PURPOSE

The purpose of the Safety Management Plan of UPMC St. Margaret/UPMC St. Margaret Harmar Outpatient Center is to establish a framework for managing the environmental safety of all persons who enter hospital facilities. The plan provides processes for identifying and reducing hazards and risk in the physical environment and for minimizing the likelihood of harm resulting from them.

SCOPE

The scope of the Safety Management Plan encompasses those activities necessary for the coordination of an effective safety program at the hospital, Harmar Outpatient Center and other off-campus facilities based on risk assessment, organizational experience, applicable laws and regulations and accepted safety practices. The scope of the Safety Management Plan includes risk management, the maintenance of a safe physical environment, product recall, smoking prohibitions, staff training, response mechanisms for reporting incidents in the environment of care, hazard surveillance, collection and analysis of information from the environment of care and improvement of the environment of care. These functions are carried out by cooperative efforts of the Safety Manager, the Employee Health Nurse, the Infection Control Preventionists, the Director of Environmental Services, the Director of Facility Services, the Chief of Security, the Regulatory Specialist and the Risk Manager. Identified problems are referred to the Environmental Safety Committee for resolution.

OBJECTIVES

To effectively manage the environmental safety of all persons coming to the hospital or to off campus facilities operated by the hospital

To direct the identification and correction of unsafe conditions and practices

To comply with accepted safety standards

To direct the collection and analysis of information from the environment of care

To identify opportunities to improve performance
ANNUAL SAFETY MANAGEMENT PROGRAM OBJECTIVE

To conclude the GE monitor replacement project without compromising employee safety

RISK MANAGEMENT (EC.01.01.01 – EP 1-2)

UPMC St. Margaret has identified a Risk Manager and Safety Manager to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information and disseminate summaries of actions and results.

UPMC St. Margaret designates the Safety Manager as the person authorized to intervene whenever conditions immediately threaten life or health or threaten damage to equipment or buildings. The Director of Facility Services and the on duty Clinical Coordinator are authorized to intervene in such circumstances in the absence of the Safety Manager. This authority is confirmed by a formal policy statement.

RISK ASSESSMENT (EC.02.01.01 – EP 1/3 & EC.02.06.05 – EP 1-3)

Proactive risk assessment is conducted to evaluate and minimize the hazards posed by buildings, grounds, equipment, occupants and internal physical systems to all persons coming to the hospital or to off campus facilities operated by the hospital. The risk assessment process is based on evaluation of the following criteria: applicable law, regulatory requirements, safety and building codes, accepted safety and industrial hygiene practices, recommendations of equipment manufacturers, observations made during hazard surveillance activities, past institutional experiences and recommendations made by professional and research organizations.

A formal safety risk assessment, approved by the Environmental Safety Committee, functions as a management tool in proactively evaluating the impact of the environment on the safety and health of patients, staff and others coming to hospital facilities. This document, along with the above considerations, is used to identify and implement procedures and controls to minimize the impact of environmental factors on safety and health.

The risk management process triggers response activities when hazards are identified. For example, additional hazard surveillance may be conducted in areas where significant hazards are observed.

When planning for installation of major equipment or demolition, construction or renovation of any hospital area or off-campus facility, a pre-construction risk assessment is employed in determining the potential impact of the work on patient care. This assessment attempts to determine the impact of the work on air quality, infection control, utility needs and emergency procedures. Noise and vibration resulting from the work are also considered. Appropriate control measures are put in place to reduce the impact of such work on patient care. Requirements of the appropriate edition of the “Guidelines for Design and Construction of Hospitals and Health Care Facilities” published by the
American Institute of Architects and state infection control requirements (ICRA) are addressed in planning.

MAINTAINING ALL GROUNDS AND EQUIPMENT (EC.02.01.01 – EP 5)

Appropriate maintenance of grounds and equipment is conducted and overseen by the Facility Services Department. The Director of Facility Services is responsible for ensuring that appropriate maintenance activities are performed for facility grounds and external equipment. Safety and Security personnel make regular rounds of external areas to identify and correct hazardous conditions and practices and to ensure the safety of the hospital’s grounds and external equipment.

Facility grounds included in maintenance activities consist of courtyards, patios, lawns, sidewalks, roads, loading docks, external garages and storage areas, parking lots and the helipad. Snow removal and landscaping is contracted with competent vendors.

External equipment included in maintenance activities consist of lighting, signage, fuel storage, electrical control panels, garbage compactors, flag pole, benches, parking equipment, helipad fire suppression equipment, water supply control valves, air handling equipment and sewer line accesses. Protocols for inspection, testing and preventative maintenance of external equipment have been developed for equipment such as post indicator valves and fuel storage which require regular maintenance. Corrective maintenance to other types of equipment is conducted as needed. The hospital contracts with competent vendors to perform maintenance on various types of external equipment such as sewers, lighting, signage and flag pole as well as the external equipment at the medical office buildings and off campus facilities.

The hospital owns and operates a variety of equipment that is used to maintain the grounds. This equipment includes a skid steer loader, salt spreaders, snow blowers and a street sweeper. This equipment is maintained by the Facility Services Department and competent vendors. Safety checks of powered industrial trucks are performed before use. Orientation and education are provided to equipment users.

