

CENTRAL STATE HOSPITAL
PLAN

SUBJECT: SAFETY MANAGEMENT PLAN

ANNUAL REVIEW MONTH: March

RESPONSIBLE FOR REVIEW: CSH Safety Director

LAST REVISION DATE: July 2009

I. **VISION**

It is the vision of the Central State Hospital (CSH) Environment of Care (EOC) Team to create and maintain work and living environment free from hazardous conditions, and for clients, employees, and visitors, and to promote safe practices and procedures throughout the organization.

II. **MISSION:**

A: The mission of the CSH Environment of Care Team is to:

1. Provide a safe and secure environment for clients, employees, and visitors.
2. Assure that applicable federal, state, and accreditation safety requirements are met.
3. Minimize the frequency and severity of accidents to clients, employees, and visitors.
4. Instill in all employees an awareness of safety practices and regulations so they may perform assigned tasks with minimum risk to themselves and others.

B. Identify: hazardous conditions, and unsafe practices, so that they can be eliminated or controlled.

C. Assure:
1. The coordination of all safety-related activities through the activities of the multi-disciplinary CSH Environment of Care Team.

2. Essential communication among and between the various elements of the safety program.

D. Establish methods for:

1. Improving performance.
2. Evaluating the effectiveness of performance.

III. **GENERAL COMMENT**

The effectiveness and success of the safety program will depend on the ability of management and staff at all levels to integrate safety and safety awareness within their work areas.

IV. **AUTHORITY FOR SAFETY ACTIVITIES**

A. The Chief Executive Officer (CEO) authorizes the:

1. Appointment of the CSH Safety Director.
The Safety Director is authorized to intervene whenever there is a potential threat to life or property.
2. Establishment of a multi-disciplinary Environment of Care Team.
3. Service chiefs, department heads, and office directors to develop and implement internal safety plans, programs, policies and procedures. These plans shall be compatible with and complement this plan.

B. The Chief Executive Officer directs the:

1. CSH Safety Director, CSH Environment of Care Team, service chiefs, department heads, office directors, supervisors, and all other hospital employees to carry out their responsibilities as outlined in this plan.
2. CSH Environment of Care Team and the Safety Director to review CSH Plan #8.08 annually and revise as necessary.
3. Annual evaluation of the safety plan's scope, objectives and effectiveness and recommended corrective actions.

V. **ORGANIZATION, PROCEDURES, AND RESPONSIBILITIES OF THE Environment of Care Team:**

A. Membership includes:

1. A representative of:
 - a. Administrative Support Services
 - b. Dietetic (Food) Services
 - c. Plant Operations
 - d. Safety/Environmental Health
 - e. Risk Management
 - f. Housekeeping Services
 - g. Information Services and Performance Evaluation
 - h. Police Department
 - I. Staff Development & Training
 - j. Infection Control
 - k. Pharmacy Services
 - l. Nursing Services
 - m. Medical Staff
 - n. Client Divisions
 - (1) Developmental Disabilities Services
 - (2) Psychiatric Services
 - (3) Forensic Services
 - o. Occupational Health and Injury Services (OHIS)

2. CSH Safety Director

a. Appointment and Term of Membership:

1. Members shall be appointed/reappointed annually by the CEO, from recommendations by the Service Chiefs/major department directors.
2. The chairperson will be appointed by the CEO.
3. The CSH Safety Director, Chief of Police, and the Plant Operations Director will be permanent members.

C. Procedures:

1. The CSH Environment of Care Team Chairperson will report significant activities of the EOC Team to the CEO and the CSH Leadership Team monthly. Minutes of the monthly meeting shall be distributed to the CSH Leadership Team, Medical Executive Committee, Incident Analysis Team (IAT), and other selected staff members.

2. Fifty percent (50%) of the total committee membership will constitute a quorum.
3. All decisions require a vote of a simple majority of committee members present.
4. Each member has an equal vote.
5. The CSH EOC Team will meet monthly and a written summary of the meetings will be kept.
6. All departments and major services are represented by membership on the CSH Environment of Care Team and attendance of all members is required.
7. All evaluations, determinations, and actions are recorded in the CSH EOC Team meeting minutes for documentation. Copies of the Team's meeting minutes will be distributed to the CEO, Chief Medical Officer, CSH EOC Team members, CSH Leadership Team, Chairperson, IAT, Infection Control Committee, and others as appropriate.
8. CSH EOC Team minutes and reports will be maintained by the committee chairperson.

