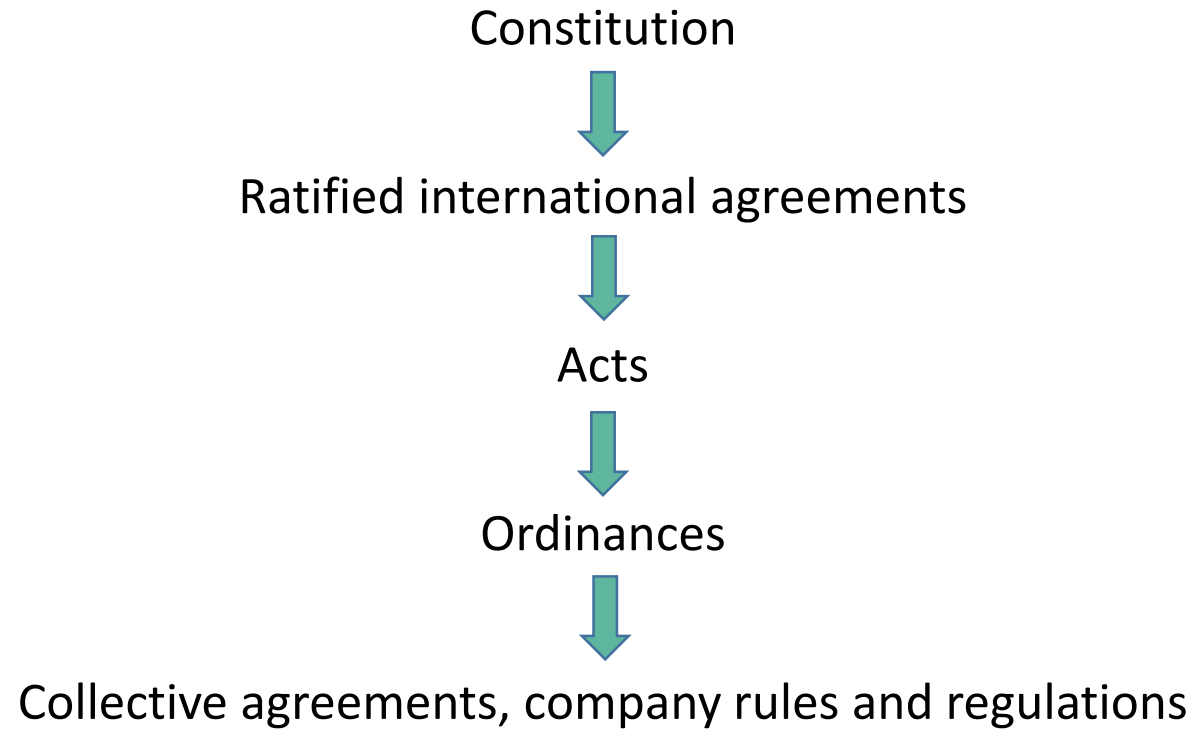




**INTRODUCTORY TRAINING ON HEALTH AND SAFETY
AT WORKFOR HEALTHCARE PROFESSIONALS
IN THE UNIVERSITY CLINICAL CENTRE**

HIERARCHY OF LEGAL ACTS

Each legal act of lower level must comply with legal acts of higher level.



BASIC TERMS OF LABOUR LAW

Act of 26 June 1974 Labour Code
(Journal of Laws of 2020 item 1320)

Article 1. The Labour Code specifies the rights and obligations of employees and employers.

Article 2. Employee is a person employed based on an employment contract, appointment, election, designation or cooperative employment contract.

Article 3. Employer is an organisational unit, even if it has no legal personality, as well as a natural person that employs employees.

BASIC TERMS OF LABOUR LAW

Article 22. § 1. By establishing an employment relationship, the employee undertakes to perform work of a particular type for the benefit of the employer and under their management and at the place and time appointed by the employer, and the employer undertakes to employ the employee for remuneration.

§ 1¹. Employment under the conditions specified in § 1 is based on employment relationship, regardless of the name of the agreement concluded by the parties.

DISCLOSURE OF PERSONAL DATA TO THE EMPLOYER

Article 22¹.§ 1. The Employer requests the job applicant to provide the following personal data:

- 1) first name(s) and surname;
- 2) date of birth;
- 3) contact data indicated by the applicant;
- 4) education;
- 5) professional qualifications;
- 6) employment history.

DISCLOSURE OF PERSONAL DATA TO THE EMPLOYER

Article 22¹ § 3. The Employer requests the employee to provide additional personal data including:

- 1) address of residence;
- 2) PESEL number and, in the absence thereof, the type and number of the document confirming the identity;
- 3) other personal data of the employee, as well as personal data of the employee's children and other members of their immediate family, if the provision of such data is necessary due to the employee's benefiting from special rights provided for in the labour law;
- 4) education and employment history, if there was no legal basis to request them when the employee was applying for the job;
- 5) bank account number, if the employee has not submitted an application for payment of the remuneration in cash.

RIGHTS AND OBLIGATIONS OF THE EMPLOYEE AND EMPLOYER

BASIC RIGHTS

Employee

1. Employment Contract.
2. Remuneration for work.
3. Prohibition of discrimination.
4. Right to rest.
5. The right to safe and hygienic work conditions.

Employer

1. Hiring and dismissing employees.
2. Imposing a warning, reprimand or financial penalty on employees who do not comply with health and safety and fire prevention regulations.
3. Claiming compensation from employees who breached the rules of fair competition.
4. Requesting personal data from job applicants.

RIGHTS AND OBLIGATIONS OF THE EMPLOYEE AND EMPLOYER

BASIC OBLIGATIONS



Employee

1. Observing health and safety regulations.
2. Observing work regulations and established order in the workplace.
3. Observing the agreed working time of the employee and reporting absence.
4. Diligent performance of duties specified in the employment contract.
5. Participation in training and examinations designated by the employer.

Employer

1. Observing health and safety regulations.
2. Directing employees to initial, periodic and follow-up medical examinations.
3. Preventing discrimination and mobbing in the workplace.
4. Providing first aid in the event of an accident.
5. Respecting the dignity of employees and their personal rights.

RIGHTS AND OBLIGATIONS OF EMPLOYEE SUPERVISORS

BASIC RIGHTS AND OBLIGATIONS



Rights

1. Requiring employees to observe health and safety regulations.
2. Directing employees to required medical examinations and health and safety training.

Obligations

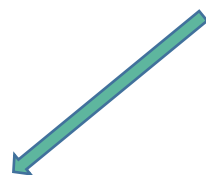
1. Organising workplaces in accordance with applicable labour law provisions.
2. Submitting orders for personal protective equipment for employees exposed to hazardous factors in the work environment.
3. Ensuring proper condition of work rooms and technical equipment for employees.
4. Conducting initial on-the-job training of new employees.

EMPLOYEE'S LIABILITY

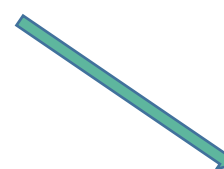
EMPLOYER	MANAGER	EMPLOYEES
Administrative	Administrative	Civil
Criminal	Criminal	Liability in terms of work duties
Civil	Civil	
	Liability in terms of work duties	

HEALTH AND SAFETY TRAINING

Types of health and safety training



Introductory health and safety training is conducted before the employee is allowed to perform work. Its main purpose is to provide the employee with the knowledge and skills necessary to perform work, taking into account the occupational health and safety regulations and provisions, and to familiarise the employee with the hazards present at specific workplaces.



Periodic health and safety training is conducted in order to update and consolidate knowledge and skills in the field of occupational health and safety. The training should be conducted in the form of a course, a seminar or a guided self-learning.

INTRODUCTORY HEALTH AND SAFETY TRAINING

Introductory health and safety training

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graph TD; A[Introductory health and safety training] --> B[General training]; A --> C[On-the-job training];
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General training should be conducted in such a way as to familiarise the employee with the occupational health and safety regulations contained in the Labour Code, the applicable company rules and principles of performing first aid. General health and safety training must be completed by new employees, students, apprentices and students of vocational schools employed with the aim of learning their profession in practice.

On-the-job training takes place at the workplace of the employee. It is intended to familiarise the employee with the hazards present at this workplace, methods of protection against hazards and methods of safe performance of work. It should include four stages:

1. an initial conversation of the instructor with the employee,
2. demonstration and explanation by the instructor of all activities to be performed by the employee at the workplace using safe working methods,
3. the employee's attempts to perform the activities and their correction by the instructor,
4. the employee's independent work under the supervision of the instructor.

PERIODIC HEALTH AND SAFETY TRAINING

Periodic health and safety training for health care workers

Managers of organisational units, persons supervising employees, at least once every 5 years.

Health care workers, administrative and office workers and other persons not listed above whose work is connected with exposure to factors harmful to health, hardship factors or hazardous factors, or with liability in the field of health and safety - at least once every 5 years.

