



The
**Hospital
Safety
Professional's
Handbook**

FIFTH EDITION

**Steven A. MacArthur
Cindy Taylor, ARM, CSPHP**

The **Hospital Safety Professional's Handbook**

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Cindy Mayes Taylor, ARM, CSPHP

Steven A. MacArthur

HCPro
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Prior to her current position, Taylor was employed as the risk manager for loss prevention and prior to that as a risk management specialist for the UNC Hospitals' self-insurance program for medical malpractice. Prior to working at UNC Hospitals, she was employed in the district attorney's office in Orange and Chatham as a criminal investigator.

Taylor received a BA from the University of North Carolina at Chapel Hill, North Carolina. She also is recognized by the Insurance Institute of America as an associate in risk management and recently became certified as a safe patient handling professional.

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MacArthur consults and lectures on The Joint Commission's Environment of Care, *Life Safety Code*[®], and Emergency Management standards and the Centers for Medicare & Medicaid Services' (CMS) physical environment standards and *Conditions of Participation*. He works with hospitals, physician practices, ambulatory care, long-term care, homecare, and behavioral health facilities in preparing for and responding to Joint Commission/CMS accreditation and OSHA compliance surveys.

He is the author of HCPro's *Environment of Care Sample Annual Evaluation and Report to Leadership*, Second Edition, and writes for Mac's Safety Space, a safety blog found on HCPro's Hospital Safety Center website (www.hospitalsafetycenter.com).

Foreword

It is my hope that the thoughts and insights provided in this book will provide some sense of the demands being placed upon you, as well as some strategies for managing those demands. That said, it is likely you will encounter situations and conditions I've touched on only briefly, if at all. Due to this realization, I have come to the conclusion that the most valuable resource a safety professional can possess is access to a community that shares the same experiences and challenges.

If there is anything that I can do to assist you, please feel free to contact me. I can be reached via email at *cindy.mayes.taylor@gmail.com*. I also encourage you to visit HCPro's many resources that are available to you. The Hospital Safety Center is an excellent resource for many topics that you will face in your role as a safety professional. There is a great deal of information from a community of safety professionals found at the Safety Center. *Healthcare Life Safety Compliance* and *Briefings on Hospital Safety* are two monthly newsletters published by HCPro that I rely on in my professional life to bring me up-to-date articles that I am sure you will find useful as well.

I wish you the best in your position as a safety professional. Whether you are beginning in your role as someone who is new to the profession or someone who has been in the safety field for many years, I do hope that you will find this book of assistance to you.

Cindy Mayes Taylor

An Overview: The Hospital Safety Professional

Role of the Hospital Safety Professional

The safety professional in a healthcare organization, regardless of the organization's size or complexity, must be prepared to respond to constantly changing situations and hazardous conditions in the environment. It is without doubt that a successful safety program relies heavily on the participation of every member of the organization, and those members are responsible for bringing issues/concerns to the attention of the safety professional. However, the safety professional is ultimately responsible for surveying the facility for any potentially hazardous conditions and taking appropriate action to prevent recurrence.

Ultimately, this position is responsible for ensuring the safest possible environment for the organization's patients, visitors, and staff. This task can be accomplished only through the proactive management of risks and conditions in the organization's physical environment.

The proactive management of risks and conditions requires a multifaceted approach, with particular emphasis placed on a process of continual monitoring of the physical environment. Only through continual monitoring can you effectively identify potential hazards or evidence of unsafe practices or discern those intermittent unsafe and/or hazardous activities that are symptomatic of underlying breakdowns in processes. Although it is safe to say that ensuring a safe physical environment in the organization is a constant pursuit, the safety professional must acknowledge that the identification and management of risks are frequently plagued with conditions and practices that are constantly changing. And the only way for you to identify issues of concern is to have a constant presence in the environment. It is only through being vigilant that

improvement opportunities can be identified and meaningful reductions or elimination of risks in the physical environment can be accomplished.

From an organizational standpoint, there are few workplace entities with the complexities of a healthcare environment. And with those complexities come a variety of practices, personalities, cultures, and, therefore, risks. In addition to providing quality healthcare, hospitals and healthcare organizations also provide the following:

- Cleaning and sanitation services
- Accommodations
- Food and nutrition services
- Personal and financial counseling
- Retail establishments
- Utilities (power, water, HVAC, sewage, medical gas, and vacuum services)
- Equipment inspection and repair
- Construction and renovation services

Frequently, larger healthcare organizations are compared to municipalities in complexity and range of services provided; however, these complexities can be found, to one degree or another, in every healthcare environment. Each element of the services provided will have its own inherent conditions and risks, requiring oversight and periodic correction or intervention.

