DESERT ORTHOPAEDIC CENTER
Surgery Center

LIFE SAFETY MANAGEMENT PLAN

I. Scope of Plan

The Desert Orthopaedic Center Surgery Center (DOCSC) administration and governing body are strongly committed to providing a safe and secure environment for patients, visitors, staff and property. The Life Safety Management Plan is the basis for managing the environment of care, including infection control, security, hazardous materials and wastes, emergency preparedness, and utility systems in a fire-safe environment and in accordance with applicable codes and regulations. This plan is reviewed annually.

II. Objectives

DOCSC strives to protect patients, visitors, staff, and property from infection and environmental hazards by meeting the following objectives:

- Prevent and control infections within the facility through the implementation of effective and nationally recognized infection control policies.
- Ensure proper operation of fire detection, alarm, and suppression systems through a program of regular inspection, testing, and maintenance.
- Provide portable fire extinguishers according to established criteria for type, placement, inspection, maintenance, and use.
- Ensure acquisitions such as curtains, furniture, waste baskets, and other equipment meet established fire safety criteria.
- Collect information on staff knowledge and skill during drills.
- Evaluate staff and equipment response during fire and facility emergencies.
- Ensure facility code compliance to identify and correct deficiencies.
- Provide fire safety orientation for new employees and quarterly thereafter.
- Provide for specific roles and responsibilities of personnel at the fire, at areas away from the fire and during evacuation.
- Establish a risk-assessment program that proactively evaluates the building, grounds, equipment, occupants, and internal physical systems and their potential impact on patient and public safety.
- Establish an emergency preparedness program designed to manage the consequences of natural disasters or other emergencies that may disrupt the facility's ability to provide care.

III. Standards of Performance

- All staff complete training in infection control, including aseptic technique and standard precautions, annually.
- Fire drills and education are conducted every quarter
- Staff will know locations of fire extinguishers and alarms
- Evacuation routes are posted in the facility
- Orientation and continuing education of the staff
- Management of hazardous materials and waste
- Bomb Threat drill and education twice a year
- Internal / External disaster at least twice a year

IV. Information Gathering and Reporting

The DOCSC Safety / Quality Improvement Committee is represented by administration, and clinical and business office staff. The committee will meet at least monthly.

Information regarding worker knowledge about life safety and the fire protection system is gathered during fire drills and safety rounds.

Performance improvement and trends are submitted to the Medical Executive Committee and Governing Body.

V. Organizational Roles and Responsibilities

The administrator and department supervisors have direct authority and responsibility for both the safe actions of employees and the safe performance of equipment within their department. Administration and the department supervisors shall:

- Ensure adherence to infection control policies and procedures not limited to, but including, the proper use of required personal protective equipment, aseptic technique, high level disinfection and sterilization.
- Take appropriate disciplinary action when safety rules are violated.
- Take prompt corrective action whenever unsafe working conditions are observed and report them to administration.
- 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.
- Inform employees of the safety committee activities.

- Critique staff response during scheduled fire drills and emergency preparedness drills.
- Assess security and risk and make appropriate adjustments.

Each employee is responsible to practice safety on the job for themselves, patients, visitors, and other employees. Therefore, each employee shall:

- Adhere to infection control policies and procedures not limited to, but including, the proper use of required personal protective equipment, aseptic technique, high level disinfection and sterilization.
- Report unsafe conditions to the department supervisor whenever a safety hazard or unsafe condition is identified.
- Promptly report all injuries and lost days due to work injuries or illness to the department supervisor.
- Use only equipment in safe operating condition. Tag and report defective equipment promptly.
- Respond to emergency situations in accordance with facility policies and procedures.

VI. INDICATORS AND THRESHOLDS

Continuing Safety Education and Training

- All new personnel are oriented to the Safety Management Program. Threshold 100%.
- All personnel participate in continuing safety education and training at least annually. Threshold 100%.

Hazardous Materials and Waste

- Proper storage of hazardous material. Threshold 100%
- Proper waste disposal equipment available. Threshold 100%
- Proper handling of hazardous material. Threshold 100%
- Fire drills conducted quarterly. Threshold 100%

Emergency Preparedness

- Drills are conducted semi-annually. Threshold 100%

Fire Safety

- Fire drills are conducted quarterly. Threshold 100%
- Portable fire extinguishers checked annually. Threshold 100%

Equipment Management

- Scheduled preventive maintenance is performed on patient equipment. Threshold: 100%.
- A summary of equipment problems / failures is immediately reported to the safety committee. Threshold 100%.

Security

- All theft and vandalism is immediately reviewed.

Performance Improvement

- A summary of actions taken by the performance improvement committee is reported quarterly. Threshold 100%

VII. DATA COLLECTION

Quality Indicator data, including patient care and other relevant data regarding furnished services, shall be incorporated. The data are used to monitor the effectiveness and safety of services and quality of care rendered. The data results will help identify opportunities to change and improve patient care. Data sources include:

- Incident Trending Report
- Infection Trending Report
- Patient / family / vendor complaints
- Patient Satisfaction Surveys
- Quality Assurance Committee findings

VIII. EVALUATION OF PLAN ACTIVITIES

DOCSC sets priorities for Quality Improvement activities that

- Focus on high risk, high volume and problem prone areas
- Consider incidence, prevalence and severity of problems in those areas
- Affect health outcomes, patient safety and quality of care

QI activities shall track adverse patient events, examine their causes, and ensure implemented improvements are sustained over time.

DOCSC shall implement preventive strategies throughout the facility, targeting adverse patient events and ensuring all staff members are familiar with the strategies.

IX. CORRECTIVE ACTION

The safety committee and other committees shall implement a corrective action and follow up for each indicator, as warranted.

X. ASSESS ACTIONS AND DOCUMENT IMPROVEMENT

The Safety / Quality Improvement 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 medical executive committee and the governing board.