Banner Health

Title: **Safety Manual: Safety Management Plan**	
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Approved by: Administrative Policy Committee, Chief Financial Officer, PolicyTech Administrators 04/19/2019	

Discrete Operating Unit/Facility: Banner Baywood Medical Center Banner Behavioral Health Banner Boswell Medical Center Banner Casa Grande Medical Center Banner Churchill Community Hospital Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Fort Collins Medical Center Banner Gateway Medical Center Banner Goldfield Medical Center Banner Heart Hospital Banner Ironwood Medical Center Banner Lassen Medical Center Banner Ocotillo Medical Center Banner Payson Medical Center Banner Thunderbird Medical Center Banner—University Medical Center Phoenix Banner—University Medical Center South Banner—University Medical Center Tucson East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional MedCenter Torrington Community Hospital Washakie Medical Center Wyoming Medical Center	**Banner Corporate** **Ambulatory Services** Banner Health Clinics Banner Imaging Services Banner MD Anderson Cancer Center Banner Surgery Centers Banner Urgent Care Centers Occupational Health/Employee Services Rural Health Clinics **Banner Home Care and Hospice** **Insurance** Banner Health Network Banner Plan Administration University Physicians Health Plans **Banner Pharmacy Services** **Post-Acute Care Services** **Research**

I. Purpose/Population:

A. The **SCOPE** of the Safety Management Plan is to provide patients, employees, and visitors a safe environment in a planned and coordinated manner.

B. The **OBJECTIVES** of the Safety Management Plan include the following:
   1. To assure the buildings are in compliance with applicable local, state, and federal standards/regulations;
   2. To provide education to staff, volunteers, and physicians on the elements of the Safety Management Plan including organizational protocols for environment of care standards.
   3. To assure that personnel training in the Safety Management Program is effective.

C. **POPULATION**: All Employees, Vendors, and Business Partner.

II. Definitions:

A. N/A

III. Policy:

A. Banner Health participates in an active and ongoing Safety Management Plan designed and carried out in a planned and coordinated manner to accomplish the following:
   1. Provide a safe work environment with hazards minimized or eliminated;
   2. Support the management of staff activities in order to reduce the potential risk of injury;
   3. Provide a means of identification, documentation and correction of hazardous conditions throughout Banner Health facilities;
   4. Promote the safe use of all buildings and grounds;
   5. Assess, document and control the physical risks of fixed and portable equipment used for patient care and other Banner Health owned electrical equipment;
   6. Promote the operational reliability and document the functionality of all utility systems that support the patient care environment, to assess any special associated risks, and to prepare and respond to failures of such systems;
   7. Promote the timely identification and resolution of situations which pose an immediate threat to life, health, safety, and/or the environment;
   8. Provide for the prompt investigation of all incidents.

B. Authority and Management Responsibilities of the Safety Management Program:
   1. <u>Corporate</u>
      a. Senior Management:
         i. Endorses the existence of an active and effective Safety Management Plan which includes ongoing efforts in problem identification, resolution monitoring, evaluation and follow-up.
   2. <u>Facility Level</u>
      a. Hospital Administration Chief Executive Officers (CEO):
         i. Appoints the Safety leader as Co-Chairperson of the EHS/Safety Committee.
         ii. Authorizes designated individual(s) with the authority to intervene whenever environmental conditions threaten life, health, safety, or damage to property.
         iii. Facilitates compliance with federal, state, and local regulations.
      b. Hospital Administrators:
         i. Supports the efforts of the facility CEO, and the facility EHS/Safety Committee in the implementation and enforcement of the Safety Management Plan.
         ii. Actively participates in and communicates to Facility Leadership the EHS/Safety Committee goals and objectives.
      c. Facility Leadership through the Quality Council or facility equivalent:

i. Participates in the identification of potential risks within the clinical aspects of patient care, general safety and employee well-being.
ii. Assists with the development and implementation of corrective actions designed to reduce organizational risk.

d. EHS/Safety Department will assume responsibility for:
i. The safety leader is responsible for assisting with implementation of the Safety Management Plan. Areas of responsibility include:
(i) Providing resources for facility and department specific safety planning,
(ii) Serving as a consultant on safety issues to department heads, and
(iii) Coordinating regulatory and safety compliance efforts with various agencies.
ii. Serving as CO-chairperson on facility EHS/Safety Committees and preparing appropriate safety related reports;
iii. Intervening when a condition develops that poses a direct threat to life or health or damage of the environment to Banner Health property or equipment;
iv. Developing and distributing appropriate EHS policies and procedures and performing review/revision as necessary, and a minimum of every three years;
v. Overseeing the development, implementation and monitoring of the Safety Management Plan and provides an annual evaluation of established goals, standards and objectives using data from facility Safety/EOC committees, audits, incident reports, drills, annual plan/program evaluations and performance indicators;
vi. Facilitate Risk Assessments for each department as needed to identify risk priorities and risk minimization;
vii. Facilitate project Risk Assessments as needed to identify risk priorities and risk minimization; and
viii. Coordinating with department leaders to identify departmental hazards and reduce employee injuries.