WOMEN'S WORK PROTECTION

Articles ensuring protection of health of pregnant women

Prohibition of employing pregnant women with working hours exceeding 8 hours a day, in overtime and at night (Article 178 of the Labour Code)

Prohibition of delegating pregnant women, without their consent, outside of the permanent place of work (Article 178 of the Labour Code)

The obligation to transfer a pregnant woman to other work if, due to pregnancy, she should not perform the previous work (Article 179 of the Labour Code)

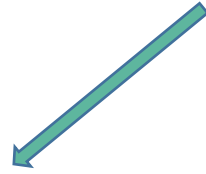
Right to maternity leave (Article 180 of the Labour Code)

Right to breaks for breastfeeding (Article 187 of the Labour Code)

WOMEN'S WORK PROTECTION

Works which must not be performed by pregnant women

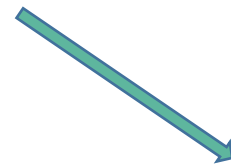
Works in cold, hot, variable microclimate



Works where there is noise and mechanical vibrations



Works related to physical effort and transporting of loads and forced body position



Exposure to electromagnetic fields, ionizing radiation and ultraviolet radiation



Exposure to carcinogens and probable carcinogens



OCCUPATIONAL HEALTH DOCTOR

Occupational health service shall be set up to protect the health of employees exposed to adverse conditions of the working environment, to conduct preventive health care for employees, including controlling the way their work is performed and their health status.

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

The above legal provision distinguishes the following **types of preventive medical examinations**:

1. Initial,
2. Periodic,
3. Check-up.

TYPES OF PREVENTIVE EXAMINATIONS

Initial – obligatory for new workers, underage employees transferred to other workplaces and other employees transferred to workplaces where harmful factors or hardship factors occur.

Periodic – obligatory for all employees before the validity period of the previous examination expires.

Check-up - obligatory for employees who are on a sick leave lasting for more than 30 days without breaks, caused by disease, in order to determine the ability to perform work at the current workplace.

PREVENTIVE EXAMINATIONS – PURPOSE

Preventive examinations are carried out on the basis of a referral issued by the employer.

Purpose of each type of examination:

- a) **Initial medical examinations** are aimed at assessing the suitability of the candidate for work at a particular workplace.
- b) **Periodic medical examinations** are aimed at prevention and constitute an essential element of the detection of occupational diseases.
- c) **Medical check-ups** are aimed at determining the ability to perform work at the current workplace.

OCCUPATIONAL DISEASES

Article 235¹ of the Labour Code – an occupational disease shall mean a disease listed among occupational diseases if, as a result of an assessment of working conditions, it can be indisputably determined that it was caused by factors harmful to health occurring in the working environment or in relation with the way the work is performed, hereinafter referred to as “occupational exposure”.

The list of occupational diseases is included in the ordinance of the Council of Ministers of 30 June 2009 on occupational diseases (Journal of Laws of 2013, item 1367)

OCCUPATIONAL DISEASES - PROCEDURE

Notification of a suspicion of an occupational disease in an employee

is made by:

1. The employer of the employee in whom an occupational disease is suspected,
2. A doctor who, in the course of exercising their profession, determines the suspicion of an occupational disease in the employee.

The above notification may also be made by:

1. The employee who suspects that their symptoms may indicate such a disease. Current employees reports their suspicion to the doctor in charge of preventive health care,
2. A dental practitioner who, in the course of exercising their profession, suspects such a disease in the patient. They shall refer the patient to an examination which shall determine if an occupational disease is present or not.

OCCUPATIONAL DISEASES - PROCEDURE

A suspicion of an occupational disease shall be reported using an appropriate form to the competent national health inspector or to the competent labour inspector, the property of which shall be determined according to the place where the work is or was been carried out by the worker, or at the employer's local registered office if the occupational exposure documentation is collected at that office.

In the case of an occupational disease with acute course or suspicion that the occupational disease was the cause of death of the employee, the notification is additionally made in the form of a telephone call.

ACCIDENTS AT WORK

What is an accident at work?

An accident at work is a sudden event caused by an external factor causing injury or death that occurred in connection with work:

- a) during or in connection with the employee's performance of ordinary activities or superiors' orders;
- b) during or in connection with the employee's performance of activities for the benefit of the employer, even without orders;
- 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 contract.

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

ACCIDENTS AT WORK - DIVISION

Division of accidents at work



Fatal accident

A fatal accident at work is an accident resulting in the injured party's death within a period not exceeding 6 months from the accident.

Serious accident

A serious accident at work is an accident resulting in severe body injury, such as loss of sight, hearing, speech, reproductive capacity or other body injury.

Collective accident

A collective accident at work is an accident in which at least two persons were involved.

ACCIDENTS AT WORK - OBLIGATIONS



Obligations of the employer:

- a) providing trained persons to provide first aid to employees of the company,
- b) providing first aid kits and a person responsible for the first aid kit at each location of the company,
- c) notifying the Chief Labour Inspectorate and the Police in the event of a serious, collective or fatal accident,
- d) appointing a post-accident team that will draw up an accident report.

Obligations of a health and safety specialist:

- a) gathering explanations from the injured and the witness to determine the course of events,
- b) collecting documents confirming the first aid performed on the day of the accident,
- c) drawing up an accident report (together with a representative of employees or the Company's Social Labour Inspector),
- d) sending the prepared documentation to the Social Insurance Institution (ZUS) and referring the injured to the ZUS assessment committee in order to obtain compensation for the accident at work.

ACCIDENTS AT WORK - CAUSES

CAUSES OF ACCIDENTS AT WORK			
Incorrect behaviour of an employee caused by, among others:	Not using protective equipment	Inappropriate work organisation	Inappropriate workplace organisation:
<ul style="list-style-type: none"> a) Not knowing or neglecting hazards, b) Not knowing the rules of safety at work, c) Disregarding superiors' orders. 	<p>Not using personal protective equipment, collective protection equipment or protective devices.</p>	<ul style="list-style-type: none"> a) Inappropriate division of work or planning of tasks, b) Inappropriate instructions of superiors, lack of supervision, improper coordination of collective works, c) Allowing an employee with medical contraindications or without valid medical examinations or without health and safety training to work. 	<ul style="list-style-type: none"> a) Inappropriate location of equipment at the workplace, b) Inappropriate passages or access routes, c) Improper placement and storage of work objects, d) Lack or improper choice of personal protective equipment.

ACCIDENTS AT WORK - CAUSES

CAUSES OF ACCIDENTS AT WORK			
Inappropriate psychophysical state of the employee	Inappropriate state of the material factor	Inappropriate operation of the material factor	Material defects of the material factor.
<ul style="list-style-type: none">a) Sudden illness,b) Physical indisposition,c) Chronic or acute illness.	<ul style="list-style-type: none">a) Structural defects of machinery and technical equipment and tools,b) Inappropriate stability and strength of the material factor,c) Lack of or inadequate safety devices.	<ul style="list-style-type: none">a) Excessive use of the material factor,b) Insufficient maintenance,c) Inappropriate repairs and renovations of equipment.	A hidden defect of the material factor caused by structural defects.

UCK PROCEDURE FOR REPORTING ACCIDENTS AT WORK

Reporting the accident to the immediate supervisor



Reporting the accident to the health and safety specialist on the day of the accident



Obtaining a first aid performance card from KOR on the day of the accident



Reporting the accident at work on a UCK form (safety procedure PH - 04)



Naming the witnesses of the accident to the health and safety specialist

ACCIDENTS AT WORK - BENEFITS

ZUS BENEFITS DUE TO ACCIDENT AT WORK

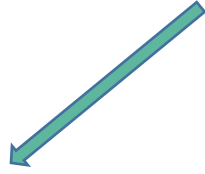
Sick leave paid 100% on the basis of a doctor's certificate	One-time compensation for accident at work is calculated as a percentage by a certifying doctor of ZUS	100% paid sick leave in the case of subsequent doctor's certificates as a result of deterioration of the employee's health. (based on the declaration of the treating doctor that the sick leave is a continuation of the accident at work of ... on the basis of the accident report no. ...)
Rehabilitation benefits	Benefit due to inability to work	Compensatory benefit

ACCIDENTS ON THE WAY TO WORK AND FROM WORK

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

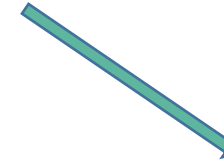
An accident on the way to work or from work is as a sudden event caused by an external factor which occurred on the way to or from the place of performance of work or other activity constituting the basis for disability insurance if the way was the shortest one and was not interrupted.

ACCIDENTS ON THE WAY TO WORK AND FROM WORK - OBLIGATIONS



Employee's obligation:

- a) Notifying the immediate superior about the accident on the way to or from work,
- b) Notifying the health and safety specialist about the accident,
- c) Visiting a nearest medical facility on the day of the accident in order to confirm the injury and receive the first aid performance card.