RESPONSE TO PRODUCT NOTICES AND RECALLS (EC.02.01.01 – EP 11)

Response to safety recalls is coordinated by a designated Recall Officer in Supply Chain Management. Response to safety recalls is accomplished through an independent service (RASMAS) which routes recall notices to the appropriate managers. Product recalls and hazard notices are reported to the Environmental Safety and Patient Safety Committees.

SMOKING (EC.02.01.03)

UPMC Health System has developed a policy (Clean Air/Smoke Free Campus) to reduce the risks of smoking to patients who smoke, including possible adverse effects on treatment, risks of passive smoke to others and risks of fire. Smoking is prohibited inside all buildings and on all grounds under the control of UPMC St. Margaret. The policy
directs the monitoring of compliance and describes processes for eliminating violations of the policy. The Safety Manager and management staff are responsible for compliance with the Smoking Policy.

MAINTAINING A SAFE ENVIRONMENT (EC.02.06.01 – EP 11//20/26)

An appropriate and safe environment of care is supported by semiannual environmental tours in every hospital unit, department, area and facility. These tours are conducted by representatives from the Environmental Safety, Infection Control, Environmental Services and Regulatory Compliance Departments. The tours are employed to identify and correct deficiencies in the physical environment. Lighting conditions, cleanliness, and the condition of furnishings and equipment are inspected.

The safety of furnishings and equipment is also supported by ongoing evaluations which identify articles to be replaced.

STAFF TRAINING (EC.03.01.01)

Training of staff is accomplished through orientation programs, annual mandatory education programs, departmental training, published policies, posted code charts, distributed environment of care reference flip charts and an annual Patient Safety Fair.

MONITORING THE ENVIRONMENT (EC.04.01.01 – EP 1-5 & 12-15)

All incidents of injury to patients and others coming to hospital facilities, incidents of property damage and occupational illnesses and injuries to staff are documented and reported through established procedures and documented on standardized report forms. All such occurrences are investigated by one or more of the following persons: the Safety Manager; the Security Department; the Risk Manager/Patient Safety Officer; the Infection Control Preventionists or the Employee Health Nurse. All incidents are reported to one or more of the following entities: the Environmental Safety Committee; the Patient Safety Committee; the Infection Control Committee or Risk Management.

Semi-annual environmental tours of all hospital departments, areas, units and facilities support the monitoring of the environment. Notification of appropriate management staff about observed deficiencies occurs following each tour. Follow-up and documentation of correction of observed deficiencies is made by the Safety Manager.

Ongoing Security patrols of all areas on the hospital campus also support the monitoring of the environment. Observations made during these patrols are referred to the Safety Manager for follow-up and are reported to the Environmental Safety Committee.

The objectives, scope, performance and effectiveness of the Safety Management Plan are evaluated annually by the Safety Manager. The evaluation is presented to the Environmental Safety Committee for review.
ANALYZING ENVIRONMENT OF CARE ISSUES/IMPROVING THE ENVIRONMENT OF CARE (EC.04.01.03 & EC.04.01.05)

A multidisciplinary Environmental Safety Committee meets bimonthly to address environment of care issues. The committee is comprised of representatives from Administration/Risk Management, Infection Control, Environmental Safety, Facility Services, Security, Radiology, Food and Nutritional Services, Biomedical, Nursing Administration, Environmental Services, Laboratory, Employee Health, Care Management/Quality, Regulatory Compliance and the Medical Staff. This body analyzes information collected from the environment of care and makes recommendations for correction of observed problems. The committee monitors the implementation and effectiveness of recommendations made to address observed problems and opportunities for improvement in the environment of care. The committee annually recommends one performance improvement activity for the environment of care. The Chairman of this committee reports performance improvement activities and results to the Patient Safety Committee.

SUPPORT POLICIES

Policies that support the Safety Management Plan include:
Safety Orientation of New Employees
Authority to Take Corrective Actions of Hazardous Conditions
Patients’ Personal Electrical Devices
Personal Electrical Devices
Safety Checks for all Electrical Equipment Brought into the Hospital
Electrical Extension Cords and Adapters
Polyurethane Foam Pads
Safety Inspection Program
Control of Oxygen Zone Valves
Contractor Safety
Use of Wireless Communication Transmitting Devices
Individual Department/Facility Safety Policies
Clean Air/Smoke-Free Campus
MONITORING OF PERFORMANCE – PERFORMANCE STANDARDS

The following performance standards are established for fiscal year 2012/2013:

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Data Collected</th>
<th>Sample Rate</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental tours will be conducted twice in all departments, areas and facilities</td>
<td>% of departments, areas and facilities toured twice</td>
<td>Semiannually</td>
<td>100%</td>
</tr>
<tr>
<td>All call for help devices checked during environmental tours will function properly</td>
<td>% of checked devices that function properly</td>
<td>Semiannually</td>
<td>95%</td>
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</tbody>
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APPROVED: _______________________________ DATE: _______________________________
Vice President

APPROVED: _______________________________ DATE: _______________________________
Chairman, Environmental Safety Committee