3. <u>Department Management Level</u>
a. Department Management including Directors/Managers/Supervisors/Designee will assume responsibility for:
i. Development and review of department specific policy and procedures, plans and/or guidelines (where applicable) pertaining, but not limited to:
(i) General Safety, including Hazard Communication, as defined by the Occupational Safety and Health Administration (OSHA)
(ii) Internal & External Disaster
(iii) Contingency plans for Utility Failure
ii. Development and review annually the department specific chemical inventory of hazardous materials and ensure availability of all applicable department SDS (Safety Data Sheets) on the Banner Intranet as outlined in the Hazard Communication Policy;
iii. Provide and/or ensure that all employees are compliant with EHS-related training requirements;
iv. Reporting any potential hazards or EHS concerns;
v. Ensuring corrective actions for all EHS-related deficiencies and incidents are completed in a timely manner.

C. <u>Facility EHS/Safety Committee:</u>
1. Accountability/Responsibility:
a. Addressing facility specific EHS issues and concerns;
b. As requested, provides data for use in both performance indicator tracking and risk assessment reporting;
c. Meeting a minimum of four times per calendar year;

i. Committee membership is comprised of Department Directors/Managers/Designees throughout the facility.

d. Approving annual evaluations of all management plans within the Environment of Care category.

2. Reviewing and reporting incident/accidents related to Specific Management Plans:
   a. *Equipment Management Plan including:*
      i. Incidents under the Safe Medical Device Act of 1990;
      ii. Equipment incidents and trends including clinical engineering and facilities services;
      iii. Product recalls and alerts, if applicable;
      iv. Reports of equipment inspection, testing, and preventive maintenance completion rates.
   b. *Hazardous Materials and Waste Management Plan including, but not limited to:*
      i. Routine air monitoring and wastewater testing results;
      ii. Proper disposal of all waste;
      iii. Exposure and chemical spill documentation and procedures;
      iv. Cytotoxic medication spill exposure and clean up procedures.
   c. *Auditing data, including:*
      i. Testing and documentation of employee knowledge of EHS-related topics, which may occur in a test format or question and answer session;
      ii. General EHS-related findings and specific EHS-related concerns identified during rounds
   d. *Life Safety/ Fire Safety Management Plan including:*
      i. Fire drill response;
      ii. Fire drill completion rates;
      iii. Construction/renovation safety related issues including project updates and any committee approved interim life safety issues;
      iv. Related regulatory requirements including local and state fire marshal inspections;
      v. Life Safety equipment and preventive maintenance completion rates; and
      vi. Inspection procedures and results of Life Safety equipment maintenance and testing including, but not limited to, portable and fixed fire extinguishing systems, sprinkler flow tests, inspection of tamper systems, smoke/heat detection, removal/impairment of systems and fire pump testing procedures.
   e. *Utilities Management Plan including:*
      i. Generator testing documentation and results;
      ii. Incidents related to the various utility systems (electrical systems; medical vacuum systems; medical air systems; medical gas systems; mechanical air systems; domestic water systems; waste water systems, heating, cooling, ventilation systems, and communication systems, where applicable);
      iii. Evaluation of response to utility failure drills/actual utility failures;
      iv. Evaluation of temporary power requirements including extension cord use and protection; and
      v. Maintenance and inspection of all grounds equipment (where applicable).
   f. *Radiation Safety including:*
      i. Report of Radiation Safety Committee activities;
      ii. Report of Laser Safety Committee activities;
      iii. Any patient or staff related trends;
      iv. Any incidents or medical events reported to the state agency.
   g. *Security Management Plan including:*
      i. Campus security issues/trends;
      ii. Security related reports;

iii. Forming action team(s) to review and recommend actions when issues are identified that are facility specific or have system-wide impact.