Obligations of a health and safety specialist:

- a) Gathering explanations from the injured and the witness (company employee) in order to determine the course of events,
- b) Collecting documents confirming performance of first aid on the day of the accident,
- c) Filling out the accident card,
- d) Sending the prepared documentation to ZUS

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

Reporting the accident to the immediate supervisor



Reporting the accident to the health and safety specialist on the day of the accident



Obtaining the first aid performance card from the nearest medical facility on the day of the accident



Reporting the accident on the way to or from work on an UCK form (safety procedure PH - 04)



Naming the witnesses of the accident to the health and safety specialist

ACCIDENTS ON THE WAY TO OR FROM WORK - BENEFITS

ZUS BENEFITS DUE TO ACCIDENTS ON THE WAY TO OR FROM WORK

Sick leave paid 100% on the basis of a doctor's certificate.

100% paid sick leave in the case of subsequent doctor's certificates as a result of deterioration of the employee's health.

(based on the declaration of the treating doctor that the sick leave is a continuation of the accident at work of ... on the basis of the accident report no. ...)

CYTOSTATICS - DEFINITION

Cytostatics are drugs used primarily in cancer therapy, in transplantology to induce immunosuppression, but also in the treatment of certain dermatological and rheumatological diseases with autoimmunological background and acute course.

The main routes of exposure are the respiratory system and the skin (the majority of cytostatics are absorbed by even intact skin and penetrate to the lipids of the subcutaneous tissue and to the bloodstream).

The rules of work with cytostatics are defined in the Regulation of the Minister of Health and Social Welfare of 19 June 1996 on health and safety at work in the preparation, administration and storage of cytostatic drugs in healthcare facilities, as amended.

CYTOSTATICS - INFLUENCE ON THE BODY

Cytostatics have influence on all living cells (cancerous and healthy) - in proportion to the rate of growth and cell division.

In a healthy human body the cells of the haematopoietic system and the gastrointestinal tract epithelium divide fastest.

The cells of the following organs are most vulnerable to damage:

- a) bone marrow,
- b) mucous membranes of the intestines, skin, mouth,
- c) hair and nails.

Prophylactic examination of persons exposed to cytostatic agents at work shall include a general medical examination with special attention paid to the liver and skin and laboratory tests such as blood smear, liver function tests and a general urine test.

Periodic examinations are recommended at least once every 4 years.

CYTOSTATICS – EFFECTS OF EXPOSURE

Effects of occupational exposure to cytostatics on health:

1. Toxic effects (liver damage, increased incidence of blood diseases and inflammation of liver, kidneys, respiratory system, skin, as well as ulcers of nasal mucosa and hair loss);
2. Impact on the reproductive system (increased frequency of spontaneous miscarriages and congenital defects, menstruation disorders, increased risk of infertility and stillbirths);
3. Allergy-provoking effect (contact rash, contact dermatitis. Occasionally sensitization of the the respiratory system and bronchial asthma or allergic rhinitis might occur occur);
4. Carcinogenic effects (single cases of acute myeloblastic leukemia, chronic myeloblastic leukemia and Hodgkin's lymphoma in medical personnel).

CYTOSTATICS – HAZARDOUS ACTIVITIES

Activities burdened with particularly high risk include:

- a) handling contaminated vials,
- b) reconstituting powdered or freeze-dried drug,
- c) its dilution,
- d) removal of air from a syringe,
- e) portioning the drug into capsules,
- f) transferring tablets from multi-dosage packages to unit packages,
- g) working with devices for preparing individual doses for the patient,
- h) crushing tablets,
- i) contact with contaminated surfaces, cleaning and decontamination.

Waste after working with cytostatics are stored in **YELLOW** bags and containers.



CYTOSTATICS – RULES OF SAFETY AT WORK

Principles of safety at work:

- a) eating and smoking in rooms where cytostatics are stored, prepared or administered is forbidden,
- b) while performing activities involving dissolution and administration of cytostatics, it is necessary to observe the recommendations of the manufacturer of the drug, in particular those concerning the use of personal protective equipment such as gloves, scrubs, goggles, bonnets and masks,
- c) medical equipment used for the administration of cytostatics, in particular syringes, transfusion sets, infusion pumps, should be tight to ensure that the drug does not pass outside,
- d) syringes, drains, tanks and other medical equipment used in the care of patients treated with cytostatics, if it is not possible to decontaminate them, should be single-use,
- e) bedding and underwear of patients treated with cytostatics should be changed daily,
- f) protective clothing for employees who prepare and administer cytostatics should be single-use.

CYTOSTATICS – EXCLUSIONS

The following persons should not perform work with cytostatics:

- a) pregnant and breastfeeding women;
- b) women at reproductive age, after miscarriage, planning pregnancy, after ectopic pregnancy;
- c) persons exposed to ionising radiation at work;
- d) persons removed from work involving exposure to ionising radiation, due to changes in the hematopoietic system;
- e) persons with haematological disorders, i.e. leukopenia, thrombocytopenia, proliferative diseases of the hematopoietic system;
- f) persons with liver and kidney diseases affecting the functioning of these organs.

HYGIENIC HANDS WASHING AND DISINFECTION

1. Hygienic hand washing

- a) Moist the hands with water and form the shape of a cup with them
- b) Apply a dose of soap and wash according to the scheme
- c) Rinse and dry with disposable towel

2. Hygienic hand disinfection

- a) Apply a dose (3ml) of disinfectant on clean, **DRY** hands
- b) Wipe until completely dry!!!

CORRECT TECHNIQUE OF HYGIENIC HAND WASHING



1

Moist your hands



2

Apply soap



3

Rub your hands against each other



4

Rub the outer part of your hand



5

Rub your left thumb with your right hand and vice versa



6

Bring your hands together locking them with the fingers and rub them



7

Interlock your fingers and rub your hands against each other



8

Rub the inside of the left hand with joined fingers of the right hand and vice versa



9

Rinse your hands



10

Dry your hands thoroughly, preferably using a paper towel

CORRECT TECHNIQUE OF HYGIENIC HAND DISINFECTION

1.



Apply an appropriate amount of gel to the cups of your hands.

2.



Rub the inner sides of your hands.

3.



Rub the outer part of one hand and spaces between fingers with the inner part of the other hand. Change your hands.

4.



Interlock your fingers and rub the inner parts of the hands.

5.



Rub the inner part of one hand with the outer part of joined fingers of the other hand.

6.



Rub the thumb against the hand placed around it with a circular motion. Change your hands.

7.



Rub the inner part of one hand with joined fingers of the other hand. Change your hands.

8.



Your hands are disinfected.

OCCUPATIONAL RISK ASSESSMENT

Occupational risk is the probability of occurrence of adverse events related to the performed work which cause damage, in particular adverse effects on the health of the employees as a result of occupational hazards occurring in the work environment or connected with the manner of performing work.

Why do we need to assess occupational risk?

1. In order to adapt working conditions and processes to the employee's capabilities.
2. In order to properly design and organise workplaces.
3. In order to apply the necessary preventive measures to reduce the employee's risk during the performance of work.
4. In order to inform employees about the possibility of hazard while performing specific works.

OCCUPATIONAL RISK ASSESSMENT - DOCUMENTATION

The occupational risk documentation includes:

1. Description of the workplace.
2. Possible consequences of an accident.
3. Description of preventive measures before accidents occur.
4. Risk assessment for a given position.

The occupational risk documentation should be known to:




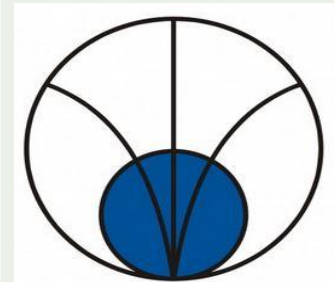


1. The employer, in order to approve the occupational risk assessment in the workplace.
2. The employee, in order to observe the rules and methods of limiting the occurrence of accidents while performing work for the employer.
3. The contractor, in order to observe the rules and methods of limiting the occurrence of accidents at a given ordering party.

OCCUPATIONAL RISK ASSESSMENT AT UCK

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

1. Enter the website: <https://jakosc.uck.pl/index.php/komorki-uck>
2. Find the appropriate organisational unit, click on “Risk Assessment”.
3. Select the appropriate job position, click on the red icon with the file.

