UNIVERSITY OF TOLEDO

SUBJECT: ENVIRONMENTAL SAFETY ROUNDS Procedure No: S-08-007

PROCEDURE STATEMENT

An environmental safety rounds system shall be maintained at The University of Toledo.

PURPOSE OF PROCEDURE

To provide for the identification, tracking and correction of deficiencies in compliance with applicable codes, standards, policies and regulations that may present an unsafe environment for any person associated with any University of Toledo facility.

PROCEDURE

Format

The environmental safety rounds team shall consist of persons from the following departments:

- Environmental Health and Radiation Safety
- Environmental Services
- Facilities Maintenance
- Biomedical Engineering
- Department Director or designee (responsible for the area being surveyed)
- Infection Control

Responsibility

The Environmental Health and Radiation Safety Department is responsible for scheduling surveys at the University Medical Center, Outpatient Clinics and non-clinical building on the Health Science Campus in a manner that assures coverage of the necessary areas when they are due for a survey. Clinical areas will be surveyed twice yearly. Non-clinical rounds on Main Campus are scheduled through Plant Operations. Non clinical rounds on HSC are completed annually during fire marshal inspections.

Department Chairmen/Lab Directors are responsible for the correction of all deficiencies and for providing appropriate documentation of such correction to the Environmental Health and Radiation Safety Department.

The Director of Environmental Health and Radiation Safety, or designee, is responsible for maintaining all surveillance activity documentation and for reporting the activities to the UT Safety and Health Committee on a regular basis and to follow up on all uncorrected deficiencies.

Documentation/Reporting

The Environmental Health and Radiation Safety Department shall record all deficiencies on a standard reporting form. Upon completion of the department survey, the Environmental Health and Radiation Safety Department shall create a report of each deficiency recorded. The environmental rounds database is located on a common drive.

Following correction of the deficiency the Department Director/Lab Director shall document all corrective action via return e-mail declaring the deficiency corrected. The Environmental Health and Radiation Safety Department will enter all information related to the deficiency and its correction into the database.

Present Structure

The structural and physical integrity of campus buildings, exteriors and grounds will be checked as a part of the preventive maintenance program by individuals designated by the Director for Facilities Maintenance. Special emphasis will be placed on locating any defects (loose brick, roofing, broken walkways, trip hazards) which may pose

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a danger to patients, visitors, students and other personnel. Any defect located which constitutes a hazard will be appropriately identified and repaired in a timely manner.

The interior of all buildings will be inspected as a part of the preventive maintenance program by individuals designated by the Director for Facilities Maintenance. These inspections will be carried out in order to locate any physical or mechanical defects in the building or equipment which may pose a hazard to any person.

Results will be reported to the Safety and Health Committee on a quarterly basis. In addition, the team will review all fire and life safety issues (properly latching fire doors, exit egress, exit signage, door ratings, door labeling, sprinkler head dust, etc.) and institute ILSM as needed.

If employees notice a defect or unsafe situation, they should report it to their department head and/or the Facilities Maintenance Work Control Center on the Health Science Campus at 419-383-5353; Main Campus 419-530-1000, or complete an online Maintenance work order request.

Source: Safety & Health Committee

Effective Date: 07/01/94

Review/Revision Date: 3/26/96

3/1/99 12/6/01 1/13/03 2/28/05 2/13/07

11/04/10 03/28/12 11/30/12

7/25/13 1/16/14 6/1/15 12/28/15 12/27/18

9/10/19 1/6/21

5/7/21 5/5/22 5/14/24 The areas to be inspected and the schedule of inspections are as follows:

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Week #			CLINICAL AREAS
Jan/July	1	14	Hospital Penthouse/ Basement Mechanical Rooms
			Hospital Lobby, Hospital Gift Shop and Cafeteria
			SICU Penthouse
Jan/July	2	15	Hospital 4th, 5th and 6th floors
			Neurodiagnostic (4th floor)
Jan/July	3	16	Hospital 3AB, 3CD, MICU
			Blood Gas Lab (3 rd Floor)
			SICU
			Blood Gas Lab (2 nd Floor)
			Hospital Clinics 2 nd Floor
			Hospital 2 nd floor miscellaneous
Feb/Aug	4	17	PACU
			OR
			Sterile Processing
			Hemodialysis
Feb/Aug	5	18	Radiology (MRI, CT, Diagnostic, Nuclear Medicine, Ultrasound)
			Hospital Clinics 1st Floor (Heart and Vascular, Hyperbaric)
			Cardiovascular Lab
			Emergency Department
March/Sept	6	19	Inpatient Pharmacy
			Pathology Labs
			Food & Nutrition
			Respiratory Care
March/Sept	7	20	George Isaac Minimally Invasive Surgery Center/Endoscopy
			Medical Pavillion
			Orthopedic Clinics
			Outpatient Pharmacy
April/Oct	8	21	Dowling Hall Basement (Clinical Support, Biomed, Laundry, Warehouse, Dock, IT, Mechanical
			Spaces)
April/Oct	9	22	Cardiac Rehab/Morse Center
			Outpatient Rehab/Hydrotherapy
			Physical Medicine
			Audiology
May/Nov	10	23	Dana Cancer Center
May/Nov	11	24	Ruppert Health Center/Fallen Timbers/Dana Cancer Center @ Maumee
June/Dec	12	25	Kobacker
June/Dec	13	26	Comprehensive Care Center
			Regency/DCC @ Toledo Clinic on Holland Sylvania
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