5. See that all injuries no matter how minor and treated immediately and referred to administrator and or director of nursing to ensure prompt reporting to the insurance carrier

6. Inspect work areas often to detect unsafe conditions and work practices.

Employees- All surgery center employees:

1. Adhere to all safety rules and regulations

2. Wear appropriate safety equipment as required

3. Maintain equipment in good condition, with all safety guards in place when in operation

4. Report all injuries, no matter how minor, immediately to a supervisor

5. Encourage coworkers o work safety

6. Report unsafe acts and conditions to a supervisor.

Surgery Center Safety Rules:

1. All injuries, no matter how slight, must be reported at once to your immediate supervisor. Defective equipment and unsafe conditions and practices must be reported to you supervisor as soon as possible

2. All electrical or mechanical equipment must be shut down when it becomes necessary to make repairs or adjustments

3. Do not tamper with electrical or mechanical equipment. Adjustments or repairs of electrical equipment will not be permitted, except by authorized personnel.

Explain in detail the labeling system used by the center.

Arrange for the following annual checks and documentation:

Fire extinguisher, sprinkler, and smoke alarm checks

Preventative maintenance on emergency generator and vacuum pump.

All employees will participate in implementing the safety and environmental control program of the center

All employees will collaborate with the safety officer as needs are identified

There will be an annual group meeting to address safety issues

The safety officer will be responsible for conducting the business of safety meeting.

All employees are expected to:

1. Implement and review policies and procedures concerning functional safety and environmental control annually.
2. Maintain communication with the safety and infection control officer.
3. Participate in the conduction of hazard surveillance including all accidents or near accidents.
4. Investigate all accidents, evaluate findings, and recommend action follow up is essential to make certain that corrective action has been implemented and is appropriate.
5. Participate in the in service education and orientation program as they apply to new and existing employees

our suppliers. IF we have cause to distrust the evaluation of a particular manufacturer, we will arrange for additional testing.

R. Labels and other forms of warning:

Center will ensure that containers are adequately labeled to identify the hazardous chemicals contained therein, and will show hazard warnings appropriate for employee protection. The warnings will employ a combination of words and pictures and symbols, which convey the hazards of the chemical in the container. The labels will be legible and prominently displayed.

Exceptions to this rule are as follows:

We are permitted to post signs, which convey the hazard information when there are a number of stationary containers in a given area with similar contents and hazards.

We are not required to label portable containers, as long as the transferred chemical is for immediate use by the employee who made the transfer

Employee training program will include instruction on how to read and interpret label information.

S. Safety data Sheets:

The surgery center management is responsible for obtaining or developing a SDS for each chemical used in the workplace. Each SDS includes the specific chemical identity of the chemical involved and the common names. Each data sheet will provide information on the physical and chemical characteristics of the chemical; known acute and chronic health effects and related health information; exposure limits; whether the chemical is considered to be a carcinogen; precautionary measures; emergency and first aid procedures; and the identification of the organization responsible for preparing the sheet. Our employee-training program will include instruction on how to read and interpret information on an SDS, and how employees can obtain and use available hazard information.

addition, the safety officer is responsible for providing recurring reports on the status of the safety management plans, to include

Annual Evaluation of the safety management plan

Performance improvement objectives/initiatives

Deficiencies, problems, failures, user errors

Accidents involving property damage, summaries of patient/visitor injury reports, occupational injury and illness data, and employee reports of unsafe working conditions Risk assessments

Environmental tour summaries

Product recalls

Education and training rends Smoking policy issues

Performance improvement activities.

Performance monitoring is used to

Identify areas of concern and strengths in the Centennial Spine and Pain Surgery Center

Identify or determine actions necessary to address areas of concern

Assess actual compliance with safety policies, regulations and standards.

Safety officer

Identifies at least one measurable performance improvement indicator regarding actual or potential risk related to one or more of the following

Health and AAAHC are some agencies that may audit the Centennial Spine and Pain Surgery Center occupational Safety and Health programs

The safety officer or other safety experts work with supervisors and the staff to develop appropriate resolutions or controls for each identified hazard.

The EOC Committee reviews inspections and audit results and to trends and recommends resolutions as needed.

K. Annual Evaluation:

The safety officer keeps the management plan current by reviewing the plan at least annually and making necessary modifications based on the results of the evaluation and changes to the polices and standards. In performing the annual review, the safety manager uses a variety of sources such as inspection and audit results, accident/ incident reports. The safety manager may also use other forms of review and input from relevant sources, such as leadership, other EC disciplines, management, staff, personnel, and volunteers.

L. Assessment:

Based on the current locations and services offered, the scope of the plan is expanded , reduced or maintained as it present scope (buildings ,equipment ,people ,operations services)

M. Objectives:

An annual assessment is made to determine if the objectives, as outlined in paragraph 2, are current.