Complexities of Safety in Modern Healthcare

This book covers general topics in varying degrees of completeness, and these general responsibilities should give the safety professional a good sense of the magnitude of challenges to be faced; however, be cautious. The concepts noted below (either by themselves or in combination) represent countless types of safety risks, but all can be managed to some extent to reduce the risks facing your institution.

Who needs to be safe?

Everyone who comes to your facility is essentially a customer, whether a member of the staff, a patient, or a visitor. Although everyone possesses a certain amount of

responsibility for their own safety, the safety professional is ultimately responsible for providing a safe environment, regardless of how safely other individuals may (or may not) act. There is a risk associated with every activity; some risks are fairly simple propositions upon which to exercise control, and others are not. Thus, the core responsibility of any safety practice lies in the following:

- Recognition and identification of risks
- Determination of the severity or impact of the identified risk(s)
- Determination of the frequency of the identified risk(s)
- Development and implementation of strategies to eliminate or reduce those risks to the lowest extent possible
- Monitoring of environmental conditions and activities to ensure that the elimination or reduction strategies implemented are indeed effective, including those strategies that are not performing up to expectations

Although the management of the environmental safety program is primarily undertaken by only you, and possibly others in larger organizations, the success of the program will hinge on making use of every organizational resource available. Safety does not operate in a vacuum, and it is important to establish relationships with the staff, to include frontline clinical and support staff, environmental services workers, hospital police and/or security officers, hospital administration, infection control, plant operations, or others. Each one may know something of value about an area of critical importance. It is impossible for safety staff to be all places at all times; therefore, it is essential that the safety professional develop strong and collegial relationships with other staff in other departments to assist in managing safety risks.

In June 2015, just as this edition of the *Hospital Safety Professional's Handbook* was in production, the Occupational Safety and Health Association (OSHA) issued a memorandum to regional administrators and state designees on inspection guidance for inpatient healthcare settings. The focus of this memorandum was hospitals and nursing and residential care facilities for both programmed and unprogrammed inspections for the following five topics:

- Musculoskeletal disorders relating to patient or resident handling
- Workplace violence

- Bloodborne pathogens
- Tuberculosis
- Slips, trips, and falls

According to OSHA, the goal of these new inspection guidelines is to significantly reduce overexposures to these hazards through a combination of compliance assistance, outreach, and enforcement. In addition, OSHA lists two other hazards that may be found in inpatient healthcare settings:

- Exposures to multidrug-resistant organisms
- Exposures to hazardous chemicals—for example, disinfectants, anesthetic gases, hazardous drugs, and sanitizers

This increased focus is due to the fact that inpatient healthcare settings had some of the highest rates of injury and illness in 2013, a total case rate of 6.4 work-related illnesses and injuries for every 100 full-time employees, which when compared to the rate for private industry as a whole for all U.S. industries (3.3 per 100 full-time employees) is almost twice as high. From data collected by The National Institute for Occupational Safety and Health (NIOSH) of injuries and illnesses in 112 facilities in the United States between January 1, 2012, through September 30, 2014, patient handling and movement injuries were the highest cause of injuries, resulting in an incidence rate for OSHA recordable injuries of 11.3, followed by slips, trips, and falls with an incident rate of 9.6 and workplace violence at 4.9.

Patient handling and movement is the leading cause of injuries for healthcare workers. Healthcare settings that have not implemented a safe patient handling program are putting themselves at a significant risk. A safe patient handling program (SPHP) can significantly reduce work-related injuries and illnesses, thereby reducing lost and restricted workdays and workers' compensation costs. A program can also increase patient and employee satisfaction and improve patient outcomes. Studies have shown that an SPHP improves quality of care, as staff are working with less strain. With the ability to be moved and transferred safely and begin early ambulation, it decreases the potential for hospital-acquired conditions such as muscle weakness, pressure ulcers or shear, pneumonia, and deep vein thrombosis. By decreasing hospital-acquired conditions, hospitals are able to decrease the patient's length of stay, especially in intensive

care units. Using safe patient handling methods can also lower fall risks, decrease levels of depression, and improve patient dignity. An SPHP can also have psychological benefits as well as physiological benefits, as getting patients out of bed early and often can be a boost to the patient as well as to family members.

