

UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS

SUBJECT: SAFETY MANAGEMENT PLAN

Procedure No: S-08-000

PROCEDURE STATEMENT

The University of Toledo Health Science Campus (UT HSC) shall have a Safety Management Plan in order to manage safety risks.

PURPOSE OF PROCEDURE

To meet the mandates of standard EC.1.10 of JCAHO 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.

PROCEDURE

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. Each hospital has 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 UT HSC identifies these risks and plans and implements processes to minimize the likelihood of those risks causing incidents by addressing the following issues:

- Develop and maintain a written management plan describing the processes it implements to effectively manage the environmental safety of patients, staff and other people coming to 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 in, 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, campus police and crime prevention, radiation safety, hazardous materials, risk management, ergonomics, and infection control. UT HSC ensures that safety rounds are conducted regularly to identify and resolve any safety issues that are noticed during those rounds. UT HSC utilizes Occurrence 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 Campus 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 intense safety resources on problematic areas (i.e., needlestick rates, employee back injuries, ergonomic concerns in specific departments);
- Identify a person(s), as designated by leadership, to coordinate the development, implementation and monitoring of the safety management activities: the President of the University of Toledo and the Chairman of the Board of Trustees have appointed the Chairman of the University of Toledo HSC Safety & Health Committee (or his designee) to fulfill this responsibility (SEE Safety & Health Statement);
- Identify a person(s) to intervene whenever conditions immediately threaten life or health or threaten damage to equipment or buildings: the President of the University of Toledo and the Chairman of the Board of Trustees have appointed the Chairman of the University of Toledo HSC Safety & Health Committee (or his designee) to fulfill this responsibility (SEE Safety & Health Statement);
- Conducting proactive risk assessments that evaluate the potential adverse impact of buildings, grounds, equipment, occupants and internal physical systems on the safety and health of patients, staff and other people coming into the institution's facilities: SEE "Global and Specific Risk Assessments of the Environment of Care 2008;"

- Identify risks and select and implement procedures and controls to achieve the lowest potential for adverse impact on the safety and health of patients, staff and other people coming to the hospital's facilities: in the last two years, the security integrity of the main hospital has been identified, through proactive risk assessments, as a risk to patients and staff alike. As a result, the institution has begun an aggressive program of card access installation, including installing card access readers in high-risk/high-sensitivity areas and departments. In addition, as a result of continuing risk analysis of data and real-life experiences, as of January 1, 2008, the entire HSC is smoke-free and tobacco-free, which will ensure a continuing reduction in fire events caused by the use of smoking materials;
- Establish safety policies and procedures that are distributed, practiced, enforced and reviewed as frequently as necessary, but at least every three years: all institutional safety policies are distributed, practiced, enforced and reviewed regularly, within the three year window of opportunity;
- Ensure responses to product safety recalls by appropriate hospital staff: the Technology Support Department handles and responds to product safety recalls;
- Ensure that all grounds and equipment are maintained appropriately: 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 assure compliance with this requirement.

HSC ADMINISTRATION

Supports the safety and health program by assuring the formation and development of the UT HSC Safety & Health Committee. Administration also supports the safety and health program by appointing an employee who will act as the Director of Safety & Health.

The Director of Safety and Health has been authorized by Administration to take immediate action when a condition exists that poses 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 Prevention/Life Safety
3. Security/Campus Police
4. Utility Systems
5. Medical Equipment
6. Emergency Management
7. Hazardous Materials and Waste

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

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

DIRECTOR OF SAFETY & HEALTH

Reports safety and health activities to the Senior Vice President for Administration, the Board of Trustees or governing body, and makes reports, as applicable, to department managers. The Director further reports to the UT HSC Safety & Health Committee the results of ongoing monitoring, actions taken or actions proposed, and follow-up recommendations.

The Director participates in incident/accident investigation and reporting; facilitates the development of hospital-wide safety and health policies and procedures, and ensures that these policies and procedures are reviewed as needed but at least every three years.

The Director participates in the organization, development and implementation of an ongoing safety education orientation program, and is responsible for assessing the effectiveness of that program.

The Director further collects and evaluates information on safety issues, concerns and problems, and communicates this information as needed to the appropriate department manager.

The Director receives and evaluates summaries and reports of activities related to safety, fire prevention/life safety, medical equipment, utility systems, security/campus police, emergency management and hazardous materials.

The Director of Safety & Health further ensures that policies are in place for maintaining all grounds and equipment, for conducting risk assessments on various elements, such as grounds, equipment, buildings and internal physical systems, and their impact on patient and public safety (this is done through analysis of Campus Police reports and Occurrence 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, Campus Police and Safety & Health, by which the appropriate department handles crimes against persons: Campus Police; illness in the workplace: Safety & Health; and personnel and visitor injury: Risk Management and Safety & Health, via the Occurrence Reporting system, and the OSHA 300 Illness & Injury Log system).

In addition, a vibrant and beneficial process of hazard surveillance (called Environmental Safety Rounds at the UT HSC) takes place each month, with various in-house expert staff evaluating the areas toured for safety problems. The Technology Support Department is charged with the duty to respond to product safety recalls, in the event they occur regarding machinery or devices owned or used by the UT HSC.

UT HSC SAFETY & HEALTH COMMITTEE

Multi-disciplinary team comprised of representatives from administration and managers and supervisors from clinical and nursing and support services.

The UT HSC Safety & Health Committee meets every other month to review, discuss and vote as needed on issues that impact the safety, health and well-being of patients, staff, faculty, visitors and students (Committee meetings can be held less than bi-monthly with approval of a majority of Committee members)

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

Specific UT HSC Safety & 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, and tracks and trends their correction and/or reoccurrence.

NOTE: IN THE EVENT OF A LIFE-THREATENING EMERGENCY, THE DIRECTOR OF SAFETY & HEALTH WILL NOTIFY UT ADMINISTRATION THROUGH THE SENIOR VICE PRESIDENT OF ADMINISTRATION, WHO WILL THEN ASSUME RESPONSIBILITY FOR NOTIFYING ADDITIONAL, APPROPRIATE UT HSC ADMINISTRATION OFFICIALS.

DEPARTMENT MANAGERS/DIRECTORS

The ultimate responsibility for the development and maintenance of current department safety policies shall lie with department managers and directors with the assistance of the Director of Safety & Health and other Safety & Health Department personnel as needed/appropriate.

Assure that new employees are properly educated and have attended new employee safety orientation.

The safety orientation and education program will address:

1. General safety processes,

2. Area-specific safety,
3. Specific job-related hazards, and
4. Provision of safety related information through distribution of written safety orientation materials at each orientation session.

Provide documented continuing education on Hospital and unit-specific safety policies and procedures annually.

Stimulate and encourage employee interest and participation in the safety and health program at the UT HSC.

Assist in any way possible with the investigation of any injuries that occur within their department(s).

Continually work to ensure that unsafe conditions are identified and eliminated.

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 or injury and near-injury, and reporting unsafe conditions immediately to their manager, department director, the Safety & Health Department (x5069), or to Campus Police (x3770 for non-emergency situations; or 77 for emergencies).

ANNUAL REPORT

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

PERFORMANCE MONITORS

Performance monitors will be identified that will assist in the overall management of safety. These monitors will be tracked and trended in order to determine the overall effectiveness of the safety program. Performance monitors are chosen for tracking during the three-year cycle between Joint Commission surveys. The three-year cycle is chosen so as to provide a three year "snapshot" that shows the true historical activity of the chosen performance monitor.

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