Safety Management Plan	EN 1001
Center: **Ear, Nose and Throat Surgery Center**	**Standards Reference:**
Date Effective: **2/2015**	**Date of Revision:** **3/16; 3/17; 1/18; 7/18; 1/19; 1/20; 3/21; 1/22; 1/23; 1/24**

POLICY:
The Surgery Center will provide guidelines and implement proactive practices which provide a safe environment of care in relation to property, equipment, patients, personnel, and the public to include infection prevention measures.

The Center will follow the Quality and Patient Safety Plan adopted in 2020 and the plans supplemented with this policy and various other policies.

Safety Education will be provided upon employment and reviewed annually.

Issues which pose a risk may be identified via the Quality Improvement and Safety Committee. Corrective actions will be taken and documented.

The center will comply with the NFPA Health Care Facility Code NFPA and the Life Safety Code NFPA 101.

Prior to the implementation of demolition, construction, or renovation the safety office and/or leadership will conduct, document and develop a risk assessment and plan to assure a safe environment for patients, visitors, employees, physicians and vendors at the center and thus mitigate any identified risks or hazards.

PROCEDURE:

1. Employees are responsible for:

- Intervention in situations where safety conditions pose a threat to life or health, or situations which threaten damage to equipment or buildings
- The continuing maintenance of the facility property and eliminating hazards upon discovery (i.e., risks to slipping, falls, electrical shock, burns, poisoning, or other opportunities for injury)
- Reporting equipment or maintenance problems and incidents of property damage to the Safety Officer or Administrator or Clinical Director upon discovery
- Reporting injuries, illness, or infection to the Administrator/Clinical Director
- Obtaining the information necessary to perform tasks in a manner that prevents injury to themselves, patients, and others.

2. The Administrator/Clinical Director and designated Safety Officer, as agents of the Safety and Quality Improve Committee, (which addresses and serves as the safety committee) are responsible for:

- Environment of Care development, implementation, and monitoring.
- Report of Safety Surveillance and activities to the Safety/Quality Improvement Committee
- Annual review of Environment of Care policies and guidelines for objectives, scope, performance, and effectiveness, which includes infection prevention plan and processes
- Compliance with the current version of the NFPA 101 Life Safety Code (LSC) for maintaining and supervising the facility grounds, buildings, and equipment

- Maintenance of equipment and utilities using a preventative maintenance schedule and assuring that a preventative maintenance list of all equipment and history is maintained
- Maintenance of sufficient light in the parking and entrance areas to reduce the potential for falls and security concerns
- Maintenance of signs and emergency systems to meet the needs of the visual and hearing impaired
- Maintenance of a smoke-free environment
- Prevention of falls and patient injury by implementation of the following:
  - Place all beds in the lowest position
  - Using side rails and/or side rail pads when patients have received a sedative prior to surgery
  - Instruct patients to remain in bed after being sedated
  - Implement the use of skid socks when no shoes or socks are used
  - Assist all patients to the bathroom who have IVs
  - Instruct patients in the use of call bells both at the bedside and in bathrooms to call for assistance
  - Lock all beds and OR tables during patient transfer
  - Use assistive devices to transfer patients
  - Solicit sufficient staff help for patient transfer
  - Transport patients to POV (Personally Owned Vehicle) with wheelchair (children may be carried)
  - Report all falls and or injuries with patients, family, or staff to administrator immediately and complete an event report.
- Implementation of facility cleaning, maintenance, and inspection, following a schedule for daily, weekly, monthly, semi-annual and annual activities
- Construction and Renovation (Interim Life Safety Plan)
  - Meet the existing ambulatory health care occupancy health code requirements for construction or renovation
  - Train staff in alternative safety processes including the use of new specialized equipment and space
  - Train staff to compensate for changes in Life Safety Plan
  - Provide increased facility safety monitoring with construction and renovation included reference to the NFPA, Life Safety Code (LSC)
  - Inspect and monitor components of Life Safety Plan weekly or more frequently if indicated
- Provide risk assessment and hazard surveillance to evaluate the impact of the center building, grounds, equipment, occupants, and internal physical systems on patient, employee, and public safety.
  - Assign a Safety Officer to maintain risk and hazard surveillance
  - Record Hazard surveillance
  - Report environmental hazard and safety surveillance to the Quality Improvement Committee and provide follow-up to staff concerning safety issue recommendations
- Report and document patient, personnel, or visitor injury and occupational illness; document incidents on an Event Report
  - Investigate and evaluate each report for an opportunity for performance improvement
  - Include injuries and occupational illness in the report to the Quality Improvement Committee
- Address a product safety recall upon notification
  - Inventory and remove recalled product from possible use
  - Notify affected medical staff and evaluate a substitute product
  - Inventory patients who may have received a recalled medical device from implant logs or records
  - Consult with the Medical Director and/or Safety and Quality Improvement Committee to evaluate the situation and determine an appropriate method for patient notification if an implanted medical device has been recalled
  - The Medical Director, as the Chairman of the Safety and Quality Improvement Committee, reports the incident to the Medical Executive Committee
- Provide Safety Education and Training at orientation and at least annually thereafter; this training shall address general safety processes, area-specific safety, and job-related hazards

- Provide Safety Guidelines in the General Orientation including:

- Review of Safety Policies and Guidelines
- Body Mechanics
- Hazardous Materials Communication
- MSDS/ Hazardous Waste
- Safety Risk / Responsibilities
- Equipment Safety/Operations Manuals
- Emergency Preparedness
- Utility Systems and Electrical Safety
- Infection Control/Exposure OSHA
- Reporting of Sentinel Events
- Variance, accidents/injuries, Security and Safety concerns
- Fire and Life Safety
- Time-Out protocol
- Event Reporting
- Identification of and avoidance of potential ergonomic risks
- External Treats i.e. Bioterrorism or terrorism
- Potentials for Violence in the workplace
- Use of two identifiers
- Needle Safety and medication administration safety.
- Include specific safety standards related to safe practices and the safe use, inspection, cleaning, and maintenance of specialized equipment in the Department/Job Specific orientation

- Provide updates when new equipment is introduced

- Compliance with the state requirement for the tracking, reporting, management, and proactive avoidance of Sentinel Events. This shall include but not be limited to the definition of event, the analysis of events, the reporting of events, and the prevention of events as required by the State of Nevada. In the event of a suspected Sentinel Event, the Patient Safety Officer will apply the state-published Algorithm to determine that an event is a Sentinel Event and should be reported. A Sentinel Event is defined as an unexpected occurrence involving facility-acquired infection, death, or serious physical or psychological injury or the risk thereof, including without limitations to any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. The term includes loss of limb or function.
- Will conduct monthly tests of each electrical socket for functionality, pull testing, and polarity

- The med gas alarm system will be tested monthly and documentation maintained

- Annual door inspections will be completed and logged. These records will be maintained for periodic review. Doors will be inspected to assure that name-plated ratings are present, that the door is intact, and the door closures are in place and functional (if automatic)

- Will encourage minimal use of extension cords and surge protectors and assure that all surge protectors used are UL rated and attached appropriately. Other electrical safety considerations include not using any electric cord with exposed wired, with missing ground prong, not standing in water or wet while using electrical devises, inspecting all electrical equipment to assure integrity before usage to avoid shock to the user and/or the patient.

- Patient scales should be safety checked and calibrated or validated on an annual basis.

- Review General Safety Guidelines annually.