D. Responsibilities of the CSH EOC Team:

1. Become familiar with federal, state, and accreditation safety requirements applicable to the hospital.
2. Develop, implement, promote, and monitor the total safety management program.
3. Develop policies and procedures designed to enhance safety within the hospital and on its grounds.
4. Coordinate and cooperate in the development of safety rules and practices for the hospital.
5. Establish methods for measuring safety performance and for evaluating the effectiveness of the safety program.
6. Monitor accident/incident reporting, investigation, and documentation systems.
7. Review and analyze accident/incident data and reports received from the various subcommittees, and recommend corrective action when appropriate.

8. Develop and implement a hazard surveillance/life safety inspection program.
9. Review inspection reports and recommend measures to eliminate or control hazardous conditions and unsafe acts.
10. Develop and maintain a safety education program for employees in conjunction with Staff Development and Training.
11. Ensure that outside contractors, vendors, and others are made aware of all applicable CSH Safety Plans and Policies, and requirements relating to client rights and confidentiality.
12. Review actions taken by service chiefs, department heads, and office directors to correct adverse safety conditions and practices. Review effectiveness of actions implemented.
13. Review information and reports regarding safety related activities such as fire safety, infection control, security, Emergency Management and disaster planning, preventive maintenance programs, and hazardous materials and wastes.
14. Review at least every two years, the service area/department/office safety plans, policies and procedures.
15. Review and evaluate on an annual basis the objectives, scope, organization and effectiveness of the safety management, life safety management, security management, hazardous materials management, emergency preparedness, equipment management and utilities management programs.
16. Notify service chiefs, department heads and office directors of any required/suggested revisions to their internal policies and procedures to assure compliance with laws and regulations including those dealing with hazardous materials and waste management.
17. Monitor and evaluate the effectiveness of the Environment of Care Programs, to include the following:
 1. Safety Management

2. Emergency Preparedness
3. Hazardous Materials and Wastes
4. Life Safety Management
5. Security Management
6. Equipment Management
7. Utilities Management
8. Therapeutic/Social Environment

18. Make recommendations to the Hospital Leadership Team as appropriate.

E. Structure of the CSH Environment of Care Team:

The CSH EOC Team is structured to insure the evaluation of all aspects of safety.

This team includes two sub-committees with specific duties and responsibilities. These Sub-committees are:

1. Education and Training Sub-Committee
2. Emergency Preparedness and Hazardous Materials Sub-Committee

These sub-committees are required to develop and maintain appropriate programs, and to meet and report at least quarterly to the Safety Director and the CSH EOC Team.

The Safety Program includes Environment of Care Committees located at the department/service area level of the organization. All service areas or departments with fifty (50) or more employees shall have a Service Area/Department EOC Committee. This committee will meet at least every other month to discuss safety conditions in the organization, review and analyze accidents, injuries and unsafe conditions, and report to the CSH EOC Team the corrective actions taken. The minutes of all meetings and a written summary of all corrective measures taken shall be sent to the CSH Safety Director.

VI. AUTHORITY TO INTERVENE:

A. The Chairperson of the CSH Environment of Care Team and the CSH Safety Director are authorized to take emergency corrective action when a hazardous condition exists which poses imminent danger or a possibility of injury to clients, employees or visitors or of damage to equipment or buildings. Such actions will be documented.

B. The CSH Chief of Police is authorized to intervene when

conditions or activities pose an imminent danger to staff, visitors, clients, or property of Central State Hospital.

C. LIFE SAFETY

1. It is the intention of the hospital to maintain a comparable level of life safety as described in the currently adopted Life Safety Code, Chapters 1 through 7, and the applicable occupancy chapters.
2. To maintain intended level of safety, the CSH Safety Director is responsible for monitoring all areas of the hospital to ensure compliance with these standards. When areas are detected that fall below the required level of safety, a plan for improvement is required from the affected DDO and the findings to the CSH Leadership Team through the Safety Director.
3. Once notified, the DDO shall take whatever measures it may require to have the deficiency (ies) corrected as soon as possible.
4. The CSH Plant Operations Director is responsible for maintaining all areas in accordance with the applicable Life Safety Code. When construction or significant life safety deficiencies reduce the level of life safety, the Safety Director shall be notified.
5. When notified, the Safety Director shall coordinate with the service area staff and plant operations to develop and implement an appropriate Interim Life Safety Measures Plan in accordance with plan 8.02-Interim Life Safety Measures.

