Hazards of the job and how to avoid them

CLINICAL HAZARDS

Maria Nittis - March 2019
KPI

KEY PERFORMANCE INDICATOR
Medical Assessment
Can you wake her up?

Do it yourself. It's you who put her to sleep.
### Additional RED ZONE Criteria
- Cardiac or respiratory arrest
- Anoxia obstruction or stator
- Patient unresponsive

- Detection not reversed within 1 hour of Clinical Review
- Increasing oxygen requirements to maintain oxygen saturation > 90%
- Arterial Blood Gas (pH < 7.2 or PaCO₂ > 50 or PaO₂ < 50 or pH < 7.2 or BE < 2)
- Various Blood Gas: PCO₂ > 50 or pH < 7.2
- Fluctuating or 2-point drop in ScVO₂
- Salivary
- Low urine output persistent for 3 hours (<100 mLs over 3 hours or < 0.5 mL/kg/hr over an IO)
- Blood Glucose Level < 4 mmol/L or > 20 mmol/L with a diminished Level of Consciousness
- Lactate 4–6 mmol/L
- Sustained concern by any patient or family member
- Sustained concern by your or any staff member

- Senior Medical Officer or Nurse review within 10 minutes.
- Observations recorded at least 15 minutes.
- Must have continuous monitoring.

### Additional YELLOW ZONE Criteria
- Increasing oxygen requirement
- Poor peripheral circulation
- Evidence of increasing blood loss
- Decrease in level of consciousness or new onset of confusion
- Low urine output persistent for 4 hours (<100 mLs over 4 hours or < 0.5 mL/kg/hr over an IO)
- New, increasing or unrelieved pain (including chest pain)
- Blood Glucose Level < 4 mmol/L or > 10 mmol/L with a decreased level of consciousness
- Concern by patient or family member
- Concern by you or any staff member

- Senior Medical Officer or Nurse review within 30 minutes.
- Observations recorded at least 30 minutes for the first hour and then hourly thereafter.
- Consider the need for continuous monitoring.
- Prioritize care if deteriorating.
### Basic Life Support

- **D** Dangers?
- **R** Responsive?
- **S** Send for help
- **A** Open Airway
- **B** Normal Breathing?
- **C** Start CPR
  - 30 compressions: 2 breaths
- **D** Attach Defibrillator (AED)
  - As soon as available, follow prompts

### Adrenaline administration and dosages

Give **INTRAMUSCULAR INJECTION (IMI) OF ADRENALINE (1:1000)** into outer mid thigh (0.01mg per kg up to 0.5mg per dose) without delay using an adrenaline autoinjector if available OR adrenaline ampoule and syringe, as follows:

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Weight (kg)</th>
<th>Vol. adrenaline 1:1000</th>
<th>Adrenaline autoinjector</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>5-10</td>
<td>0.05-0.1 mL</td>
<td>10-20 kg (~1-5 yrs) 0.15mg device</td>
</tr>
<tr>
<td>1-2</td>
<td>10</td>
<td>0.1 mL</td>
<td></td>
</tr>
<tr>
<td>2-3</td>
<td>15</td>
<td>0.15 mL</td>
<td></td>
</tr>
<tr>
<td>4-6</td>
<td>20</td>
<td>0.2 mL</td>
<td></td>
</tr>
<tr>
<td>7-10</td>
<td>30</td>
<td>0.3 mL</td>
<td>&gt;20kg (~&gt;5 yrs) 0.3mg device</td>
</tr>
<tr>
<td>10-12</td>
<td>40</td>
<td>0.4 mL</td>
<td></td>
</tr>
<tr>
<td>&gt;12 and adults*</td>
<td>&gt;50</td>
<td>0.5 mL</td>
<td></td>
</tr>
</tbody>
</table>

*For pregnant women, a dose of 0.3mg should be used.

**Note:**
- Repeat every 5 minutes as needed.
- If multiple doses are required for a severe reaction (e.g., 2-3 doses), consider adrenaline infusion if skills and equipment are available.
- For emergency treatment of anaphylaxis, ampoules of adrenaline 1:1000 should be used for both IM doses and infusion if required (adrenaline 1.10 000 should not be used).
System Failures
Location! Location! Location!
Fatigue - Preventing & Managing Work Related Fatigue: Guidelines for the NSW Public Health System

Summary: These Guidelines, which should be read in conjunction with PG2005-409 Workplace Health and Safety: Policy and Better Practice Guide, have been developed to assist employers identify the potential for work related fatigue to become an OHS issue, and to prevent and manage work related fatigue, as they would any other OHS risk. This includes identifying areas at increased risk for work related fatigue, determining whether work related fatigue may already be an OHS issue, and providing guidance on strategies to reduce the likelihood of work related fatigue occurring or minimise its impact where it may occur.

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Distributed to: Public Health System, Community Health Centres, Dental Schools and Clinics, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals, Tertiary Education Institutes

Audience: All staff, including managers
Peer Review
NO TRANSPARENCY
NO CONSENSUS

CAN I SEE YOUR RAW DATA?
NO WAY!

SO HOW DID YOU GET THESE RESULTS?
NO IDEA!

I LOST MY WORKINGS

HOW DID HE DO THAT?

WANT TO PEER REVIEW MY PAPER?
SURE AS LONG AS I DON'T HAVE TO READ IT

HOW DO I KNOW IT'S TRUE?
YOU WILL JUST HAVE TO TRUST ME
Well, it looks ok from here.
Knowing what you don’t know is more useful than being brilliant.

— Charlie Munger —
Cognitive ability

Risk to patient

Directly proportional
We offer 3 kinds of services:

- **GOOD-CHEAP-FAST**
- But you can pick only two.

- **GOOD & CHEAP** won’t be **FAST**
- **FAST & GOOD** won’t be **CHEAP**
- **CHEAP & FAST** won’t be **GOOD**