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 shall define the processes which [organization name] 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 facility.

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 this facility’s Safety Management Plan shall be to control known and potential safety hazards to our patients, staff and visitors.

GOALS:

• The goals of this facility's Safety Management Plan shall 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
GUIDELINE:

This is a guideline to performing and documenting a proactive Security Risk Assessment and Vulnerability Analysis on all areas of the facility.

POLICY:

• In order to prepare a defense system against losses from crime, incidents, accidents, fire, etc., the facility shall identify and evaluate potential risks and develop proactive responses that can be initiated to reduce or eliminate the potential of these events taking place.

• Security risk assessment shall be conducted on a regular and ongoing basis.

• This assessment shall be conducted by ______________ and consist of a review of nonclinical areas, patient rooms, operating areas, Urgent Care Department, Pharmacy, Clinical Laboratory, Radiology/Imaging, Materials Management, Environmental Services, Business Office, general plant and grounds, etc.

PROCEDURE:

• Sources for determining potential risk/security events shall include:

  • Previous recommendations
  • Security Incident Reports
  • Loss/Theft Reports
  • Claims against the facility
  • Complaints from staff, patients, contractors, visitors, law enforcement
  • Healthcare industry information on security trends
  • Facility location
  • Law enforcement notification of potential threats
  • Economic conditions
NOTES:

• Electronic access and other alternatives to maintaining paper copies of the Safety Data Sheets (SDS) are permitted as long as no barriers to immediate employee access in each workplace are created by such options.

• If your organization employs an online resource for SDS, ensure that there is a current backup copy accessible to all staff when the internet is down.

PURPOSE:

To identify and provide information about chemical hazards in the workplace to ensure the health and safety of employees.

DEFINITION:

Safety Data Sheets supply detailed information on a chemical and its hazards. SDS are required to have a specified 16-section format.

POLICY:

• Safety Data Sheets (SDS) from the manufacturer shall be located __________________ for employee referral 24 hours per day, seven (7) days per week.

• All staff shall receive information and training regarding the hazardous substances encountered in the workplace at the time of orientation, annually, and when new hazardous substances are introduced to the workplace.

• The format of the 16-section SDS includes the following sections:

  1. Identification:

     ♦ Product identifier used on the label

     ♦ Other means of identification
POLICY:

- All mechanical and electrical patient care equipment shall be evaluated prior to use based on function, presence of alarms, physical risks associated with clinical use, regulatory approval (if applicable), maintenance requirements and equipment incidents.

- All incoming and existing equipment meeting the evaluation criteria shall be included in the medical equipment management program.

- An inventory of equipment included in the program and equipment maintenance records documenting all maintenance on equipment shall be kept in the Engineering Department office.

PROCEDURE:

- All biomedical equipment shall be evaluated on function, risk, regulatory approval, maintenance requirements and equipment history. Each piece of equipment shall be assigned an equipment management number.

  - **Equipment Function** shall be divided into five (5) groups:
    - Diagnostic
    - Care
    - Treatment
    - Life
    - Monitoring

  - **Physical Risk** associated with application shall be evaluated on the following criteria:
    - Patient death
    - Patient or operator injury
    - Inappropriate therapy or misdiagnosis
    - No significant risks
POLICY:

- A complete, labeled inventory of all emergency power systems and the loads they serve shall be maintained in the Engineering Department.

- The Engineering Director shall ensure staff receive competency training and testing for all operators and others responsible for system maintenance of the emergency power supply system.

EMERGENCY GENERATOR TESTING:

- At least monthly, the facility shall test each emergency generator under load for at least 30 continuous minutes.
  
  - The cool-down period is not part of the 30 continuous minutes.
  
  - The monthly tests for diesel-powered emergency generators shall be conducted with a dynamic load that is at least 30% of the nameplate rating of the generator or meets the manufacturer’s recommended prime movers’ exhaust gas temperature.
  
  - Test results and completion dates shall be documented and maintained in the Engineering Office.

- If the facility does not meet either the 30% of nameplate rating or the recommended exhaust gas temperature during the testing of any emergency generator, then the emergency generator must be tested once every 12 months using supplemental (dynamic or static) loads of 50% of nameplate rating for 30 minutes, followed by 75% of nameplate rating for 60 minutes, for a total of 1 ½ continuous hours.

- Tests for non-diesel-powered generators need only be conducted with available load.