VII. RESPONSIBILITIES OF ALL INTERNAL EOC Teams/ACTION GROUPS

- A. Any group or committee that may have an impact on the Hospital Safety Management Program, including performance improvement, infection control, risk management, Service Area EOC Committees, and sub-committees of the CSH EOC Team will make periodic summary reports to the CSH EOC Team of any actions taken that requires approval/recommendation by the CSH EOC Team.

VIII. RESPONSIBILITIES OF THE CSH Safety Director

The Safety Director is responsible for the coordination, development, and establishment of the overall organization and management of the hospital safety/Environmental Health program. The Safety Director shall:

- A. Develop and implement hospital safety policies and procedures to ensure compliance with accreditation EOC standards and applicable federal and state safety requirements.
- B. Aid the Staff Development and Training Department in developing and presenting safety education/orientation programs for new employees, and annual mandatory safety training for all employees.
- C. Provide employees with safety-related information through general safety announcements and displays.
- D. Submit completed reports monthly to the CSH EOC Team on findings, recommendations, actions, and monitoring conducted.
- E. Conduct hazard surveillance/safety inspections and incident investigation as required.
- F. Provide technical assistance in the development of safety related policies and procedures to the hospital Leadership Team, service areas, departments and offices.
- G. Prepare written policies and procedures designed to enhance safety within the hospital and on its grounds.
- H. Develop a reference library of documents and publications concerning all facets of hospital safety.
- I. Serve as a staff advisor on safety matters to the CSH Leadership Team and Medical Staff.
- J. Review the internal safety policies and procedures of the hospital's service areas, departments and offices to assure compatibility with the safety program.
- K. Develop methods for measuring safety performance and for evaluating the effectiveness of the safety program.
- L. Review accident/incident reports and compile data into formats useful in identifying trends/patterns. Investigate client/staff incidents and reports of hazardous conditions or unsafe acts, and present these for discussion to the CSH EOC Team.

- M. Annually prepare an evaluation of the Safety Management and Environment of Care Programs, and report on changes or trends that have occurred during the past 12 months. The report will be presented through the EOC team to the hospital Leadership Team. The annual evaluation shall be forwarded by the Leadership Team to the Governing Board.
- N. Shall manage the hospital Medical Equipment Management Program and ensure quarterly reports to the EOC Team.
- O. Manages the facility Product Recall and Safety Alert program to include modification of materials and equipment. Initiates and/or coordinates action responses for product recalls and safety alerts. These action responses will be reported to the EOC Team, Leadership Team, and appropriate departments/services.
- P. Reviews monthly summary reports submitted to the EOC Team, and takes action as necessary.
- Q. Provide assistance in routing information of EOC Team actions and recommendations to appropriate service areas, departments, and offices.
- R. Ensure that monitoring guidelines are maintained by the division EOC teams, service areas, departments, and offices and that the monitoring results and actions taken are recorded in the Safety Director's files as well as reported to the CSH EOC Team.
- S. Participate as a member of the CSH EOC Team and serve as an ex-officio member of all sub-committees.
- T. Assist hospital management in Workers Compensation matters by making recommendations for improvement.

IX. RESPONSIBILITIES OF THE RISK MANAGER

The Director of Legal and Special Services, who serves as Risk Management Director, provides legal advice and counsel to the hospital administration and clinical staff in an attempt to minimize risk and loss and to assure that the hospital and its policies, procedures and practices remain in compliance with all applicable state and federal laws, rules and regulations.

Other duties and responsibilities are listed in CSH Risk Management Plan 8.16.

