Facility Name:	Policy And Procedure Guideline Name:	Policy Number:
Parkway Surgery Center Henderson, NV	Safety Management Program (Environment Of Care)	SAFE 104
	Subject Category:	Effective Date: 12/01/2016
	SAFETY	Reviewed Date: 12/14/2017, 1/10/19, 02/07/2020; 03/11/2021; 3/4/2022; 2/14/2024
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Policy: The facilities shall provide guidelines and implement proactive practices, which provide a safe environment of care in relation to property, equipment, patients, personnel and the public.

Purpose: The reduction of physical hazards and the implementation of safe practices enhance environmental safety.

Procedure Guidelines:

Responsibility:

1. Employees are responsible for:

   A. Intervention when, safety conditions pose a threat to life or health, or threaten damage to equipment or buildings.

   B. The continuing maintenance of the facility property, eliminating hazards upon discovery.

   C. Reporting equipment or maintenance problems and incidents of property damage to the Safety Officer or Administrator/ Clinical Director upon discovery.

   D. Reporting injuries and illness to the Administrator/Clinical Director.

   E. 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 Quality Assurance Committee are responsible for:

A. Environment of Care development, implementation and monitoring.

B. Report of Safety Surveillance and activities to the Quality Assurance Committee.

C. Annual review of the Environment of Care policies and guidelines for objectives, scope, performance and effectiveness.

Maintenance and Supervision:

1. Comply with the NFPA 101®, Life Safety Code® (LSC) for maintaining and supervising the facility grounds, buildings and equipment.

2. Maintain equipment and utilities following a preventative maintenance schedule.

3. Maintain sufficient light in the parking and entrance areas to reduce the potential for falls and security concerns.

4. Maintain signs and emergency systems to meet the needs of the visual and hearing impaired.

5. Maintain smoke free environment.

6. Provide facility cleaning, maintenance, and inspection, following a schedule for daily, weekly, monthly, semi-annual and annual activities.

7. Construction and Renovation (Interim Life Safety Plan):

A. Meet the existing ambulatory health care occupancy health code requirements for construction or renovation.

B. Train staff in alternative safety processes including the use of new specialized equipment and space.

C. Train staff to compensate for changes in Life Safety Plan.

D. Provide increased facility safety monitoring with construction and renovation included reference to the NFPA 101®, Life Safety Code® (LSC).

E. Inspect and monitor components of Life Safety Plan weekly or more frequently if indicated.

Risk Assessment:

1. 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.

A. Assign a Safety Officer to maintain risk and hazard surveillance.

B. Record Hazard surveillance.

C. Report environmental hazard and safety surveillance to the Quality Assurance Committee. Provide follow-up to staff concerning safety issue recommendations.

2. Report and document patient, personnel or visitor injury, and occupational illness. Document incidents on a Variance Report, Occurrence Report, or Incident Report.

A. Investigate and evaluate each report for opportunities to improve performance.

B. Include injuries and occupational illness in the report to the Quality Assurance Committee.

Product Safety Recalls:

1. Address a product safety recall upon notification.

A. Inventory and remove recalled product from possible use.

B. Notify affected medical staff and evaluate a substitute product.

C. Inventory patients who may have received a recalled medical device from implant logs or records.

D. Consult with the Medical Director and/or Quality Assurance 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 an agent of the Quality Assurance Committee reports the incident to the Medical Executive Committee.

Safety Education:

1. Provide Safety Education and Training at orientation and at least annually thereafter. Address general safety processes; area specific safety and job related hazards.

2. Provide Safety Guidelines in the General Orientation including:

A. Review of Safety Policies and Guidelines.

B. Body Mechanics.

C. Hazardous Materials Communication.

D. SDS/ Hazardous Waste.

E. Safety Risk / Responsibilities.

F. Equipment Safety/Operations Manuals.

G. Emergency Preparedness.

H. Utility Systems and Electrical Safety.

I. Infection Control/Exposure OSHA.

J. Reporting of Sentinel Events.

K. Variance, accidents/injuries, Security and Safety concerns.

L. Fire and Life Safety.

M. Safety Concerns.

N. Security.

O. OSHA.

3. 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.

4. Provide updates when new equipment is introduced.

5. Review General Safety Guidelines annually.

Reference:

Center for Medicare and Medicaid Services (July, 2011). Standard Operations Manual Appendix L – Guidance for Surveyors: Ambulatory Surgery.

The Joint Commission. (2011) Accreditation Standards and Requirements for Ambulatory Surgery Centers

The Accreditation Association for Ambulatory Care. (2011). Accreditation Handbook.