

UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS

SUBJECT: SAFETY MANAGEMENT PLAN

Procedure: S-08-000

PROCEDURE

The University of Toledo Health Science Campus (hereafter UT and HSC) shall have a Safety Management Plan in order to "minimize risks in the environment of care" and to "manage safety risks." (See Note below)

PURPOSE

To meet the mandates of Environment of Care (EC) standard of The Joint Commission (TJC) and to provide for the safety, health and well-being of patients, staff and the public by creating an environment of care free of hazards.

SCOPE

(NOTE: Because of the importance, breadth and scope of the safety and security requirements which TJC has bundled together into one standard (EC.02.01.01), UT safety and security officials decided to retain separate management plans for safety and security).

The safety management plan describes how the organization will provide a physical environment free of hazards and manage staff activities to reduce the risk of injuries. The Safety Management Plan applies to the UT Medical Center and all associated facilities and clinics. These facilities have inherent safety risks associated with providing services for patients, the performance of daily activities by staff, and the physical environment in which services occur. The Safety Management Plan has been designed to work in concert with the other Environment of Care Management Plans (i.e. Utility Systems, Hazardous Materials, Medical Equipment, Security Plan and Fire Safety Plan). The Safety Management Plan serves as the lead plan in establish a safe environment for all of the listed plans to direct compliance with TJC standards. The plans are reviewed and accessed annually to determine their effectiveness and ensure that they function as unit to allow for continued improvement and functioning within the Environment of Care.

RESPONSIBILITY

The Safety Management Plan has been assigned a leader with the appropriate background and skill set to allow for continuous satisfaction for the assigned elements of performance. This individual is required to sign after reviewing the plan on an annual basis. Staff from the Environmental Health and Radiation Safety Department are assigned responsibilities to complete elements of the plan and ensure its continued implementation. Reports on the plan's implementation are reported to the Safety and Health Committee on a regular basis. A representative from hospital administration sits on the Safety and Health Committee. On an annual basis the assessment of the effectiveness of each individual management plan is presented to the Board of Trustees of the University of Toledo.

UT HSC SAFETY AND HEALTH COMMITTEE

This is a multi-disciplinary team comprised of representatives from clinical, administrative and support services.

The UT HSC Safety and Health Committee meets 4 times a year at a minimum to review, discuss and vote as needed on issues that impact the safety, health and well-being of patients, staff, faculty, visitors and students.

The UT HSC Safety and Health Committee reviews identified problems, discusses possible remedies to those problems, and evaluates their effectiveness.

Specific UT HSC Safety and Health Committee members oversee the content, structure and implementation of the new employee safety training orientation program, and assist in the continuing education of staff.

The Environmental Safety Rounds Task Force conducts inspections of the hospital areas at least twice yearly, notifies responsible parties for the correction of identified safety problems in their area(s) of responsibility, and tracks and trends their correction and/or reoccurrence.

NOTE: in the event of a life-threatening safety emergency, the Director of Environmental Health and Radiation Safety will notify UT Administration and others as deemed appropriate.

DEPARTMENT MANAGERS/DIRECTORS

The ultimate responsibility for the development and maintenance of departmental safety procedures/policies lies with department managers and directors, who have available to them the assistance of the Environmental Health and Radiation Safety Department.

Managers and directors assure that new employees are properly educated on unit specific procedures and have attended new employee safety orientation.

The new employee department specific safety orientation and education program will address:

1. General safety processes,
2. Area-specific safety,
3. Specific job-related hazards,
4. Provision of safety-related information at each orientation session.

Managers and directors will also:

1. Provide documented continuing education on Hospital and unit-specific safety policies and procedures annually.
2. Stimulate and encourage employee interest and participation in the safety and health program at the UT HSC.
3. Assist in any way possible with the investigation of any injuries that occur within their department(s).
4. Continually work to ensure that unsafe conditions are identified and eliminated.
5. Assist in monitoring safety recommendations pertaining to the specific department.