X. RESPONSIBILITIES OF SERVICE CHIEFS, DEPARTMENT HEADS, AND OFFICE DIRECTORS

- A. Develop internal safety policies and procedures based on their mission and the facilities within their areas of responsibility. These plans should be updated and reviewed at least annually.
- B. Assure that internal plans provide the following safeguards for hazardous chemicals/materials as appropriate:
 - 1. Service area employees are familiar with the need for strict control of chemicals utilized by unit staff.
 - 2. Special protection is provided for clients most prone to pick up and ingest chemicals/ solutions.
 - 3. Chemicals/hazardous materials shall be maintained under lock and key or under direct control of staff.
 - 4. Service area staff is alerted when housekeeping chores begin so that they can prevent clients from entering the immediate cleaning area.
 - 5. Internal controls are implemented to restrict direct purchase of potentially hazardous chemicals (i.e., procurement of items other than those stocked in the warehouse).
- C. Environmental and occupational hazards associated with service area operations are identified and managed to minimize the degree of risk to clients, visitors, and staff.
- D. Safe practices, to include hazard recognition and the use of personal protective equipment (PPE) are incorporated into their operations.
- E. The applicable requirements of the hospital's Hazardous Materials and Wastes Management Plan (CSH Plan #8.15) are complied with and that all hazardous chemicals, materials, and wastes are labeled, handled, mixed, stored, and disposed of in accordance with applicable policies, procedures, laws and regulations. A material Safety Data Sheet(s) (MSDS) for each chemical is available through the web-based system and issued upon request. The number should be located on the telephone

sticker on each telephone (1-888-362-7416).

- F. Staff participates in all required safety training, fire drills and disaster drills, as appropriate.
- G. Written safety-related guidelines are developed for employee wearing apparel as appropriate.
- H. Conduct regular (at least semi-annually) hazard surveillance/safety inspections of their areas of responsibility. Ensure corrective actions are initiated, and follow-up taken as necessary. All safety inspections with corrective actions will be documented and copies provided to the Safety Director.
- I. Safety is included as an agenda item at staff meetings; on-the-job hazards and accident prevention measures are discussed, safety and the safety program are promoted, and positive safety attitudes within the work force are encouraged.
- J. All accidents/incidents are reported, investigated and documented in a timely manner.
- K. The individual appointed as Safety Officer for the division/Department will be designated in writing to the CSH Environment of Care Team. This person will coordinate and monitor all safety matters (e.g., report preparation, inspections, investigations, follow-ups, maintenance of records, etc.), and to serve as the primary contact person on safety matters between the organization and the CSH Safety Director. This Safety Officer will chair the service area/department EOC Committee and serve as the service area's/department's/office's representative to the CSH EOC Team.
- L. Recommendations to improve the safety program are made as appropriate.
- M. Announcements of medical device recalls and hazard notices received from government agencies and manufacturers are brought to the attention of the CSH Safety Director and EOC Team as outlined in Section XVI of this plan.
- N. Written notices(s) of life sustaining supplies and equipment recalls from the manufacturer will be electronically or hand delivered to Procurement Services for immediate follow-up by the Procurement and

Services Manager with copies supplied to the CSH Safety Director as outlined in Section XVI of this plan.

- O. All safety related matters and inspections are reported to the Safety Director and the CSH EOC Team.
- P. Employee receive all required or necessary safety training.
- Q. Ensure that regular inspections/surveys are conducted to discover/eliminate contraband items.

XI. RESPONSIBILITIES OF HOSPITAL HOUSEKEEPING SERVICES DIRECTOR, AND SERVICE AREAS HOUSEKEEPING MANAGERS

- A. The Hospital Housekeeping Director and Service Areas Housekeeping Managers will assure that all housekeeping employees are provided annual training in the following:

Proper housekeeping procedures, appropriate uses of the different housekeeping products, the correct methods for diluting housekeeping chemicals/solutions, and safeguards for handling the chemicals/solutions with particular emphasis on preventing clients from gaining access to them. He/she will assure that housekeeping service employees are provided training in the handling of hazardous materials and waste in their annual in-service training program.

XII. RESPONSIBILITIES OF SUPERVISORS

- A. Provide a safe environment for clients, employees and visitors.
- B. Remain knowledgeable of all the applicable hospital/DDO's safety/emergency management policies and procedures, and assure that each employee receives adequate instruction and training.
- C. Provide each employee with the necessary instruction and training in order to perform their job in the safest possible manner.
- D. Motivate employees to perform safely.
- E. Explain and continually stress safety rules, regulations, policies, procedures, plans, and the reasons for them.

