SHORE HEALTH UNIVERSITY OF MARYLAND MEDICAL SYSTEM	ADMINISTRATIVE POLICY & PROCEDURE	POLICY NO:	EC-19
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MISSION STATEMENT

Shore Health System is an organization committed to creating a healing environment, built on a legacy of best people, practices and performance, as seen through the eyes of our patients, healthcare providers and communities.

VISION

Shore Health System will be preeminent healthcare system for the region served and will be the employer of choice. In balance with financial security, Shore Health System will identify and meet healthcare needs to enhance the health status and quality of life across the region.

PURPOSE/OBJECTIVES

Providing a safe secure environment for the provision of patient care is essential as part of the organization's mission to be the leading provider of quality healthcare. The purpose and objectives of the Safety / Security Management Program are:

1. Establishing, supporting, and maintaining a Safety / Security Management Program based on monitoring and evaluation for actual and potential hazards using organizational experience, applicable law and regulation, and accepted practices.

2. Providing a Safety / Security Program to reduce risks to staff, patients, physicians, contractors / vendors and visitors while inside the hospital and on the property by providing a physical environment free of hazards.

3. Providing a safe and secure comfortable physical environment.

4. Ensuring staff are educated and trained on methods to prevent incidents, injuries and can provide quick response to recognize, report and react to accidents as appropriate.

SCOPE

The Safety / Security Management Plan applies to all staff and departments in Shore Health System. Security coverage is provided by members of the Security department based at Memorial Hospital at Easton and Dorchester General Hospital in Cambridge 24 hours a day 7 days a week. They are qualified to perform duties customarily undertaken by security, with the expressed stipulation that they will be unarmed and will not engage in any type of police action. In the event such police action is needed, assistance will be sought from local law enforcement agencies.

RESPONSIBILITY

1.0 BOARD OF TRUSTEES

Strives to assure a safe environment for patients, personnel, and visitors by requiring and supporting the establishment and maintenance of an effective safety management program.

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2.0 CHIEF OPERATING OFFICER

2.1 Has overall responsible for Safety Management at Shore Health System.

2.2 Ensures compliance with OSHA regulations, Life Safety and The Joint Commission Standards, and other regulatory agency requirements.

2.3 Ensures required records or reports are maintained.

2.4 Appoints the Organization Safety Officer.

2.5 Appoints members to the Organization's Safety Committee.

3.0 DEPARTMENT DIRECTORS

3.1 Ensures mandatory orientation and annual Safety / Security Management training in general safety, departmental safety, security, incident/occurrence reporting, and specific job-related hazards.

3.2 Investigates all departmental accidents, incidents, and hazardous conditions to provide corrective or preventative action.

3.3 Sets standard for safe use of equipment.

3.4 Serves on the Safety Committee if so directed by Chief Operating Officer.

3.5 Participates in the planning and implementation of various emergency plans as required by the Safety Management Committee.

3.6 Prepares and ensures implementation of departmental level policies and procedures related to all aspects of the Safety / Security Management Program.

4.0 DIRECTOR OF FACILITY SERVICES

4.1 Participates in the development and implementation of the Safety Management Program.

4.2 Provides technical assistance and serves as a member of the Safety Committee.

5.0 ALL HOSPITAL ASSOCIATES

5.1 Eliminate physical accident causes whenever possible through inspection, reporting, and correction of unsafe conditions.

5.2 Prompt reporting of all accidents, incidents, and hazardous conditions.

5.3 Follow Safety / Security Policies at all times.

6.0 SAFETY COMMITTEE

6.1 Meet all objectives established by the Safety Committee.

6.2 Meets every other month to review the effectiveness of the Safety Management Program and develop recommendations for resolving safety issues.

6.3 Utilizes subcommittees, as indicated, to accomplish a more in-depth review of selected areas.

6.4 Reviews trends in accidents / incidents and formulate action plans.

6.5 Performs periodic Safety / Security / Infection Control / Environmental Tour surveys if assigned or required.

6.6 Reports all findings and recommendations / actions to the Department Directors, Medical Staff, and Board of Trustees.

6.7 Performs an annual review of the objectives, scope, organization, and effectiveness of the Safety / Security Management Program.

7.0 RISK MANAGER

7.1 Manages the ongoing organization wide process to collect and evaluate information about hazards and safety practices used to identify safety management issues to be addressed by the Safety Committee.

7.2 Works with appropriate staff to implement the Safety Committee's recommendations, monitors the effectiveness of the changes, and reports the results of monitoring back to the Safety Committee.

8.0 SAFETY OFFICER

8.1 Takes appropriate action as necessary whenever an immediate threat to life or limb is present to prevent injury or loss of life.

8.2 Works with Department Directors and staff to educate and collect resources to aid in resolving Safety / Security issues.

9.0 SAFETY / SECURITY MANAGEMENT PROGRAM INCLUDES:

9.1 Developing and maintaining a written management plan describing processes implemented to manage the environmental safety/security of patients, staff, and others.

9.2 Implementation: The Safety / Security Management Plan has been developed and is reviewed and/or revised annually.

9.3 Identification of a person(s) designated by leadership to coordinate the development, implementation, and monitoring of the safety and security management activities.

9.4 Implementation: A Safety Officer will be appointed by the Chief Operating Officer (COO) to oversee the development, implementation, and monitoring of the organization's Safety / Security Management program.

9.5 Identification of a person(s) to intervene when conditions immediately threaten life or health or threaten damage to equipment or buildings.

9.6 Implementation: A Safety Officer will be appointed by the Chief Operating Officer (COO) and will be authorized to take immediate action when a hazardous condition exists that is an immediate threat to human life, welfare or property.

