D-I. SAFETY MANAGEMENT PLAN

A. Scope of Plan

- The administration of SCOR and the Governing Board believe in strong commitment to provide a safe and secure environment for patients, visitors, and staff. The Safety management plan defines processes through which SCOR provides this environment. The Safety Management Plan is the basis for managing the environment of care, including security, hazardous materials and wastes, emergency preparedness, and utility systems.

B. Objectives of Plan

To protect patients, visitors, staff and property from fire and smoke, these processes are designed to meet the following objectives:

1. ensure proper operation of fire detection, alarm, and suppression systems through a program of inspection, testing, drills, and maintenance
2. provide portable fire extinguishers according to established criteria for type, placement, inspection, maintenance
3. ensure that acquisitions such as curtains, furniture, waste baskets, and other equipment meet established fire safety criteria
4. collect information regarding staff knowledge and skill, staff and equipment response during fire emergencies and facility code compliance to identify and correct deficiencies
5. provide fire orientation for new employees and annually thereafter
6. provide for specific roles and responsibilities of personnel at the fire, at areas away from the fire and during evacuation.

C. Standards of Conduct

1. fire drills are conducted at least once per quarter
2. staff will be knowledgeable of fire extinguisher locations
3. evacuation routes will be posted in the facility
4. other external/internal disaster drills will be conducted annually
5. orientation and continuing education of the staff
6. management of hazardous materials and waste

D. Information and reporting

The QI Committee is composed of representatives of the MEC, administration, and staff team members representing both the clinical departments and the business office. The committee will meet at least quarterly and the team will provide the data for review and does not have to be present at the formal meetings. Information regarding employee knowledge about life safety and fire protection system is gathered during fire drills and safety rounds. All trends and performance improvement are submitted to the MEC and GB.

E. Organizational roles and responsibilities

The department supervisors, the Administrator, the Director/Clinical Managers and the Safety Officer have direct authority and responsibility for both the safe actions of employees and the safe performance of equipment within their department and shall:

1. assure that employees properly use required personal protective equipment
2. take appropriate disciplinary action when safety rules are violated
3. take prompt corrective action whenever unsafe working conditions are observed and report them to Administration
4. thoroughly investigate and report all accidents and take appropriate action(s) to prevent re-occurrence. All accidents shall be investigated including those, which do not result in injury or illness.
5. inform employees of the QI Committee initiatives regarding safety activities
6. critique staff response during scheduled fire drills and emergency preparedness drills
7. security and risk assessment
8. Each employee is responsible to practice safety on the job for themselves, patients, visitors, and other employees. Each employee shall:
    a) report unsafe conditions to the department supervisor whenever a safety hazard or unsafe condition is identified
    b) promptly report all injuries and lost days due to work injuries or illness to the department supervisor
    c) use required personal protective equipment in specified areas and on designated job tasks
    d) use only equipment in safe operating condition. Tag and report defective equipment promptly
    e) respond to emergency situations in accordance with the SCOR's policies and procedures.

F. Data collection

Data will be collected for each indicator. The frequency of data collection for each indicator and the sampling of events or activities are related to the frequency and significance of the event or activity monitored. The collection and review of data utilizing existing sources, including but not limited to:

1. Occurrence reports
2. Infection control report
3. Quality Improvement reports
4. Safety reports
5. Monthly staff meetings

G. Evaluation of care or services

The data collected for each indicator are organized for the evaluation of the quality and appropriateness of care. When initiated, the evaluation of an important aspect of care/service includes analysis of trends or patterns in the data collected for the indicators, includes review by the Safety Committee when analysis of the care/service is undertaken and identified opportunities to improve the quality and appropriateness of care/service.

H. Corrective Action
The QI Committee, under the direction of the MEC will implement a corrective action and follow up for each safety issue or safety indicator that does not meet acceptable thresholds.

I. Assess actions and document improvement
The QI Committee will oversee the effectiveness of corrective action and the progress toward problem solving resolution. The findings, conclusions, recommendations and follow-up will be reported to the governing board.

1. Operating Room Safety
   a) Equipment
   (1) No electrical equipment other than that furnished and/or approved by Bio-med contract personnel, shall be used in any anesthetizing location.
   (2) If any electrical equipment which is the personal property of a surgeon is requested to be used, it shall first be examined by the Bio-med contract personnel and if judged safe as to its electrical and mechanical spark hazard, it may be put into service.
   b) Personnel
   (1) Garments worn by operating room personnel and visitors shall not include fabrics of silk, wool or synthetic textile materials such as sharkskin, nylon, dacron or acetate.
   (2) All authorized persons entering the operating rooms shall change into regulation attire:
   i. Scrub suit
   ii. Surgical cap and mask for general surgeries; for pain procedures, the physician performing the procedure may or may not choose to wear a mask, depending on the procedure.
   iii. Shoe covers (if desired) must be removed when leaving the O.R
   iv. Smoking is prohibited inside SCOR.
   v. The circulating nurse will accompany the anesthesiologist from the O.R. to the Recovery Room (PACU).
   (3) Practice
   i. Flammable anesthetic agents shall not be employed.
   ii. Flammable germicides shall not be applied as prep if electrical equipment with open spark is to be used.

J. Biomedical Testing
1. Responsible Party: Contracted Biomedical Services Company
2. Procedure
   (a) All equipment used in patient care areas must be tested for safety prior to use in the SCOR.
   (b) All equipment in patient care areas will be tested on an annual basis.
   (c) Documentation of testing will be kept on the SCOR's premises.
3. Results of failed testing will be reported to the Administrator or Director/Clinical Manager for appropriate follow- up.
4. Failed equipment will be removed from service and tagged as such, to prevent use until biomedical personnel take away the equipment for repair.

Who Should Know This Policy

☐ Pre-Op Staff	☒ All Employees	☒ Director/Clinical Mangs
☐ Post-Op Staff	☐ All Clinical Staff	☒ Medical Director
☐ PACU Staff	☐ All Business Office Staff	☒ Administrator

The following positions are responsible for the accuracy of the information contained in this document:
☒Governing Body ☒ Administrator ☒Medical Director ☒Director/Clinical Mangs
☒ Director of Nursing