

SUBJECT: SAFETY MANAGEMENT PLAN	REFERENCE #1003
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 14
APPROVED BY:	EFFECTIVE: REVISED:

**MISSION:**

Insert your mission statement for the Safety Management Plan. Be sure that the mission for the plan reflects the mission statement of the organization. *You will want to emphasize that the plan focuses on the management of the environmental safety of patients, staff and others through identification of safety risks and the planning and implementing of processes to minimize the likelihood of those risks.*

**SCOPE:**

The scope of the Safety Management Plan defines the processes which \_\_\_\_\_ Hospital (list all sites that are included in this plan) utilizes to provide our patients, staff and visitors with a physical environment free of hazards and manages activities proactively through risk assessment to reduce the risk of injuries to patients, staff and other individuals coming to the hospital.

Note: If your organization has multiple sites or locations, you may choose to have separate management plans for each location or have one comprehensive set of plans. Whichever method your organization chooses, the organization must address specific risks and any unique conditions at each site/location.

**OBJECTIVES:**

The objective of \_\_\_\_\_ Hospital's Safety Management Plan is to control known and potential safety hazards to our patients, staff and visitors.

**GOALS:**

- The goals of \_\_\_\_\_ Hospital's Safety Management Plan include the following:
  - Maintain a safe environment and conditions for patients, staff and visitors
  - Reduce and control environmental hazards and risks of safety-related incidents by proactively evaluating systems in place and make the necessary changes through the Safety/Environment of Care Committee, Performance Improvement Committee, administration and departmental participation

# RISK ASSESSMENT HAZARD ANALYSIS WORKSHEET FOR CONSTRUCTION/RENOVATION

Construction Location: \_\_\_\_\_ Start Date: \_\_\_\_\_ Estimated Completion Time: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Contractor: \_\_\_\_\_ Infection Control Practitioner: \_\_\_\_\_

**Types of Construction Activity:**

- A = Inspection/Noninvasive Activities
- B = Small scale, short duration with minimal dust
- C = Work generates moderate to high level of dust or requires demolition or removal of fixed components
- D = Major demolition, construction or renovation projects

**Population Risk Assessment:**

- 1 = Low Risk: Office Areas, Unoccupied Units
- 2 = Medium Risk: Other Patient Care Areas Not Listed in 3 and 4 and Admitting
- 3 = Medium to High Risk: ED, Imaging, PACU, Outpatient Surgery, Clinical Laboratory, Medical Surgical, Subacute
- 4 = High Risk: ICU/CCU, OR, Maternal Child Health, GI Lab, Central Service, Pharmacy Admixture Room

Potential Compromise to:	Type of Construction Activity	List Patient Care Areas Impacted	List Non-Patient Care Areas Impacted	Population Risk Assessment	List Control Activities Needed
Air Requirements		_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____
Infection Control		_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____

## PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Safety/Environment of Care Committee

Scope: Safety/Environment of Care Committee's function is to provide a safe, functional, supportive and effective environment for patients, staff members, volunteers and visitors to the organization

Date: \_\_\_\_\_

Responsibility: Safety Officer, Department Managers, Safety/Environment of Care Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Equipment Use	- All intrusion and panic alarms tested monthly	Environment of Care		Data are collected from Alarm Testing Logs. Data will be aggregated and presented in report format by the Security Director or PI designee. Conclusions, recommendations, actions and evaluations will be reported along with the aggregated report to Safety/Environment of Care Committee and other appropriate committees according to meeting schedules.	Security Department Engineering Department Safety Officer Safety/Environment of Care Committee
	- # of medical equipment incident reports - # of user-related errors failures	Environment of Care Human Resources		Data are collected from Medical Equipment Incident Reports and User Error/Failure Reports. Data will be aggregated and presented in report format by the Engineering Department Director or PI designee. Conclusions, recommendations, actions and evaluations will be reported along with the aggregated report to the Safety/Environment of Care Committee and other appropriate committees according to meeting schedule.	Engineering/Biomed Department Department Managers Safety/Environment of Care Committee

## HAZARD SURVEILLANCE DETECTION SURVEY SURGICAL SERVICES

Inspectors: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Area Surveyed: \_\_\_\_\_

Received by Committee: \_\_\_\_\_ Sent to Department: \_\_\_\_\_ Action Copy Returned: \_\_\_\_\_

Work Practices	Y	N	N/A	Comments
1. Staff able to demonstrate knowledge and skill of their role and expected participation in the safety management program?				
2. Staff able to demonstrate knowledge and skill of their role and expected participation in the security management program?				
3. Staff able to demonstrate knowledge and skill of their role and expected participation in the hazardous materials and waste management program, including pharmaceutical waste?				
4. Staff able to demonstrate knowledge and skill of their role and expected participation in the emergency operations plan?				
5. Staff able to demonstrate knowledge and skill of their role and expected participation in the life safety/fire prevention program?				
6. Staff able to demonstrate knowledge and skill of their role and expected participation in the medical equipment management program?				
7. Staff able to demonstrate knowledge and skill of their role and expected participation in the utility systems management program?				
8. All nursing staff instructed in proper lifting and body mechanics? If yes, by whom? How often?				
9. Instructions given in use of oxygen and its hazards?				
10. Signs available when oxygen in use? Last date training given?				
11. How are equipment malfunctions reported? Tags used to identify hazards?				
12. Is equipment being repaired locked out? Do all employees know lock out rules?				
13. Standard Precautions observed at all times?				
14. OSHA Bloodborne Pathogens Regulations observed?				
15. Personal protective equipment provided? Instructed in use of that equipment? Equipment used appropriately?				

SUBJECT: ACCREDITATION SURVEYOR VERIFICATION	REFERENCE #5022
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**POLICY:**

\_\_\_\_\_ Hospital shall verify the identity of any individual who is at the hospital to conduct an accreditation survey.

**PROCEDURE:**

- \_\_\_\_\_ or his/her designee shall be assigned the responsibility of surveyor identification and verification.
- One or two “back-up” individuals shall be designated to ensure a facility representative familiar with the accreditation surveyor verification policy is available to perform identity verification procedures. Those individuals are:

\_\_\_\_\_

- Surveyors shall be asked to show identification badges from their organizations.

Note: The Joint Commission (TJC) ID badge contains a photo and a hologram which should be checked to verify authenticity.

- Joint Commission Surveys:
  - The facility representative verifying surveyor identity shall log onto the TJC extranet site which, as of 7:00 AM on the day of the survey, will contain the following:
    - The location and type of survey that will occur on that date
    - A survey notification letter from the current TJC Executive Vice President of Accreditation and Certification Operations
    - The names, photographs and biographies of all individuals who will conduct the survey