IV. Procedure/Interventions:

A. Maintain a clean, safe and efficient work environment. **(HOSPITAL STAFF)**
B. Attend and participate in education/training of mandatory EHS education programs as a new employee or annually as existing employee to review and be familiar with:
   1. Department specific policies and procedures (including disaster protocols).
   2. Location of all EHS policies
   3. Location of safety data sheets (where applicable)
   4. Location and operation of all EHS equipment located within their work area
   5. Location and use of fire protection equipment
   6. Personal Protective Equipment (PPE)
C. Report any potential hazardous condition to the immediate supervisor and/or the Safety leader.
D. Participate in EHS initiatives.
E. Develop department specific EHS guidelines and procedures where applicable. **(DEPARTMENT DIRECTORS/MANAGERS/ SUPERVISORS/DESIGNEE)**
F. Perform and review the following to minimize EHS risks or concerns: **(SAFETY COMMITTEE/SAFETY LEADER)**
   1. Rounding trends
   2. Incident/Accident Reports (regarding people, property, auto and/or equipment)
   3. Product Recalls & Safe Medical Device incidents
G. Perform Risk Assessments for each department *(See Appendix A*). **(SAFETY LEADER/DESIGNEE & DEPARTMENT DIRECTOR/DESIGNEE)**
   1. Include a review of both interior and exterior risks.
   2. Assign risk score of 1-5 (1= highest risk and priority and 5= lowest risk and priority) to each identified risk.
   3. Share identified mitigation recommendations with department management.
H. Perform work *project* Risk Assessments as needed to identify risk priorities and risk minimization. **(SAFETY LEADER, CONSTRUCTION DIRECTOR/MANAGER, INFECTION PREVENTION, FACILITIES SERVICES DIRECTOR/MANAGER)**
I. Provide and review the following annually: **(EOC/SAFETY COMMITTEE, SAFETY LEADER/ DESIGNEE)**
   1. Data that will be used in the safety management plan annual evaluation;
   2. Performance indicator data from various audits and worker injuries.
J. Report EHS program data to facility leadership and Quality Council or facility equivalent annually.
K. Review and provide input on facility EHS policies and procedures as needed.
L. Each facility will perform an **Annual Evaluation** of the Safety Management Plan **(FACILITY SERVICES/ENGINEERING/SAFETY LEADER)**
   1. The annual evaluation of the Safety Management program will include a facility-specific review of the **scope, objectives, performance and effectiveness** of the program.
   2. Revisions will be made as necessary and approved by the Safety Committee with input and assistance from Administration and other departments and committees.
M. EHS, with input from affected stakeholders, will review recommended changes, revise and approve the Safety Management Plan at least every three years.

V. Procedural Documentation:

A. Document:
   1. Incident/Accidents review related to specific management plans
   2. Planning, resolution, and implementation

3. Employee education/performance indicators (where applicable)
4. Department specific safety plans (where applicable)
5. Risk assessments
6. Safety Committee Minutes

B. Forms:
1. Risk Assessment

VI. Additional Information:

A. N/A

VII. References:

A. U.S Department of Labor: Occupational Health and Safety Organization
B. U.S. Environmental Protection Agency
C. The Joint Commission Hospital accreditation standards
D. Applicable local and state standards/regulations

VIII. Other Related Policies/Procedures:

A. System Emergency Management Program Plan
B. Safety Manual: Hazardous Materials Management - Hazardous Materials and Waste Management Plan
C. Safety Manual: Equipment Management - Medical Equipment Management Plan
D. Safety Manual: Fire Safety Management - Fire Safety Management Plan
E. Safety Manual: Utilities Management - Utilities Management Plan (facility-level procedure)
F. Safety Manual: Fire Safety Management Plan - Interim Life Safety Measures
G. Tobacco Free Campus
H. Safety Manual: Equipment Management - Product Recalls and Alerts

IX. Keywords and Keyword Phrases:

A. Department Specific Safety Plan
B. Environmental Health and Safety
C. Facility Specific Safety Plan
D. Risk Assessment
E. Safety Manual
F. Safety Plan
G. Safety Rounds
H. EOC
I. EHS

X. Appendix:

A. Example Risk Assessment

APPENDIX A – *EXAMPLE-*

STEP 1: Identify the Hazard (Enter only one hazard in the space below)

Cause(s): Man ☐ Media/Environment ☐ Machine ☐ Management ☐ Mission ☐
Effect of Hazard: Mission Degradation ☐ Injury ☐ Illness ☐ Death ☐ Equipment Damage ☐ Property Damage ☐

STEP 2: Assess the Risk using the matrix below

Severity Definitions	Criteria
Catastrophic	A high-risk area with possible life threatening or disabling consequences, as well as some history of associated incidents with serious injury.
Critical	A high or significant risk area with possible life threatening or disabling consequences and no history of associated incidents with serious injury.
Moderate	A moderate risk of minor injury or inconvenience to patients, visitors, or staff.
Minimal	A minimal risk of minor injury or inconvenience to patients, visitors, or staff.
Negligible	Virtually no risk of injury or inconvenience to anyone.
Probability Definitions	**Criteria**
A. FREQUENT	Occurs often in life of system, occurs often in career of individual, continuous exposure to all personnel as a group.
B. LIKELY	Occurs several times in life of system, occurs several times in career of individual, frequent exposure to all personnel as a group.
C. OCCASIONAL	Will occur in the life of system, will occur in career of individual, occurs sporadically to all personnel as a group.
D. SELDOM	Unlikely but could occur in life of system, unlikely but could occur in a career, occurs seldom for all personnel as a group.
E. UNLIKELY	So unlikely you can assume it will not occur in the life of a system, unlikely but could occur in a career, occurs rarely for all personnel as a group.