EMPLOYEES

UT HSC employees have the responsibility to cooperate in making a safe work environment by attending safety education training as necessary and required within the established time periods, reporting and documenting all incidents of injury or near-injury, and reporting unsafe conditions immediately to their manager, department director, the Environmental Health and Radiation Safety Department (419-530-3600), HSC Security (419-383-2600).

PROCESSES AND PROCEDURES

The hospital manages safety and security (see Security Management Plan) risks. The UT HSC identifies these risks and plans and implements processes and takes action to minimize or eliminate identified safety risks in the physical environment by addressing the following issues:

The hospital plans activities to minimize risks in the environment of care:

- Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of action and results: the President of the University of Toledo has appointed the Chairman of the University of Toledo HSC Safety and Health Committee to fulfill this responsibility (see Safety and Health Statement approving Chairman of UT HSC Safety and Health Committee as designated collector of data and information on safety issues in the patient care environment). In addition, the Director of Environmental Health and Radiation Safety provides regular updates and information to the Senior Leadership Team on safety initiatives, safety concerns and plans for resolution of those concerns). An annual update is also provided to The University of Toledo Board of Trustees Clinical Affairs Committee.

The University's leadership supports the safety and health program by ensuring the formation and development of the UT HSC Safety and Health Committee. Administration also supports the safety and health program by appointing an employee who will act as the Director of Environmental Health and Radiation Safety.

The Director of Environmental Health and Radiation Safety (see job description) has been authorized by Administration to take immediate action when a condition exists that pose an immediate threat to life, safety and/or property. Key Administration officials review reports that include the following aspects of the Environment of Care:

1. Safety
2. Fire Safety/Life Safety
3. Security/Campus Police
4. Utility Systems
5. Medical Equipment
6. Hazardous Materials and Waste

Administrative representatives sitting on the HSC Safety and Health Committee reviews and analyzes environment of care data and metrics.

Administration further supports and supplements the safety and health program at the UT HSC by making recommendations and suggestions of possible courses of action in response to reports of safety issues/safety reports.

Key UT HSC Administration officials annually review the safety and health program's report on the objectives, scope, performance and effectiveness of that program.

- The hospital has a library of information regarding inspection, testing, and maintenance of its equipment and systems. The library for all medical equipment manuals, manufacturers procedures, technical bulletins, etc. is located in the Biomedical Engineering Department which is located in the Basement of Dowling Hall. Electronic copies are also located on the departments common drive. A similar library for those systems that fall under Utility Systems is located in the Facilities Department in the Facility Support Building.
- The hospital has a written plan for managing the environmental safety of patients and everyone else who enters the hospital's facilities: Buildings on the campus are constructed in accordance with all applicable fire and building codes, so as to ensure compliance with all requirements regarding fire egress and exits, construction materials, corridor width and electrical safety. UT HSC ensures that all campus buildings are fully inspected by applicable local and state inspectors before occupancy and at regular intervals thereafter to ensure that all patients, staff and visitors are working, visiting or receiving treatment in an environmentally safe building. All new employees are required to attend a thorough new employee safety orientation that reviews and explains safety policies, general and specific safety risks, and risks inherent in certain job positions, in addition to detailed information on emergency codes, University of Toledo Police, radiation safety, hazardous materials, risk management, ergonomics, and infection control. UT HSC ensures that environmental safety rounds are conducted regularly to identify, manage or eliminate any staff, patient, or visitor safety issues that are found during rounds. UT HSC utilizes Illness and Injury Report forms to track incidents of a broad nature, so as to create a "paper trail" to identify, assess and resolve safety issues or concerns. The University Police Department and its investigators assess every incident and/or crime report to determine appropriate follow-up; the OSHA 300 Illness & Injury Log tracks illness and injury to staff members, and is used to shape and create solutions to identified safety problems. In addition, ad-hoc task forces are created as needed to focus the appropriate level of safety resources on problematic areas.
- The hospital has written plans/procedures/policies to manage, respond and take action related to the following areas in the environment of care:
 - Safety Management
 - Security Management
 - Hazardous Materials and Waste
 - Fire Safety
 - Medical Equipment
 - Utility Systems

Environmental Safety Rounds, Facilities Maintenance routine preventive maintenance in accordance with manufacturers' warranty recommendations, and department-specific inspections of equipment accomplish this goal. In addition to the Grounds Department's daily scrutiny of any problems with UT HSC grounds, adherence to institutional safety policies that address the use of equipment also ensure compliance with this requirement.