9.7 Conducting comprehensive proactive risk-assessments for impact of buildings, grounds, equipment, occupants, internal physical systems and the potential adverse impact of the external environment on services provided to patients, staff and others. (The potential for workplace violence is considered during this risk assessment).

9.8 Implementation: This is conducted through environmental tours, security rounds, outside grounds surveillance and Risk Management programs of the organization. The Safety Officer has authority to take immediate action to correct an unsafe condition or recommend appropriate corrective action to the Safety Committee. All patient care areas will be formally inspected semi-annually, and all non-patient care areas will be inspected annually. These tours will be conducted with established and approved departmental safety and infection control criteria. Special attention will be given to hazards related to ages of patients served in the department. The results of these tours will be reported to the department manager as necessary where they will be analyzed to identify concerns and to develop recommendations for resolving the concerns. A response to concerns is required within thirty (30) days.

Monitoring, patrolling, checking designated areas, perimeters, structures to make sure all doors are properly locked and no activities of security interest are taking place.

9.9 Performing escort duties, respond to alarm signals, react to all emergency code situations and provide security information to staff including workplace violence. Using identified risks to select and implement procedures to achieve the lowest potential for adverse impact on the safety/security and health of patients and others.

9.10 Implementation: All Occurrence reports are reviewed by the Risk Manager and appropriate actions are taken as incidents occur. A summary of these incidents is reported to the Safety Committee, and reviewed for any possible patterns or trends, and appropriate actions are taken. All other risk

assessments of special note are made of low volume high risk occurrences are reviewed by the Safety Committee as necessary.

9.11 Safety/Security policies/procedures are distributed, enforced, and reviewed every three years.

9.12 Implementation: All departmental safety policies and procedures will be reviewed every three years by a department director a subcommittee of the Safety Committee. The results will be reported to the Safety Committee by various individuals.

9.13 Responding to safety recalls by appropriate organization representatives.

9.14 Implementation: Notification for equipment and product recall is made through notification from the manufacturer and through the Health Device Alert Center (ECRI). As soon as a notification is received, the equipment or product is removed from use and returned to the manufacturer as warranted. All safety recalls will be reported to the Safety Committee, Risk Manager and Patient Safety Officer.

9.15 Ensuring that all grounds and equipment are maintained appropriately.

9.16 Implementation: The maintenance and supervision of grounds, equipment, vehicles, tractors etc. is accomplished through the buildings and grounds surveillance program, which is performed by the Engineering staff. Any serious issues of note are reported to the Safety Committee.

9.17 Controls access to and egress from sensitive areas as defined: (OR, Pharmacy, BHU, Medical Records, ICU, Birthing Center, Nursery, Emergency Services, Pediatrics).

9.18 Access controls by electronic means either hard wired or stand alone. Cameras are in place in areas to maintain surveillance of those areas.

9.19 Implements Security protocols in case of security incidents such as:

9.19.1 Weapons
9.19.2 Civil Disturbance
9.19.3 Infant or pediatric abduction
9.19.4 Vehicle access in the Emergency Treatment areas
9.19.5 VIP security measures

9.20 An orientation and education program that addresses:

9.20.1 Safety / Security risks in the health care environment.

9.20.2 Reporting procedures for incidents involving property damage, occupational illness, and injury to patients, staff, or visitors.

9.20.3 Actions to eliminate, minimize, or report safety risks.

9.20.4 Implementation: All staff will be provided safety education at the organization and departmental level. It will be accomplished in the following manner:

9.20.4.1 All new staff members will be provided with organization safety education during New Employee Orientation. They will also be oriented to departmental safety responsibilities during their initial three months of employment by the Department Manager / Designee.

9.20.4.2 All staff members will receive at least annual organization wide and department-specific safety education.

9.20.4.3 The departmental programs will be based on staff needs, either requested or assessed, and will be coordinated by the respective department directors. The Safety Officer will assist in providing information for departmental programs.

9.20.5 Ongoing monitoring of performance regarding actual or potential risks related to one or more of the following:

9.20.6 Implementation: Performance improvement measures for Safety / Security Management will be monitored on an ongoing basis and reported to the Safety Committee. The measures shall be chosen by the Safety Officer and the Safety Committee annually and will include a minimum of one of the following:

9.20.6.1 Staff knowledge and skills
9.20.6.2 Level of staff participation
9.20.6.3 Monitoring and inspection activities
9.20.6.4 Emergency and incident reporting
9.20.6.5 Inspection, preventive maintenance, and testing of equipment

10.0 ANNUAL EVALUATION OF THE SAFETY SECURITY MANAGEMENT PROGRAM

The plan will be evaluated on an ongoing basis to assure that it meets the Safety, Security, Risk Management, and Performance Improvement needs of the organization. The objectives, scope, performance, and effectiveness of the plan will be reviewed annually, and revised if necessary by the Safety Committee, with input and assistance from other committees, Administration, Medical Staff Departments and other Departments.

11.0 COMMUNICATION / REPORTING

The findings, conclusions, recommendations, actions taken and follow-up by the Safety Committee, as a result of the monitoring, and evaluation of the Safety Management Plan, are reported to the Quality Council (which includes nursing, departmental, Medical Staff and administrative representation), Medical Executive Committee, and the Board of Trustees.

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Gerard M. Walsh, Chief Operating Officer

Environment of Care Policy	
Effective	11//96
Revised	08/03
Reference	SHS Environment of Care Policies #1001-1008 Safety Management Program
Administrative Policy	
Effective	02/09
Revised	04/09 *(Editorial Revision)*
Revised	07/09
Revised	06/13 (*Editorial Revisions*)
Submitted	Gary Poole, Director, Safety & Security