HAZARDS PRESENT ON THE PREMISES OF THE UNIVERSITY CLINICAL CENTRE

Hazardous injury factors	Biological factor	Chemical factor	Physical factor:		
			Electromagnetic radiation	Ionising radiation	Laser radiation
					

OCCUPATIONAL RISK – HAZARDOUS INJURY FACTORS



No	Hazards	Consequences	Preventive measures
1	Single- and multiple-use medical equipment (e.g.: needles, scalpels, catheters, scissors, pipette tips, slides) which may pose a risk to employees and cause injury is used in the Hospital. It is possible to come into contact with the equipment unintentionally in the event of failure to comply with the waste segregation rules by medical personnel or abandoning of such equipment by patients.	<ul style="list-style-type: none"> - cut wounds - pricks - cuts 	<ol style="list-style-type: none"> 1. Do not remove medical equipment and tools left by staff or patients on your own; report this fact to medical staff, 2. Be particularly careful when using sharp tools.
2	When moving around the Hospital, the following may occur: <ol style="list-style-type: none"> 1. hitting against movable or immovable objects (e.g. equipment in the rooms, furniture, medical devices, bed, wheelchairs with patients in rooms, corridors, passageways, etc.), 2. falling on the floor due to tripping, slipping on uneven, wet, slippery surfaces, 3. falling down the stairs. 	<ul style="list-style-type: none"> - contusions - lumps - bruises - breaking of extremities - spine damage - concussion 	<ol style="list-style-type: none"> 1. Keep your workplace clean and tidy. 2. Keep on the right side while moving on passageways. 3. Pay attention to patients transported on wheelchairs and beds on passageways. 4. Be careful while moving on the stairs: do not talk on the phone, hold the handrail. 5. Observe the instructions in the lifts (including the permissible load and the division between lifts for transporting persons and medical waste). 6. Observe the prohibition of obstructing evacuation routes and access points to fire equipment.

PROFESSIONAL RISK – BIOLOGICAL FACTORS







Hazards	Consequences	Preventive measures
<p>There are harmful biological factors in the Hospital which may have a negative impact on the human body and cause many diseases (e.g. hepatitis B and C, tuberculosis, HIV). The primary source of risk are patients and their biological material. Situations where contact with a biological factor may occur:</p> <ol style="list-style-type: none">1. Single- or multi-use equipment (needles, scalpels, suture needles, etc.) unsecured by medical personnel,2. Improper segregation of used disposable equipment,3. Improper decontamination of places contaminated with a biological factor,4. Works performed on an active sewage system (sanitary units, drains, etc.),5. Airborne and droplet biological factors transferred by contact with patients, visitors and hospital staff,6. Biological factors which are present on surfaces, equipment, working surfaces, medical devices.	<ul style="list-style-type: none">- infectious diseases,- allergies,- sensitivity,- infections,- cancer,- death	<ol style="list-style-type: none">1. Before commencing work, cuts, injuries, abrasions shall be protected by a waterproof dressing.2. Cover cut and scratches on uncovered parts of hands with long sleeves.3. In the case of a prick or cut with equipment or medical devices which may be contaminated with blood or other biological material, follow the PE-02 procedure.4. Use appropriate personal protective equipment (e.g. masks, safety goggles, face shields, gloves).5. Follow the basic principles of hygiene and safety at work, in accordance with the PE-03 procedure “Hand hygiene”. Wash your hands before eating and after leaving the Hospital.

PROFESSIONAL RISK – CHEMICAL FACTOR






Hazards	Consequences	Preventive measures
<p>The following hazardous chemical substances and mixtures are used at the Hospital:</p> <ul style="list-style-type: none">- harmful and irritating,- caustic,- flammable, extremely flammable, oxidising, explosive,- toxic,- carcinogen.	<ul style="list-style-type: none">- poisoning,- irritation,- diseases of upper airways,- allergies,- eye and skin damage- burns	<ol style="list-style-type: none">1. Obtain information from personnel about the chemicals used and the risks associated with them.2. Read the properties of chemical substances and mixtures with which you will have contact.3. Follow the principles set out in safety data sheets and health and safety manuals, use personal protective equipment.4. In emergency situations (e.g. damaged packaging, spillage of the chemical) inform the hospital staff and follow the principles set out in the safety data sheet of the chemical substance/mixture.

PICTOGRAPHS USED FOR MARKING CHEMICAL SUBSTANCES/ MIXTURES IN UCK

PICTOGRAPH	HAZARD CLASS AND CATEGORY
	<ul style="list-style-type: none"> - pressurized gases - compressed gases - liquefied gases - chilled liquefied gases
	<ul style="list-style-type: none"> - flammable gases, category 1 - flammable aerosols, category 1, 2 - flammable liquids, category 1, 2, 3 - flammable solid substances, category 1, 2 - substances and mixtures which, in contact with water, emit flammable gases, categories 1, 2, 3
	<ul style="list-style-type: none"> - carcinogenicity, category 1A, 1B, 2 - germ cell mutagenicity, category 1A, 1B, 2 - reproductive toxicity, category 1A, 1B, 2 - respiratory sensitisation, category 1 - target organ toxicity – single exposure, category 1, 2 - target organ toxicity – repeated exposure, category 1, 2 - hazard caused by aspiration, category 1
	<ul style="list-style-type: none"> - skin/ eye irritation, category 1 - skin sensitisation, category 1 - acute toxicity (through food, application on the skin, inhalation exposure), category 4 - target organ toxicity - single exposure, category 3 - irritation of the airways - narcotic effect

PICTOGRAPHS USED FOR MARKING CHEMICAL SUBSTANCES/ MIXTURES IN UCK






PICTOGRAPH	HAZARD CLASS AND CATEGORY
	<ul style="list-style-type: none">– acute toxicity (through food, application on the skin, inhalation exposure), category 1, 2, 3
	<ul style="list-style-type: none">– caustic effect on the skin, category 1A, 1B, 1C– serious eye damage, category 1
	<ul style="list-style-type: none">– acute aquatic hazard, category 1– chronic aquatic hazard category 1, 2

PROFESSIONAL RISK – PHYSICAL FACTOR - ELECTROMAGNETIC FIELD







Hazards	Consequences	Preventive measures
<ol style="list-style-type: none">1. The Hospital uses sources of electromagnetic field (EM) for treatment, diagnostic and medicinal purposes, e.g. surgical diathermy, physiotherapy, magnetotherapy devices, magnetic resonance scanners.2. Ballistic hazard present in the magnetic resonance rooms is caused by metal objects moving fast in the magnetic field.	<ul style="list-style-type: none">- headaches,- sleep and memory disorders- concentration and attentional disorders,- heart problems, blood pressure changes,- excessive sweating,- external and internal injuries caused by ballistic hazard.	<ol style="list-style-type: none">1. Ask UCK personnel for information on reports concerning electromagnetic field measurements and location of protected zones and permissible duration of stay in these zones.2. Technical protection of rooms, e.g. by shielding, marking of sources and rooms, limiting access to rooms.3. Conducting prophylactic medical examinations related to exposure to electromagnetic radiation.

GRAPHIC SYMBOLS FOR ELECTROMAGNETIC FIELDS AND PROTECTED ZONES

SYMBOL	MEANING OF THE SYMBOL
	<p>Source of an electromagnetic field</p>
	<p>Safe zone – space outside the protected zones, for which no conditions limiting exposure have been defined. Staying in the safe zone of an electromagnetic field is defined as negligible exposure.</p>
	<p>Intermediate zone - staying is permitted if protective equipment, specified according to identified electromagnetic hazards arising from indirect effects of an electromagnetic field, is used. Staying in the intermediate zone of an electromagnetic field is defined as controlled exposure.</p>
	<p>Hazard zone - staying is permitted subject if protective equipment, specified according to identified electromagnetic hazards arising from direct or indirect effects of an electromagnetic field, is used. Staying in the hazard zone of an electromagnetic field is defined as controlled exposure.</p>
	<p>Hazard zone - staying in this zone is defined as hazardous and prohibited on a day-to-day basis.</p>

WARNING SYMBOLS INFORMING ABOUT STRONG MAGNETIC FIELDS AND ELECTROMAGNETIC RADIATION AND ADDITIONAL NON-STANDARDISED SYMBOLS

SYMBOL	MEANING OF THE SYMBOL
	Strong magnetic fields
	Non-ionising radiation
	Staying is prohibited for persons with a pacemaker
	Prohibition of holding metal objects

PROFESSIONAL RISK – PHYSICAL FACTOR - IONISING RADIATION



Hazards	Consequences	Preventive measures
<p>In the Hospital, ionising radiation from X-ray devices and radioactive isotopes is used for diagnostic and therapeutic purposes. Students may be exposed to it while working in rooms or places where ionising radiation occurs. This applies in particular to building no. 6, nuclear medicine department, CMN and building 17, oncology and radiotherapy clinic, teleradiotherapy department and other X-ray facilities and rooms where X-rays are used, e.g. operating rooms.</p>	<ul style="list-style-type: none">- DNA chains damage and disorders- disorders of the cell reproduction process, e.g. leukemia and skin, bone and internal organs cancer,- cataract,- digestive tract disorders,- infertility,- skin burns	<ol style="list-style-type: none">1. Agreeing with the Inspector of Radiological Protection on the performance of works in places exposed to ionising radiation: nuclear medicine department, CMN building, building no. 17, oncology and radiotherapy clinic, teleradiotherapy department, building no. 6 and other X-ray rooms on the premises of the UCK.2. It is absolutely prohibited to enter hazard zones with ionising radiation without the consent of the Inspector of Radiological Protection.3. Marking hazard zones with ionising radiation with warning signs.4. Carrying out tests of environmental dosimetry at hazardous locations.

