Penrose-St. Francis Health Services

**SAFETY MANAGEMENT PLAN**

# Environment of Care Plans Policy NO EC 01.01.01 EP3

# Revision: 7/2009 Reviewed: 2/2007, 3/2008, 11/2008, 08/2009, 5/2010, 8/2011, 7/2012, 8/2012 Page 1 of 3

Approved: **Safety Sub-Committee** - **Environment of Care Committee 07/2012** Department: **Safety** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE/RATIONALE:

The purpose of the PSF Safety Management Plan is to identify risks which are associated with our environment and implement processes to minimize the likelihood of those risks causing accidents. The Safety Management Plan supports the mission, vision, and values of Penrose-St. Francis Health Services as well as the general safety policies and all regulatory requirements. (EC.02.01.01, EP-1)

OBJECTIVES:

Penrose-St. Francis Health Services controls the physical environment to reduce hazards and manages staff activities to reduce the risk of injury through the following processes: (EC.02.01.01, EP-3):

1. Oversight of the Environmental Safety Program at Penrose-St. Francis is as follows:
* The Chief Executive Officer-(CEO) has final authority and is ultimately responsible to the Board of Trustees for the assurance of a comprehensive, flexible, integrated safety management program. The CEO has identified the Safety Officer as the individual responsible to manage environmental risk, coordinate risk reduction activities in the physical environment, collect deficiency information and disseminate summaries of actions and results to the Environment of Care Committee. The Environment of Care Committee, through its chairperson, reports to senior leadership and ultimately the Community Board of the organization. (EC.01.01.01, EP-1)
* The Safety Officer is appointed by the CEO to intervene whenever environmental conditions immediately threaten life or health or threaten to damage equipment or buildings of the organization. (EC.01.01.01, EP-2, EC.02.01.01, EP-3)
* The Chief Operations Officer (COO) serves as the principal administrative representative for AND as the chairperson of the Environment of Care Committee.
* The Environment of Care Committee is responsible for assuring that the safety program is compatible with all federal, state and local regulations/requirements. In addition, the Environment of Care Committee monitors the safety management plan.
1. The Hospital has by witness of this document a written plan for managing the safety of everyone who occupies the hospital’s facilities. (EC.01.01.01, EP-3)
2. The Environment of Care Committee assigns the (Environmental) Safety Sub-committee responsibility for the following functions relating to the Environment of Care:
* Reviews safety-related data including assessments that cover all PSF facilities in the occupational/environmental arena at each of our campuses/sites. (EC.02.01.01, EP-1)
* Reviews, monitors and assesses activities, reports and findings in order to reduce risk of human injuries as relates to the physical environment as well as occupational illness.
* Reviews, monitors and assesses operations, grounds, and equipment to reduce human injuries, illness and property loss. (EC.02.01.01, EP-3)
* Conducts monthly Environment of Care Rounds according to the annual rounding schedule. Rounds are completed and documented for all patient care areas on a semi-annual basis. Rounds are completed and documented for non-patient care areas on an annual basis. The results of Environment of Care Rounds are reported to the Environment of Care Committee monthly. (EC.04.01.01, EP-12 & EC.04.01.01, EP-13).
* Grounds Safety Tours are conducted regularly (at least 6 times per year) in order to help identify and alleviate potential safety risks associated with the campus. (e.g. lighting, equipment, walking surfaces, landscaping, etc.) The findings from the tours are reported to the Safety Sub-committee for review and assistance in determining an action plan. Findings are tracked monthly in the Environment of Care Committee.
* Establish a Risk Assessment Program to identify and evaluate impacts on human health and safety related to buildings, grounds, equipment, and operations. This is done in conjunction with the Environment of Care Rounds described afore. (EC.02.01.01, EP-3)
* Reviews the results of the hazard surveillance functions performed annually in/by the Facilities, Operations and Maintenance areas of the organization.
* Investigates reports and recommends corrective action of environmental safety incidents related to patients, visitors, volunteers, students and staff injury, occupational illness or property loss/damage.
1. The Unit Safety Monitors conduct periodic Hazard Surveillance rounds for their unit. Results of their rounds are reviewed by the unit/department managers for appropriate action.
2. All incidents of property damage and patient/visitor injuries are reported on an occurrence report and investigated by Risk Management and (when applicable) the Safety Office. Incidents involving patients are reported at the Patient Safety Committee. Incidents involving associates and/or guests are reported to the Environment of Care Committee.
3. <add ECRI> Product Recalls, alerts and safety notification will receive priority handling. Supply Chain Management manages the recall of all inventoried, stocked, and non inventoried items. Clinical Engineering manages the recall of medical equipment/devices (and, if applicable, suspension of use). Clinical Laboratory is responsible for appropriate action of recalled laboratory equipments (Clinical Engineering can be called upon as a resource to assist in this process). Recall notifications and alerts will be sent to directors or clinical managers by Supply Chain Management, Clinical Engineering or Clinical Laboratory.

The pharmacy manages product recall of medications. The Safety Monitor Program helps respond to equipment/product safety recalls, reporting and investigation of incidents of property damage, patient and/or visitor injury reporting. (EC.02.01.01, EP 9, EP-11).

* Maintenance and supervision of grounds and equipment is outlined in the department specific policies of the Facilities Department and Clinical Engineering Department. (EC.02.01.01, EP-5).

7. Performance indicators for FY2013 will be:

* Percent of Safety Monitors who are able to demonstrate knowledge of their role and expected participation in the PSF safety program. Our goal for 2013 will be 96% effectiveness as demonstrated through questionnaires distributed to the Safety Monitors during the EoC rounding and/or during the Safety Monitor meetings.
* Assure the organization has completed its annual risk assessment review and is focusing its survey efforts on the findings of said assessment while conducting safety rounds each month. Our goal for 2013 will be 96% of all areas reflecting a significant (medium or high) score will receive a more focused inspection on the part of the EoC rounding group which may include more frequent reviews and/or more focused evaluations.
* Conduct semi-annual training with Safety Monitors on hazardous materials/hazardous waste related issues/concerns. Training will be targeted based on data from Readiness Rounds and/or other quantifiable data sources.
* Percentage of successful actions taken in response to employee health findings where staff/’associates have been injured/exposed. Actions will be taken within 60 days (>96%) for those items identified as being Environmentally Safety Related.