- F. Encourage positive safety attitudes by setting a good example.
- G. Encourage safety awareness with employees.
- H. Establish practices that are geared toward prevention of accidents.
- I. Enforce compliance with safety rules, regulations, policies, procedures and plans.
- J. Conduct periodic safety checks of the areas under their responsibility.
- K. Thoroughly investigate all accidents, complete incident reports and initiate appropriate preventive measures.
- L. Take necessary action to correct unsafe practices and to eliminate or control unsafe conditions and hazards.

XIII. RESPONSIBILITIES OF ALL EMPLOYEES

- A. Perform his/her duties in a safe manner, and to integrate safety awareness and practices into his/her daily work activities.
- B. Follow job safety instructions, rules, regulations, policies, procedures and plans.
- C. Promptly report all accidents, unsafe practices, conditions and hazards to the immediate supervisor.
- D. Keep fingernails manicured and dress in accordance with the Hospital Dress Code.
- E. Become familiar with all safety and emergency plans and procedures and know what to do in the event of a fire, or other emergency.

XIV. HAZARD SURVEILLANCE/SAFETY INSPECTION PROGRAM

- A. The CSH Safety Director will have two (2) hazard

surveillance/safety inspections conducted annually of all service areas, departments and offices. The Safety Director will develop and maintain a checklist for use in these inspections. The checklist will include criteria for monitoring environmental and occupational hazards and unsafe practices. Copies of inspection reports will be submitted to the head of the respective organizations, CSH Safety Director, Director, LSSO and Information Systems and Program Evaluation Department.

- B. Copies of all other safety inspections and the plan of corrections (e.g., service areas', departments', offices' internal safety inspections, other safety inspections, etc.) will be supplied to the Central State Hospital EOC Team.

XV. ACCIDENT/INCIDENT REPORTING, INVESTIGATION, DOCUMENTATION AND PREVENTION

A. Definitions:

1. Accident - an undesired occurrence that results in injury or suspected injury to a client, employee, or visitor.
2. Motor Vehicle Incident - an occurrence involving the operation of a motor vehicle that results in property damage and/or injury to individuals. See CSH Policy/Procedure 5.15 and 5.15A, Accidents Involving State Vehicles.
3. Incident - as defined in the Department of Behavioral Health and Developmental Disabilities (DBHDD) Policy 6001-101 - Reporting of Consumer Deaths and Critical Incidents. Complete incident on the Critical Incident Report (CIR).
4. Other Incidents - an occurrence or condition that poses an actual or potential danger to the safety of clients, employees, visitors or property.

- B. The CSH Plan #8.08 and the safety program are directed toward the prevention of accidents to clients, employees, visitors and property.

- C. All accidents/incidents will be promptly reported, thoroughly investigated and accurately documented. This is essential to an effective accident prevention program since accurate accident/incident data can be used to identify problem areas, which are the basis for the development of preventive measures and the initiation of corrective action.
1. Client Accidents - all accidents/injuries and suspected accidents/injuries to clients will be promptly reported, investigated and documented in accordance with CSH Policy and Procedure #4.20/4.20A - CLIENT ACCIDENT AND INJURY REPORTS, using form CSH-464, Client Accident and Injury Report. The Service Area EOC Team will review client accidents/injuries in their respective area to identify trends and corrective action as needed. Particular serious types of injuries will be reviewed by the CSH Compliance Officer and the Incident Analysis Team (IAT).
 2. Employee Accidents - all accidents/injuries and occupational illnesses arising out of and in the course of employment will be promptly reported by the employee to his/her immediate supervisor. When an employee is injured on the job, the employee is to complete an Incident Report. Ensure that the form is complete (i.e., name, address, date-of-birth, social security number, full detail of incident, the exact body part and type of injury). Also, make sure the form is signed in all the appropriate places for the supervisor and the staff. Advise the employee of the Panel of Physicians. The panel is posted on pink posters throughout the Hospital. If the employee loses time or seeks medical treatment the incident should be called into Workers' Compensation Teleclaim Reporting at 1-800-345-6727. The work location code that the teleclaim operator will ask for is as follows: Central State, 2714. The report should be made immediately and in no case more than 24 hours from the time the supervisor has knowledge of the injuries and/or illnesses. The Supervisor should have the Critical Incident Report Form and a copy of the Georgia

Activity Analysis Form available in order to respond to questions asked by the teleclaim staff. Write the teleclaim operators name and the claim number on the Staff Incident Report Form in the appropriate place. Employees cannot call in their own claim.