OCCUPATIONAL RISK - PHYSICAL FACTOR - LASER RADIATION



Hazards	Consequences	Preventive measures
<p>The Hospital uses sources of laser radiation associated with operation of devices, e.g. argon laser, neodymium laser, endolaser, laser microscopes and others.</p>	<ul style="list-style-type: none">- corneal damage, photochemical cataract,- retina damage- skin damage: erythema, burns.	<ol style="list-style-type: none">1. Proper marking of laser rooms and sources of laser radiation.2. Proper preparation of rooms for working with laser: limited access, minimising the surface reflecting radiation, switches, protective covers, remote control systems.3. Providing adequate personal protective equipment - safety goggles.

SEGREGATION OF WASTE AFTER PERFORMING MEDICAL PROCEDURES IN THE UCK

Medical waste contaminated with biological material	Hazardous, non-infectious medical waste	Medical waste not contaminated with biological material	Municipal waste
colour of the bag	colour of the bag	colour of the bag	colour of the bag
code: 18 01 03* 18 01 02*	code: 18 01 08* 18 01 06*	code: 18 01 04, 18 01 09	code: 20 03 01
<p>-dressing materials - gauze cloths, setons, tampons, gauze dabs, bandages, adhesive plasters, wadding, compresses, lignin, plaster dressings contaminated with patient's blood or secretions</p> <p>-used sanitary towels, diapers, diaper pants</p> <p>-disposable equipment - containers for waste with sharp tips (needles, scalpels, glass ampoules, needles with tubes) syringes, blood transfusion devices, sets for intravenous infusions, inner elements of suction pumps, drains, cups, saliva ejectors, catheters, urine bags (emptied), vomit bags, drain sets, gloves contaminated with patients' blood and secretions, intubation and tracheostomy tubes, inhalation mouthpieces, disposable operation underwear, test tubes with blood, tissue sames, bacterial cultures, disposable surgical tools, etc.</p> <p>- dirty, worn multiple-use gowns and bedlinen, food waste from patients in isolation</p> <p>-used drug vials containing hazardous substances</p> <p>-clinical waste - remnants and human tissue from the operation rooms, pathomorphology department, delivery room</p>	<p>-remnants of cytostatic and cytotoxic drugs e.g. vials and syringes - used sets for administration of cytostatic and cytotoxic drugs</p> <p>-cytostatics packaging</p> <p>-chemical substances and mixtures past the expiry date and withdrawn from use, chemical substances and mixtures containing hazardous substances</p>	<p>-uncontaminated sheets, towels, disposable wipes</p> <p>-personal protective equipment - scrubs, masks, uncontaminated gloves, used dressing materials and plaster dressings</p> <p>-uncontaminated disposable covers - drugs other than cytotoxic and cytostatic drugs past the expiry date and withdrawn from use</p> <p>-used packaging of injection and infusion fluids without biological material</p> <p>-used glass and plastic packaging of drugs other than cytostatic and cytotoxic drugs</p> <p>-used medicine cups</p>	<p>-cardboard packaging</p> <p>-empty blisters</p> <p>-towels used after washing the hands, packaging after opening disposable equipment</p> <p>-paper, e.g. leaflets, instructions</p>

POST-EXPOSURE PROCEDURE FOR EMPLOYEES* OF THE UNIVERSITY CLINICAL CENTRE

Act in accordance with the PE-02 procedure "Procedure in case of occupational exposure to blood and other potentially infectious material"

1. When the source of exposure is known, take a blood sample from the patient (only after obtaining a written consent of the patient – entry in the medical history)
2. Record the event in the internal non-compliance reporting system <https://niezgodnosci.szpital.local/login/> and out the post-exposure form in accordance with the procedure.
3. Inform by phone an epidemic nurse : tel. No. **695- 802-320**.
4. Report to the Pomeranian Centre for Infectious Diseases and Tuberculosis (Smoluchowskiego street 18), tel. 58 341-40-41, extension 330 or to the doctor on duty on public holidays, in the afternoon after 2 p.m. and at night, tel. 58 341-40-41, extension 210.
5. Report and present the completed form to the Inspectorate for health, environment and fire protection (Dębinki street 7, building no. 6, floor I), tel. 58 349-24-51.
6. Report to the Occupational Medicine Clinic (Zwycięstwa street 30A, Gdańsk) from Monday to Friday between 7 am. and 3 p.m.

*Employment contracts, civil-law contracts.

RULES FOR MOVING ON THE UCK PREMISES

On the hospital premises:


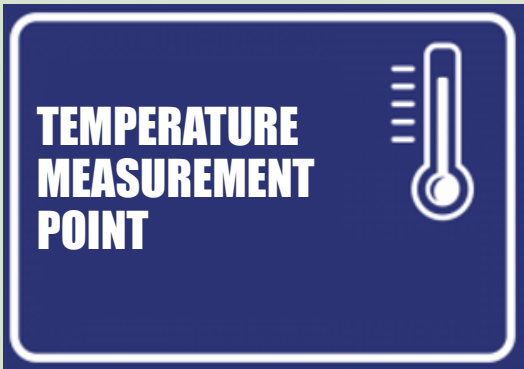


1. There is right-hand traffic.
2. General road traffic regulations apply.
3. When moving around the internal corridors of the hospital, special attention should be paid to the warning signs: "Caution slippery floor".
4. Hold the handrail when moving on the stairs.
5. Pedestrians move on pavements and designated substitute pavements (during construction works in the UCK),
6. Be particularly careful near building sites.
7. There is a total ban on smoking tobacco and electronic cigarettes.

WARNING SIGNS USED IN THE UCK

Caution slippery floor	No smoking	Using mobile phones is prohibited	Entering the construction site is prohibited
 <p>A yellow plastic floor sign with a red triangle containing a black silhouette of a person slipping. Below the triangle, the text reads "CAUTION SLIPPERY FLOOR".</p>	 <p>Two circular red prohibition signs: one with a lit cigarette and one with an e-cigarette. Below them is a red rectangular box with white text: "SMOKING TOBACCO AND ELECTRONIC CIGARETTES IS PROHIBITED".</p>	 <p>A circular red prohibition sign with a black mobile phone icon. Below it is a red rectangular box with white text: "NO MOBILE TELEPHONE IS PROHIBITED".</p>	 <p>A yellow rectangular sign with a red border. At the top, a red rounded rectangle contains the word "CAUTION" in yellow. Below, the text "BUILDING SITE NO ENTRY" is written in bold black letters.</p>

GENERAL RULES FOR STAYING ON THE HOSPITAL PREMISES DURING COVID-19 PANDEMIC

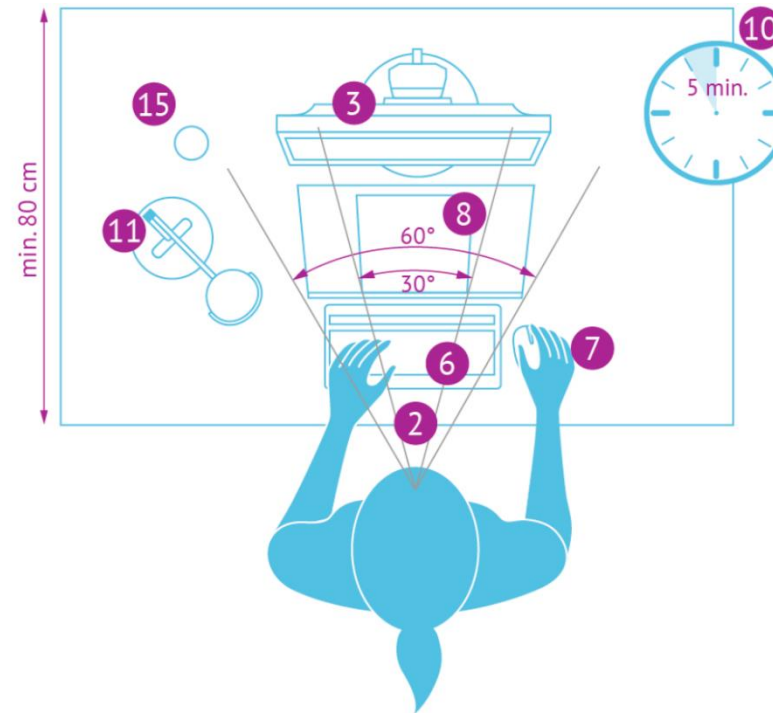
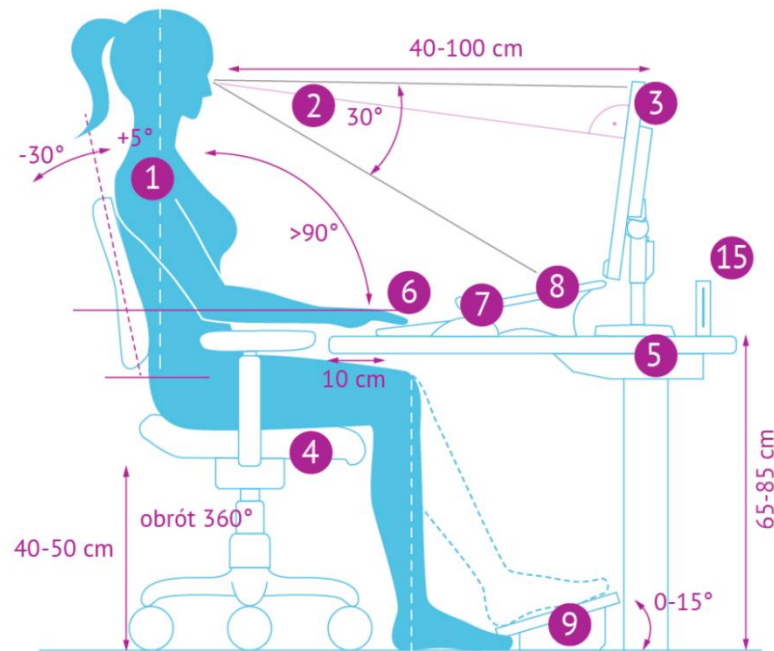
While on hospital premises follow the information boards and announcements made on the hospital's Intranet site*.