STEP 2: Assess the Risk using the matrix below (Continued)

Severity: I ☐ II ☐ III ☐ IV ☐ V ☐

Probability: A ☐ B ☐ C ☐ D ☐ E ☐

Risk Level: EH ☐ H ☐ M ☐ L ☐ EL ☐

			Mishap Probability				
			Frequent	Likely	Occasional	Seldom	Unlikely
			A	B	C	D	E
SEVERITY	Catastrophic	I	EXTREMELY HIGH				
	Critical	II		HIGH			
	Moderate	III			MEDIUM		
	Minimal	IV				LOW	
	Negligible	V			EXTREMELY LOW		
	RISK LEVELS						

STEP 3: Analyze Control Measures (Identify risk control option(s) you plan to use)

Macro Risk Control Options:		Risk Control Options:	
☐ Reject	☐ Spread	☐ Engineer	☐ Train
☐ Avoid	☐ Compensate	☐ Guard	☐ Warn
☐ Delay	☐ Reduce	☐ Improve Process	☐ Motivate
☐ Transfer		☐ Limit Exposure	☐ Reduce Effects
		☐ Select Personnel	☐ Rehab

STEP 4: Make Control Decision (Describe the control measures you plan to use to how you plan to implement them)

Describe Selected Control Measure(s) & Implementation Strategy:
1.
2.
3.
4.
5.

Residual Severity: **I** ☐ **II** ☐ **III** ☐ **IV** ☐ **V** ☐

Residual Probability: **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E** ☐

Residual Risk Level: **EH** ☐ **H** ☐ **M** ☐ **L** ☐ **EL** ☐

Decision Level Matrix (Ensure the decision to proceed is made commensurate with the risk)

Residual Risk Level	**Decision Level**
Extremely High (EH)	Risk/CEO/Safety
High (H)	Administrator/Director/Safety
Medium (M)	Director / Safety
Low (L)	Director/ Safety as needed
Extremely Low (EL)	Safety as needed

STEP 5: Supervise and Review (Explain how supervision will be accomplished and identify what reviews are required)

Required Review(s): Pre-Implementation ☐ **Pre-Mission/Task** ☐ **Mid-Mission/Task** ☐

Post-Mission/Task ☐ **After-Action Briefing** ☐

Signature _____ **Date**_____

Y = YES **Risk of Serious Injury or Death**

N = NO **5 = Virtually NO Risk** **3 = Moderate Risk** **1 = High Risk** **DEPT./AREA:** _____

4 = Minimal Risk **2 = Significant Risk** **DATE:** _____

RISK ELEMENTS INTERIOR	RISK SCORE	PROCESS CHANGE RECOMMENDED		ADDITIONAL TRAINING RECOMMENDED		ADDITIONAL PPE RECOMMENDED		ADDITIONAL POLICIES/ PROCEDURES RECOMMENDED		COMMENTS
	1 – 5	Y	N	Y	N	Y	N	Y	N	
Pushing / Pulling / Reaching above head										
Lifting/Moving/ Turning Patients										
Needles/sharps exposure potential										
Fire/Interim Life Safety										
Injury Trends										
Chemo Agents										
Non-Ambulatory patients/Falls While Ambulating										
Miscellaneous Ergonomic Risks										
Latex Exposure										
Indoor Air Contaminants										
Chemical Exposure/ Gas or Vapor Exposure										
Hazardous Chemical Storage Area										
Flammable Storage Area										
Radiation Exposure /Isotopes (Ionizing/Non-Ionizing)										
Laser										
Electrical										
Asbestos										
Confined Spaces										
Equipment/ Utility Interruption										
Other										

RISK ELEMENTS EXTERIOR GROUNDS	RISK SCORE	PROCESS CHANGE RECOMMENDED		ADDITIONAL TRAINING RECOMMENDED		ADDITIONAL PPE RECOMMENDED		ADDITIONAL POLICIES/ PROCEDURES RECOMMENDED		COMMENTS
	1 – 5	Y	N	Y	N	Y	N	Y	N	
Standing Water										
Swimming Pool										
Smoking Areas										
Fenced Areas										
Storage Areas										
Landscape										
Entrance/Exit Areas										
Exterior Stairs										
Sidewalks										
Campus Roads										
Parking Garage Structure										
Parking Garage Elevators										
Parking Areas										
Helipad										
Protected Utilities										