N. Performance:

A review of the performance objectives is made to determine the level of performance and whether the level of performance is acceptable

Orientation and Annual Refresher Education and Training Program:

The orientation and education component pertaining to safety addresses the following criteria

Safety hazards in the Centennial Spine and Pain Surgery Center environment and assigned work area, such as biological, chemical and physical hazards and the methods for eliminating or minimizing risk.

General Safety processes, such as procedures for reporting accidents/occupational illness and unsafe/ unhealthy working conditions.

Emergency process such as reporting/cleaning up a chemical or biological spill

Compliance Alliance manages the Centennial Spine and Pain Surgery Center wide New Employee Orientation Program. Generally, new employees are scheduled to attend orientation within 30 days of hire.

Compliance Alliance manages the Annual refresher-training program, which is held at the Centennial Spine And Pain Surgery Center once a year.

Supervisors provide worksite specific, orientation and annual refresher training.

All training is documented in the employee folders.

H. Information Collection and Evaluation System:

Reporting and investigation accidents, injuries, property damage, problems, failures, and use errors

The incident reporting/ investigation system covers all incidents involving equipment and property damage; occupational injury and illness; and patient, personnel, or visitor injury. Supervisors must investigate all incidents and submit the appropriate incident report form to the safety officer, quality manager, or risk manager.

people coming into the facility. Management and staff are responsible for implementing composite risk management.

Both proactive risk assessments (e.g. internal performance improvement data; staff, patient, and family feedback; environmental monitoring; results of failure mode and effects analysis; governmental regulation reviews; association. Society, professional literature reviews; preventive maintenance; design reviews; etc.) In addition, reactive risk assessments (e.g., incident and accident investigation reports, utility or equipment failure investigations, hazardous material spill investigations, root cause analysis, etc.) are used to identify trends for which corrective action is needed.

In addition, the risk assessment process is used to manage "gray areas" that do not have a clear resolution. An example of a "gray area" is deciding the best way to secure sharps in the emergency room. "Gray area" issues are brought to the EOC committee for discussion and resolution

E. Risk Management Process:

All safety and health hazards are assigned a risk assessment code, tracked, and abated on a worst first basis. Interim safety measures are implemented when hazards cannot be immediately abated to manage risk and to minimize potential for harm to patients, staff, and visitors.

F. Maintenance and Supervision of Grounds and Equipment:

The Safety Officer and Facility Managers are responsible for the supervision and maintenance of grounds and equipment.

Supervision is accomplished through routine inspections, unsafe and unhealthy working conditions, and accident reports.

Hazard abatements requiring repairs are submitted to facilities for correction. When corrections cannot be completed immediately, the facility and safety officer

POLICY NUMBER: **#7.95**	Centennial SURGICAL CENTER targeting your pain		
	ORIGINAL DATE: July 2022	APPROVED BY GB ON:	MEDICAL DIRECTOR: Dr. David Lanzkowsky
	SUBJECT: **SAFETY MANAGEMENT PLAN - EOC**		APPLICABLE STANDARDS:

POLICY:

This management plan describes the framework used to manage safety risks and improved safety performance. The scope and objectives of this plan are consistent with the centers values, vision, and mission to provide quality healthcare to patients and their families.

PROCEDURE:

The following objectives will prevent human injuries and illnesses; maintain a physical environment free of health and physical hazards; and safeguard property.

1. Effectively manage safety healthy risks by using best industry practices
2. Optimize resources by using efficient safety and health processes
3. Improve staff performance through effective safety and health education and training
4. Improve staff and patient satisfaction by providing a safe physical environment

SCOPE

A. This management plan applies to Centennial Spine and Pain Surgery Center

RESPONSIBILITIES

A. The Safety Officer is responsible for developing, implementing, and monitoring his plan and the Centennial Spine and Pain Surgery Center's safety program.

B. Department managers are responsible for developing and implementing department specific safety standing operating procedures (SOPS) and for

POLICY NUMBER: **2.09**	Centennial SURGICAL CENTER targeting your pain		
	ORIGINAL DATE: July 2022	APPROVED BY GB ON:	MEDICAL DIRECTOR: Dr. David Lanzkowsky
	SUBJECT: **AMBULATORY ENVIRONMENT OF CARE/SAFETY PLAN**		APPLICABLE STANDARDS:

PURPOSE:

To provide a safe, sanitary and properly equipped surgical center for the patients of the center.

PROCEDURES:

1 The Governing Body is responsible for overseeing and maintaining safety standards and developing safety rules & regulations. The Governing Body does delegate responsibilities to appropriate staff members to supervise and train personnel in departmental standards.

2 The Medical Director as part of the QAPI committee is in charge of notifying to the Governing Body in case of any hazard to patients or employees. These hazards are what would be reported and documented in the QAPI minutes.

3 All defective equipment, unsafe conditions, acts or safety hazards shall be reported to the Medical Director. He/she will delegate to the appropriate staff member to complete the necessary documentation.

4 Electrical hospital grade cords must be kept clear of passageways.

5 All equipment and supplies must be properly stored. All electrical equipment and/or appliances shall be inspected for safe use.