Keep distance	Temperature measurement	Wear a mask	Hand disinfection
			

<https://jakosc.uck.pl/index.php/9-strona-glowna/1695-koronawirus>

ERGONOMICS OF WORKING AT A COMPUTER

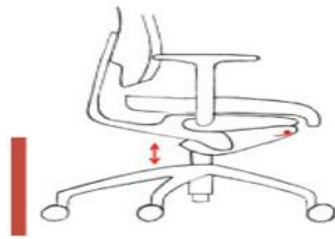
Ergonomics is intended to provide appropriate conditions in the workplace, which minimise the risk of accidents at work. Moreover, a correct working position makes us more efficient, productive and protects us against problems with concentration and raises our efficacy.



ERGONOMICS OF WORKING AT A COMPUTER

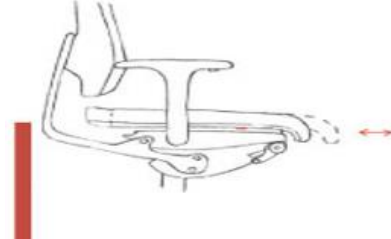
10 steps to a healthy office

STEP 1 Seat height



Always start with your setting your seat height. The adjustment range shall be between 40 and 50 cm from the floor. Place the chair so as to keep a right angle straight in your knees and touch the floor with your feet freely.

STEP 2 Seat depth



Adjust seat depth. Make sure that the seat of the chair does not press your thighs and allows for free flow of blood in your legs.

STEP 3 Lumbar support



Adjust the height of the lumbar support or the height of the whole backrest in such a way that the lumbar cushion in the backrest supports the natural curvature of the spine.

STEP 4 Dynamic sitting



Unblock the functions of dynamic sitting in your chair to make its backrest follow your back. An chair should enable the backrest to be tilted at an angle of 30 degrees.

STEP 5 Reaction force of the SYNCHRO mechanism



Adjust the flexibility the backrest to your weight. The backrest should not press your back firmly and you should not fall back. While leaning freely the chair should tilt to an angle of 15 degrees, and it should continue tilting only after you use the power of your back.

STEP 6 Seat inclination



Set the right angle of the seat inclination. A correct angle enables you to sit comfortably, you do slip down and at the same time the front part of the seat does not press your thigh. It is important that the seat is well-profiled.

STEP 7 Armrests



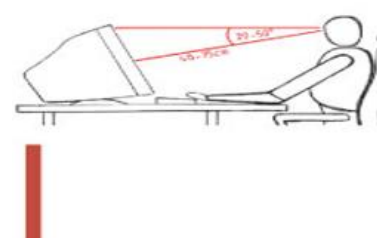
Set the armrests at a height which will enable you to move the chair under the desk and place your forearms entirely on the desk. Remember to adjust the width and angle of the armrests.

STEP 8 Desk height



Set the appropriate height of the desk. Remember! Perform this action after setting the chair! The range of desk height adjustment should be 64-84 cm from the floor.

STEP 9 Distance from the monitor



Set the monitor straight, at a distance of 40-75 cm from your eyes. Remember that the upper edge of the monitor should not be higher than your eyes.

STEP 10 Exercise in the office



Every hour take a 5-minute break! Stand up, take a walk and do simple exercises. You can find example exercises on www.zdrowebiuro.pl

ERGONOMICS OF WORKING AT A COMPUTER

Effects of neglecting the basic principles of ergonomics of office work:

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

PREVENTION OF DISORDERS CONNECTED WITH WORKING AT A COMPUTER - EXERCISE SETS



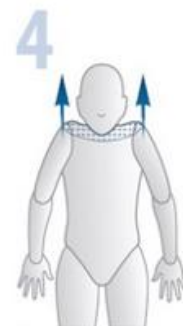
twice 10-20 seconds



8-10 seconds on each side



15-20 seconds



three times 3-5 seconds



10-12 seconds for each arm



10 seconds



10 seconds



8-10 seconds on each side



8-10 seconds on each side



twice 10-15 seconds



shake your hands for 8-10 seconds

EMPLOYER'S OBLIGATIONS TOWARDS PERSONS PERFORMING WORK AT SCREEN MONITORS

Employer is obliged to provide employees working more than 4 hours a day at a screen monitor with:

1. 5-minute breaks 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. Pregnant women may work at screen monitors for 8 hours during one shift, but the time spent in front of the monitor must not exceed 50 minutes, after which there should be an at least 10-minute break, counted as working time.

Co-financing the purchase of corrective glasses as recommended by a doctor.

FIRE - DEFINITIONS

Fire Safety Instructions

are required for all facilities and are prepared individually for the given facility in accordance with the applicable fire protection regulations and include graphic documentation in the form of evacuation schemes. Fire Safety Instructions have been developed for all UCK facilities.

The above instructions can be found on the UCK's Intranet site at <https://jakosc.uck.pl/index.php/mapa-uck-instrukcje-p-poz>

Fire as phenomenon

Fire is an uncontrolled process of burning in a place that is not intended for this purpose.

Burning process

Physical and chemical process involving intensive exothermic reaction of joining flammable material with oxygen in the air.

FIRE - DEFINITIONS

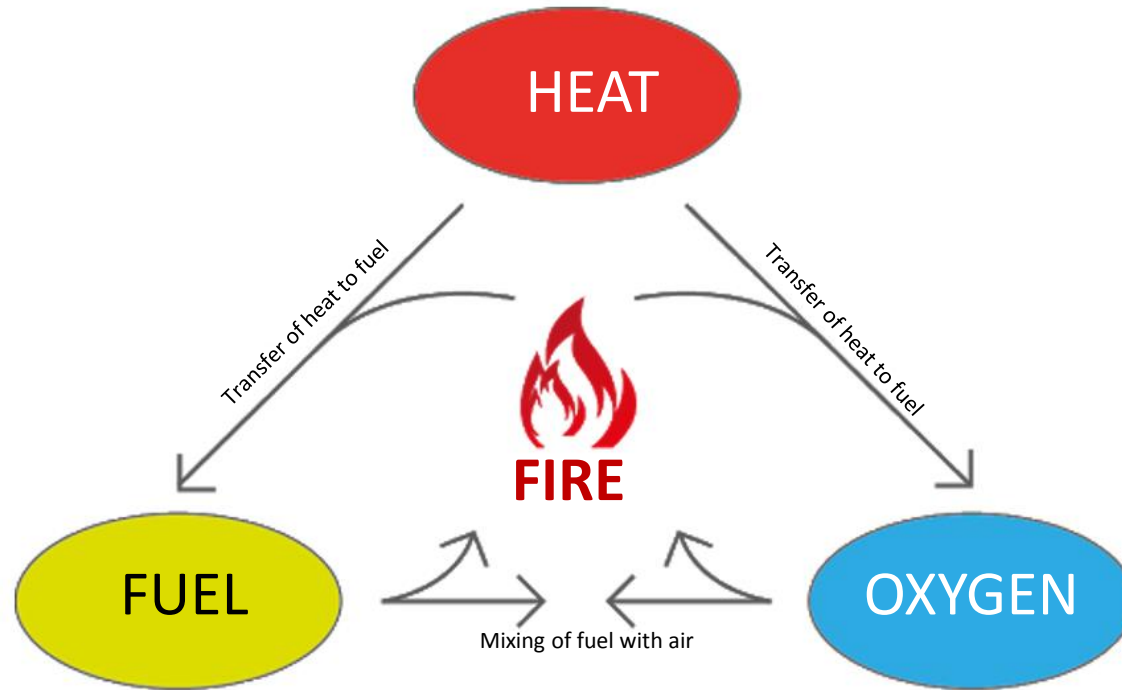
Fire as phenomenon

Fire is an uncontrolled process of burning in a place that is not intended for this purpose.