If the incident is called into the Telephonic Reporting Service, fax a copy of the incident report to the Human Resources Office at 478-445-2616 and the CSH Safety Director at 478-445-6496, and mail the original to the Human Resources Department within 48 hours.

If an employee does not seek medical treatment at the time of the incident, but later decides medical treatment is necessary, the Human Resources Department is to be notified immediately.

The Human Resources Department will at that time call the report into the Teleclaim Reporting Service.

3. Visitor Accidents - all accidents/ injuries to visitors on the hospital grounds will be considered "serious incidents" and will be promptly reported, investigated and documented in accordance with the Department of Behavioral Health and Developmental Disabilities (DBHDD) Policy 6001-101, (Reporting of Consumer Deaths and Critical Incidents). Complete the Critical Incident Report (CIR). The CSH Safety Director will obtain necessary information on visitor accidents for the CSH EOC Team from the Chairperson of the Service Area EOC Team.
4. Motor Vehicle Incidents - all motor vehicle incidents occurring on the hospital grounds will be promptly reported to the Police Department. The Police Department will investigate each incident and assure the completion of required reports. Incidents involving hospital/state vehicles, both on and off the hospital grounds, will be reported, investigated and documented in accordance with CSH Policy and Procedure #5.15/5.15A - ACCIDENTS INVOLVING STATE VEHICLES. The Police Department representative on the CSH EOC Team will

present a summary of motor vehicle incidents and actions taken at monthly EOC Team meetings.

5. Serious Incidents - all incidents that meet the definition of a "serious incident" as defined in the Department of Behavioral Health and Developmental Disabilities (DBHDD) Policy 6001-101, (Reporting of Consumer Deaths and Critical Incidents). Complete the Critical Incident Report (CIR). The CSH Safety Director will obtain necessary information on "serious incidents" for the CSH EOC Team from the Chairperson of the Service Area EOC Team. Certain "Serious Incidents" as defined in the DBHDD Policy may be reviewed by the IAT.
 6. Other Incidents - any other occurrence or condition that poses an actual or potential danger to the safety of clients, employees, or visitors shall be reported immediately. Employees can do this by reporting the incident or situation to their supervisor, to the CSH Safety Director or to any member of the CSH or division EOC Teams. The status of any safety-related problem/matter brought to the attention of the CSH Safety Director/EOC Team will be acted upon and monitored until it is satisfactorily resolved.
- D. Accident/incident analysis data will be summarized on a monthly basis by Safety Director and presented to the CSH EOC Team. These reports will also be submitted to ISPE to be included in the Quarterly Review Reports.

XVI. **MEDICAL DEVICE/PRODUCT RECALLS/ALERTS AND HAZARD NOTICES**

Announcements of medical device/product recalls and hazard notices from government agencies and manufacturers which are received by service chiefs, department heads and office directors will be immediately brought to the attention of the Director of Procurement Services, and the CSH Safety Director, for appropriate coordination and action. The procedure is outlined in Section VIII, O. of this plan.

The Procurement and Services Manager, upon receipt of a

recall/alert, immediately notifies, by telephone, the CSH Safety Director, appropriate service chiefs, department heads and office directors of the product recall information. Notification in writing, including the recall information, is then sent to all service chiefs, department heads or office directors that are affected by the recall as soon as possible following the verbal notification.

The Chief Executive Officer, Risk Management Director, EOC Team Chair person and the CSH Safety Director will receive copies of all notifications and the recall instructions.

XVII. SECURITY

- A. The CSH Police Department is responsible for all security activities throughout campus.
- B. The department shall maintain policies and procedures necessary to provide for the security and safety of all clients, employees, or visitors while they are on campus.
- B. The Police Department is to give a monthly report to the CSH EOC TEAM about any security problems noted during the month.

Approved:

This plan has been approved by the CEO and CMO on October, 2009.