- The hospital complies with the 2012 edition of NFPA 99: Health care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.

The hospital manages safety and security risks:

- The hospital implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospitals facilities: See proactive Risk Assessments of the Environment of Care. In addition, regular and ongoing safety rounds are conducted by Environmental Health and Radiation Safety, Grounds Department and Facilities Maintenance to identify and target for correction any safety and security risks associated with the environment of care. The Director of Environmental Health and Radiation Safety ensures that policies/procedures are in place for maintaining all grounds and equipment, for conducting risk assessments as needed on various elements, such as grounds, equipment, buildings and internal physical systems, and their impact on patient and public safety (this is done through targeted risk assessment reports, root cause analysis, review of University Police reports and Illness/Injury Reports through the OSHA 300 Illness & Injury Log); for seeing that all incidents of property damage, occupational illness and patient, personnel or visitor injury are reported and investigated (these issues are handled by a three-pronged approach between Risk Management, University to Toledo Police and Environmental Health and Radiation Safety, by which the appropriate department handles crimes against persons, University Police; illness in the workplace, Environmental Health and Radiation Safety; and personnel and visitor injury, Risk Management and Environmental Health and Radiation Safety, via the Illness/Injury Reporting system, and the OSHA 300 Illness & Injury Log system). The Safety and Health Committee also reviews all sentinel event alerts issued by the Joint Commission and prepares appropriate follow-up action plans to address these issues.
- The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment: Findings from environmental rounds, administrative rounds, safety and health committee concerns, etc. are addressed through corrective action via the Facilities work order system, Environmental Rounds data base tracking and other means of resolution.
- The hospital maintains all grounds and equipment: Findings from environmental rounds, administrative rounds, safety and health committee concerns, etc. are addressed through corrective action via the Facilities work order system, Environmental Rounds data base tracking and other means of resolution. The preventative maintenance program is an integral part of the maintenance of grounds and equipment.
- The hospital responds to product notices and recalls: Product notices and recalls are handled through the Biomedical Engineering Department, Supply Chain, and Risk Management (see procedure ME-08-003 Product Alert/Recall/Hazard). The Product Safety Coordinators for each respective area shall provide quarterly reports of product recall/alert/hazards to the UT Safety & Health Committee.
- The hospital manages magnetic resonance imaging (MRI) safety risks by doing the following: The Radiology Department addresses risks for patients who may experience claustrophobia, anxiety, or emotional distress (see 3364-135-142), may require urgent or emergent medical care (see 3364-135-146), with medical implants, devices, or imbedded metallic foreign objects such as shrapnel (see 3364-135-144; 3364-135-064), acoustic noise (see 3364-135-140).
- The hospital manages magnetic resonance imaging (MRI) safety risks by doing the following: The Radiology Department restricts access using MRI zones following the American College of Radiology (ACR) guidelines.

The hospital prohibits smoking except in specific circumstances:

- Smoking is prohibited on the Health Science Campus including the University Of Toledo Medical Center per policy #3364-60-01.
- Smoking materials are removed from patients receiving respiratory therapy. When a nasal cannula is delivering oxygen outside the patients room, no sources of ignition are within the site of intentional expulsion (within 1 foot). When other oxygen delivery equipment is used or oxygen is delivered inside a patients room, no sources of ignition are within the area of administration. (within 15 feet). Solid fuel-burning appliances are not in the area of administration. Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen delivery equipment or site of intentional expulsion. Refer to policy#3364-136-02-01 Oxygen Delivery Devices for Oxygen Therapy.
- The hospital takes action to maintain compliance with its smoking policy. Smoking compliance is addressed through Environmental and Administrative Rounds and management personnel are empowered to enforce the smoking policy of the University.