Burning process

Physical and chemical process involving intensive exothermic reaction of joining flammable material with oxygen in the air.

FIRE TRIANGLE



FIRE TYPES

Fire type	Type of burned material
	fire of solid substances of organic origin, in which, apart from other phenomena, a phenomenon of incandescence occurs (e.g. wood, paper, coal, fabrics, straw)
	fire of flammable liquids and solid substances which melt as a result of heat radiated during fire (e.g. petrol, alcohol, ether, oil, varnish, fat, paraffin)
	gas fires (e.g. municipal gas, methane, propane)

UCK FIRE PROTECTION SYSTEM - FIRE EXTINGUISHERS

A fire extinguisher is a portable extinguishing device with a total mass not exceeding 20 kg which, when operated by itself, throws extinguishing substance under pressure of the gas contained in the fire extinguisher tank or stored in a separate tank.

Types of fire extinguishers:

1. Powder (99 % fire extinguishers in the UCK)
2. Snow



UCK FIRE PROTECTION SYSTEM - HYDRANTS

Hydrant is a device that enables drawing water directly from the main water supply lines. A hydrant is equipped with a valve and hose connection and it is applied for economic and fire-fighting purposes.



UCK FIRE PROTECTION SYSTEM

Smoke detectors are elements of a fire alarm system containing at least one sensor which continuously or periodically check whether there has been a physical or chemical phenomenon associated with fire and emit an alarm signal if this is the case.

Manual fire alarm is intended for manual activation of the fire alarm system by the person who noticed fire. Alarm activation takes place in two stages and consists in impacting the safety window and pressing the button.

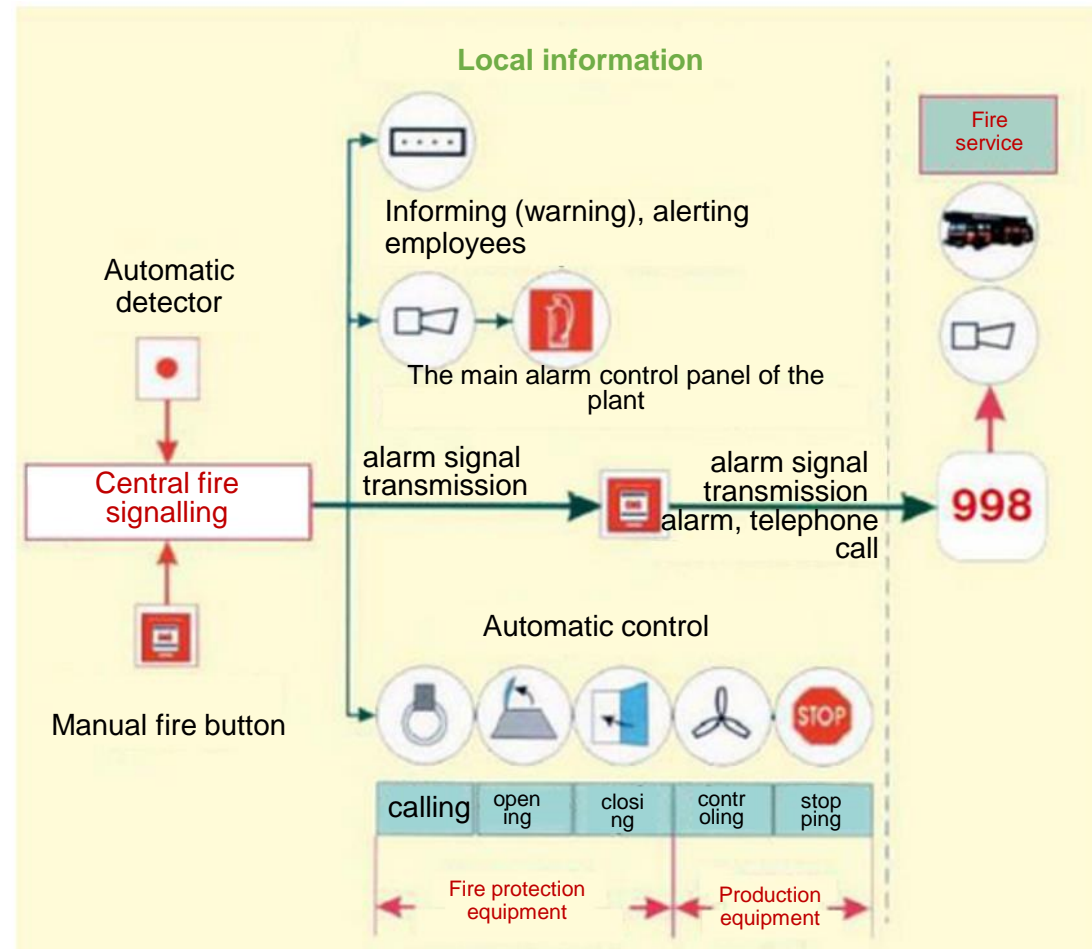


UCK FIRE PROTECTION SYSTEM – SOUND ALARM SYSTEM

A sound alarm system is a system that enhances safety in the building, is intended to emit warning signals and voice messages automatically after receiving a signal from the fire alarm system, as well as at the operator's request.



FIRE PROTECTION SYSTEM - SCHEME



BEHAVIOUR IN THE CASE OF FIRE

- 1) Determine the precise location of the fire,
- 2) determine the routes of spreading and the threat to adjacent rooms and people staying in them,
- 3) immediately alert the fire service (phone 998 or 112) and notify all co-workers,
- 4) inform the superior or their substitute of the fire ,
- 5) while warning at the same time proceed to extinguish the fire with appropriate manual equipment and follow the instructions of the sound alarm system,
- 6) evacuate people located in the fire zone.

FIRE - RULES AND SEQUENCE OF EVACUATION

SEQUENCE OF EVACUATION

1. Injured persons,
2. Persons with reduced mobility,
3. Women and children,
4. Men.

RULES

1. Switch off all electrical equipment at the workstation,
2. Close all drawers in desks and doors in cabinets,
3. Take personal belongings and clothes,
4. Go to the nearest emergency exit,
5. After leaving the building, go to the designated place.

FIRE - BEHAVIOUR DURING EVACUATION

BEHAVIOUR DURING EVACUATION





1. Follow the instructions of the person managing the evacuation,
2. Do not move in the direction opposite to the evacuation,
3. Do not block the escape route,
4. Do not perform any activities that may cause panic (do not shout)
5. In the case of smoke development, bend down and move along the wall,
6. There is a right-hand traffic during evacuation, the left side is for rescue service,
7. When fire or smoke blocks your escape route, hide in the room most remote from the hazard and notify rescue service.

FIRE - BEHAVIOUR DURING EVACUATION

Let us remember that evacuation in buildings that have separate fire zones can rely on the passage between successive fire zones. On the UCK premises building 2, 3, CMI and CMN are equipped with electronic fire systems and have separate fire zones.

1. Fire zone borders, i.e. walls, ceilings, doors are resistant to fire for a given time (for example fire doors have resistance of 30 min to 120 min).
2. Moving to next zones we extend the safe time.
3. If you hear instructions from the sound alarm system to leave the building, while not disregarding them check information about the fire by calling the building security.

FIRE - MARKING OF EVACUATION ROUTE

Plate	Significance of the plate
	Emergency exit
	Direction of evacuation route
	Direction arrow - way to the evacuation exit
	Evacuation gathering point

PROCEDURE IN THE EVENT OF A MASS CASUALTY INCIDENT OR DISASTER ON UCK PREMISES

1. Follow the PZ-07 procedure “Plan for dealing with mass casualty incidents for the University Clinical Centre in Gdańsk”
2. Follow the instructions of the action coordinator including the KOR senior doctor on duty.
3. Follow the instructions of the UCK loudspeaker system. Example message:

“Attention, the hospital is preparing to admit victims of a mass casualty incident. Medical personnel, please follow the appropriate procedures. Visitors are requested to leave the hospital. All persons not employed in the hospital are requested to follow the instructions of the medical personnel. The owners of cars parked outside the hospital are requested to immediately remove their cars from the hospital car park and to park them behind the intersection of Jarowa and Smoluchowskiego streets.”

PERFORMING FIRST AID

Art.209¹.§1. The Employer is obliged to:

- 1) provide the means necessary to provide first aid in emergencies, fire fighting and evacuation of workers;
- 2) appoint employees to:
 - a) perform first aid,
 - b) perform actions in the area of fire fighting and evacuation of employees;
- 3) ensure communication with external services specialised in providing first aid in emergencies, medical rescue and fire protection.