6 Needles, scissors, knives, pins, razor blades and all other sharp instruments must be safely stored in a locked cabinet that is not readily accessible to patients or unauthorized personnel.

7 All electrical machines with heat producing elements must be turned off when not in use.

8 Smoking is prohibited in the facility.

9 Do not permit trash or biohazard waste to accumulate.

10 Notify the Administrator of Director of Nursing immediately of improper illumination and ventilation.

11 Furniture and equipment must be arranged to allow passage and access to exits at all times.

12 The employee who discovers the spill will clean minor spills, such as water. This will be done immediately. Major spills will be cleaned by an employee with the use of a spill kit, as necessary.

13 Report faulty equipment to the Administrator of Director of Nursing or vendor as per policy.

14 Obey warning signs and any alarms or indicators.

15 File drawers and cabinet doors shall be closed when not in use.

16 Wear suitable clothing (avoid high heels or jewelry that may catch in machinery).

17 Cotton scrub suits and scrub dresses are to be used.

18 Conductive boots are to be worn over shoes that are worn outside of the O.R.

19 Humidity shall be maintained at 30 to 60 percent.

20 Temperature of the operating rooms will be maintained at 68 to 73 degrees F.

21 Only nonflammable anesthetics will be used.

22 No visitors in the O.R

23 When a physician wishes to use his/her personal equipment, it shall first be inspected.

24 Woolen and synthetic blankets shall not be permitted in the O.R. or PACU.

25 Flammable germicides or any fat-solvent preparations shall not be applied for pre-operative preparation of the field.

26 A patient will be attended by an anesthesiologist until the patient is transported to the PACU. If no anesthesiologist is involved in the care of the patient, the surgeon shall perform those duties in the PACU for which an anesthesiologist would normally have been responsible.

27 All equipment must be grounded to maintain a constant path to floor.

28 Only 3-prong hospital grade plugs are to be used.

29 Routine inspection of the anesthesia machines and all patient care equipment is to be done at least twice a year.

30 Grounding pads and plates are to be used on patients when electrocautery is used, and the condition of the site is to be checked prior to patients leaving the O.R.

31 All new equipment is to be checked before use.

32 All oxygen and gas connections and controls shall be checked by the anesthesiologist before actual use on surgical days.

33 Wheels on the operating room table and on all gurneys must be locked before the patient is moved from gurney to the table and vice versa.

34 A check of the emergency power system will be done weekly and a log will be kept in the surgical center.

35 Defibrillators shall be used only when staff members are standing on a dry floor and no part of their body is in contact with the patient's bed or the patient receiving the cardioversion. The defibrillator will be checked every surgical day.

36 To reduce possible shock, use all electrical equipment per manufacturer's instructions and always with dry hands.

37 No modification of equipment is authorized.

38 No equipment will be placed into use until a written verification of proper operation, per manufacturer's standards, has been made by the appropriate company. Equipment that has been subjected to temporary repair (taping, wiring, etc.) will NOT be placed in use.

39 Discard needles, razors, scalpels and broken glass only into approved sharps containers.

40 Gurney side rails will be kept in the UP position and safety straps loosely secured whenever patients are on gurneys.

41 Operating table safety belts will be used for all patients.

42 All employees will understand and practice good body mechanics, and use PPE as necessary.

43 Return equipment to its proper location when not in use.

44 Do not obstruct fire equipment or exits. Know the location of firefighting equipment and how to use it. Know evacuation routes and what to do in case of fire.

POLICY NUMBER: **#7.96**	Centennial SURGICAL CENTER targeting your pain		
	ORIGINAL DATE: July 2022	APPROVED BY GB ON:	MEDICAL DIRECTOR: Dr. David Lanzkowsky
	SUBJECT: **SAFETY PROGRAM AND SAFETY OFFICER**		APPLICABLE STANDARDS:

POLICY:

It is a goal of Centennial Spine and Pain Surgery Center to ensure that every employee is provided a safe and healthy workplace. Centennial Spine and Pain Surgery Center will maintain a comprehensive safety/environmental control program relative to safety and sanitation that involves staff, equipment operation, and maintenance in order to provide a functional and environmentally safe atmosphere for patients, personnel and visitors.

PROCEDURE:

Safety Officer

A. The board has designated a staff member as the centers designated safety officer

B. Responsibilities of Safety Officers will be to conduct the following drills:

   1. Fire and Evacuation , Quarterly

   2. Cardiopulmonary resuscitation (CPR) technique drill, Annually

   3. Malignant Hyperthermia Annually

   4. One disaster plan drill such as bomb threat, Tornado, Annually

C. Document all fire drills and report committee and QI management committee

D. Counsel staff on any fire drill errors

E. Ensure all employees understand their roles, during a fire

F. Assures that the halls are doorways are clear of obstructions

G. Document function of all exit lights monthly in Surglogs system

H. Check fire extinguishers monthly, and document on the extinguisher's tag.

I. Check emergency generator and fuel level monthly and document on appropriate form as well as in the Surglogs system.