Staff are familiar with their roles and responsibilities relative to the environment of care.

- Staff responsible for the maintenance, inspection, testing and use of medical equipment, utility systems and equipment, fire safety systems and equipment, and safe handling of hazardous materials and waste are competent and receive continuing education and training. Competence is assessed through on-going testing in addition to training provided by the manufacturer and the "train the trainers" identified by area.
- Staff can describe or demonstrate actions to take in the event of an environment of care incident. Staff are integral to minimizing physical risks through identification and reporting of environment of care incidents. Reporting can be completed in a variety of ways but most often is completed through the work order system. Information on the environment of care and reporting is provided through new employee orientation, annual safety training, as well as through the Operational Leadership Team meetings.

The hospital collects information to monitor conditions in the environment.

- The hospital establishes processes for continually monitoring, internally reporting, and investigating the following:
 - Injuries to patients or others within the hospitals facilities
 - Occupational illnesses and staff injuries
 - Incidents of damage to its property or property of others
 - Safety and Security incidents involving patients, staff, or others within its facilities, including those related to workplace violence
 - Hazardous materials and waste spills and exposures
 - Fire safety management problems, deficiencies, and failures
 - Medical or laboratory equipment management problems, failures, and use errors
 - Utility systems management problems, failures, or use errors

Monitoring and reporting of incidents occur through injury/illness reporting forms, patient safety-net, security emergency lines, and through the Facilities and Biomedical Engineering work order system. The hospital conducts environmental rounds every 6 months in patient care areas and annually in non-patient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate environment of care risks and to identify any deficiencies, hazards, or unsafe practices. All methods are used to identify environmental deficiencies, hazards, and unsafe practices. Follow up is also discussed at the Safety Committee. The

environment of care management plan's objectives, scope, performance, and effectiveness are evaluated every 12 months.

The hospital analyzes identified environment of care issues.

- The hospital uses the results of data to identify opportunities to resolve environmental safety issues. Representatives from clinical, administrative, and support services participate in the analysis of the environment of care data to resolve environmental safety issues and recommend priorities for improving the environment. The Safety and Health Committee which is a multi-faceted group consisting of clinical, administrative and support services sets forth priorities for improving the environment of care.

The hospital improves its environment of care.

- The hospital takes action on the identified opportunities to resolve environmental safety issues. Performance improvement processes have been used to resolve safety issues through the Quality Management Performance Improvement Process. This is reported through the Safety Committee. In addition to environmental rounds, additional rounding is completed, with administrators, to ensure corrective action is completed in a timely manner.

ANNUAL REPORT

The objectives, scope, performance and effectiveness of the safety management program/plan will be evaluated in an annual report to Administration. Evaluation will include all areas of safety management.

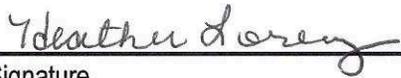
SUPPORTING DOCUMENTATION AND PERFORMANCE MEASURES

Other written procedures that support this management plan can be found at [UT Procedures and Plans \(utoledo.edu\)](http://utoledo.edu). Performance measures for the safety management program include the following:

- Injury/illness rates
- Needlestick rates
- Environmental Rounds

Effective Date: 7/1/96

Review/Revision Date: 6/22/97
5/10/98
4/16/99
8/15/00
1/24/01
2/12/02
6/1/03
8/04
4/05
9/06
12/07
8/08
8/09
9/10
5/11
5/12
5/13
1/14
1/15
1/16
1/17
1/18
1/19
1/21
1/22
1/23
1/24
1/25

Heather Lorenz
Name of Responsible Person
Director of Environmental Health and Radiation Safety
Title

Signature
January 8, 2025
Date