PERFORMING FIRST AID

UCK's employees are subject to mandatory first aid training.

Trainings are held once a year and are conducted by specialised personnel of the clinical emergency department team.*

*Details are included in procedure PH-05.

SAFETY OF PERFORMING FIRST AID

Before performing first aid make sure that:

- the place of the incident is safe;
- you have personal protective equipment (protective gloves, rescue breathing mask).

IMPORTANT UCK EMERGENCY PHONE NUMBERS

UCK EMERGENCY PHONE NUMBERS

RESUSCITATION TEAM

CMI BUILDING – (58) 349 30 01, 32 96

DĘBINKI (APART FROM CMI) INCLUDING CMN BUILDING
– (58) 349 24 68, 695 802 328

STUDENT HOSPITAL – (58) 349 32 95



EMERGENCY DEPARTMENT

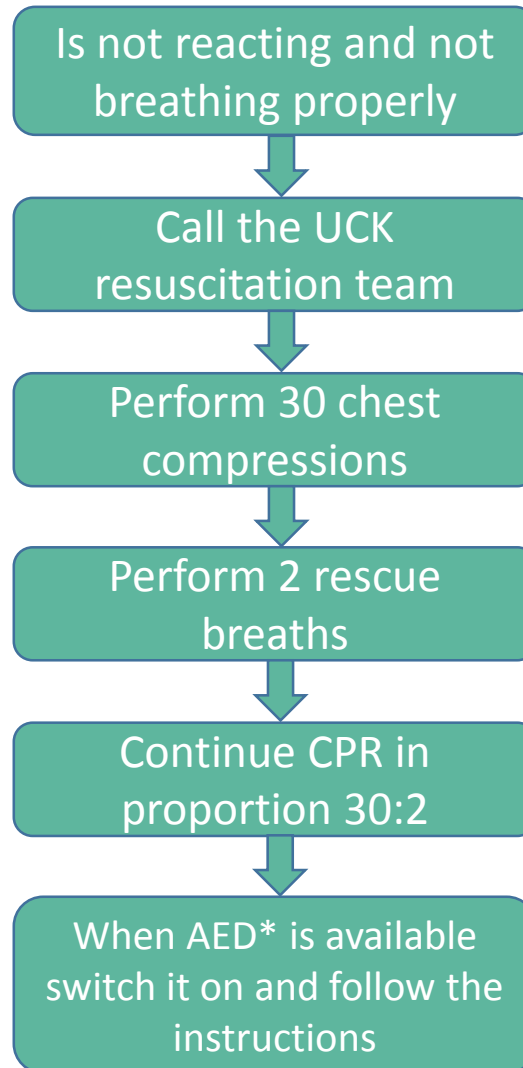
SENIOR DOCTOR ON DUTY
(58) 349 38 14

DOCTOR ON DUTY
(58) 349 37 95

JUNIOR DOCTOR ON DUTY
(58) 349 38 12

CARDIOPULMONARY RESUSCITATION

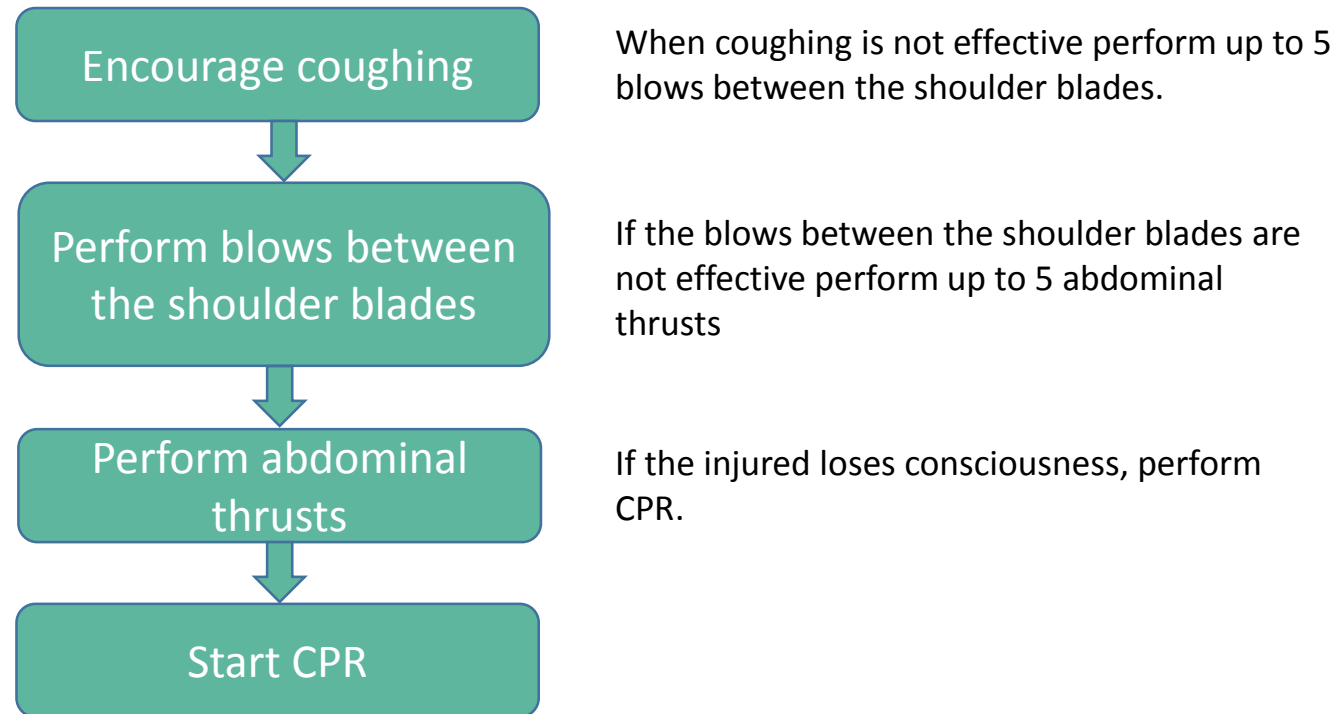
Developed on the basis of the guidelines of the Polish Resuscitation Council 2015.



*Automated external defibrillator

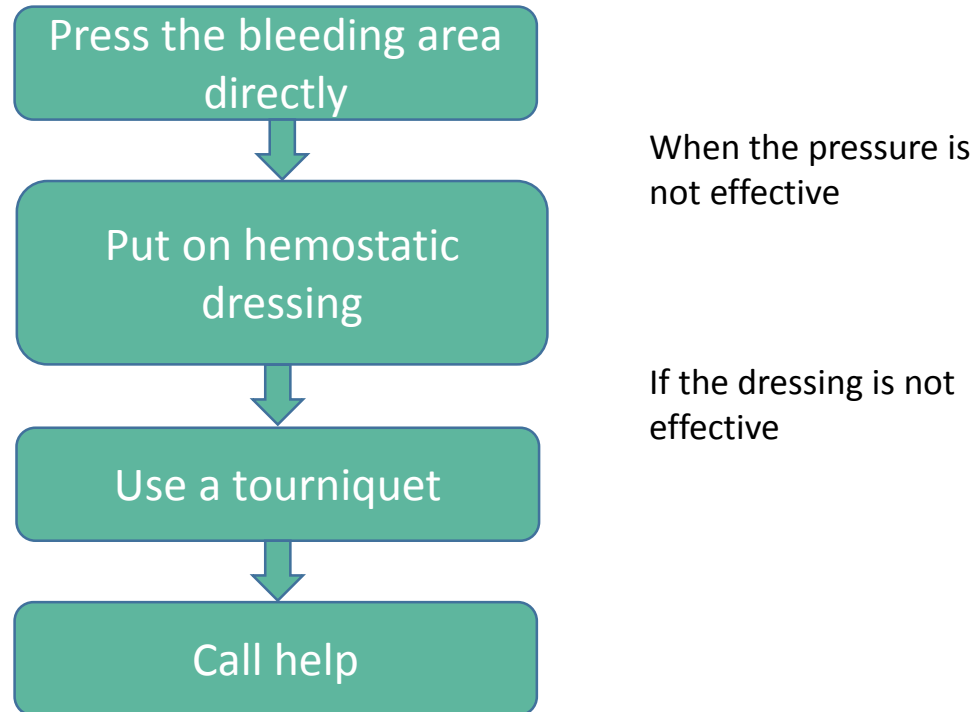
PROCEDURE IN THE EVENT OF CHOKING

Developed on the basis of the guidelines of the Polish Resuscitation Council 2015.



PROCEDURE IN THE EVENT OF BLEEDING

Developed on the basis of the guidelines of the Polish Resuscitation Council 2015.



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

Authors:

Marcin Krzebietke – chief health and safety specialist

Paweł Kulikowski – health and safety Inspector