Slip, trip, and falls (STF) are another significant cause of employee injuries in a health-care setting. According to the June 25, 2015, OSHA memorandum, injuries from STFs combined with overexertion injuries accounted for 68.6% of all reported cases with days away from work in 2013. These types of incidents can occur anywhere. Probably the most common cause of STFs is items on floors, whether it is grease, water, food, body fluids, cables, wires, paper clips, extension cords, clutter, or some other type of debris. Uneven surfaces, sidewalks, curbs, or pebbles are outside hazards that can lead to STFs. And of course, adverse weather events can lead to STFs whether it is ice and snow or just simply water.

Workplace violence is another common hazard in hospitals. Patients can be unpredictable and not aware of their actions, leading to assaults on caregivers. Caregivers in emergency departments and behavioral healthcare facilities are at an increased risk of assault. OSHA has developed a website with materials that can be used to educate staff to assist hospitals in preventing worker injuries. There is also material that can be used to enhance SPHPs, assess workplace safety needs, and implement comprehensive safety and health management systems. “Worker Safety in Hospitals: Caring for our Caregivers”, can be found at www.osha.gov/dsg/hospitals and includes tools that can be used by hospitals, such as self-assessments, fact sheets, and best practices recognized by industry.

This inspection guidance document also outlines detailed procedures that will be used by OSHA inspectors for surveying for these hazards in the inpatient healthcare setting and that you as the safety professional can use to assess your own safety programs. For additional information on these topics as well as others listed, the Inspection Guidance for Inpatient Healthcare Settings dated June 25, 2015, can be found at www.osha.gov/dep/enforcement/inpatient_insp_06252015.html.

Life safety

Probably the most critical risks to be managed are those associated with fire and products of combustion. According to the National Fire Protection Association (NFPA), “in

2006–2010, U.S. fire departments responded to an estimated average of 6,240 structure fires in or on health care properties per year. These fires caused an average of six civilian deaths, 171 civilian injuries and \$52.1 million in direct property damage annually. Almost half (46%) were at nursing homes, and almost one-quarter (23%) were in hospitals or hospices.” Hospitals have a responsibility to their patients, visitors, and staff to provide a fire-safe environment. However, the primary customers of any hospital, the patients, are among those with the greatest risk of danger in the event of a fire. Not only are these individuals compromised due to illness or injury, but in the event of a fire or similar dangerous situation or condition, staff assistance would be needed in order to evacuate the patients safely. From a technical and code-related standpoint, this condition is known as being “incapable of self-preservation,” i.e., individuals who cannot evacuate without some degree of assistance. These patients are the reason that so much time and effort has been placed on ensuring that the design and maintenance of the physical environment in hospitals focuses on the creation of areas where patients can be protected in place and evacuated only on an as-needed basis.

Hazardous materials and wastes

With the continuing advancements in new medical treatments and the strict enforcement by federal, state, and local regulatory agencies, the management of hazardous materials and waste, including hazardous pharmaceutical waste, has become an important component of the safety professional’s areas of responsibility. It is extremely important to appropriately manage these waste streams in order to prevent exposure to chemical, biological, and radiological materials and agents. The very nature of health-care does not allow these risks to be eliminated; however, through regular oversight of hazardous materials and waste policies and procedures, as well as the provision of timely education to end-users, these risks can be effectively minimized.

Managing risks associated with sharps

Great advances have been made in developing sharps with safety features in an effort to protect healthcare employees. New and improved safety products are becoming available on a regular basis, and your organization has a legal obligation as required by OSHA to ensure that risks to staff members are minimized by providing them with the safest products available. Although new safety features have prevented numerous exposures, staff should always use caution in handling sharps, as it only takes a moment of poor, inappropriate, or even inattentive practice to result in an injury.

Good hospitals, good neighbors: Managing impact on the local environment

In all likelihood, your hospital is one of the larger, if not largest, generators of waste in your community, generating water, sewage, regular waste, regulated medical waste, hazardous chemical waste, radioactive waste, and discharges from boiler plants. And for virtually each of these waste streams, there is a regulatory agency watching to ensure compliance with federal, state, and local regulations. In addition, vendors who help manage waste (especially haulers), environmental watchdog groups, and even the local community will be interested in ensuring that the environment is protected. The key to managing the environment is to always use safe practices that comply with the noted regulations to earn the trust of those concerned and, in doing so, allaying any fears of an environmental impact on them by your operations.

Managing risk of employee injury

One reality that is increasingly true in healthcare is that the workforce is aging. Back and neck injuries (e.g., sprains and strains) are frequently the leading source of not only reportable injuries but also injuries resulting in lost and restricted work time. Oftentimes, the value of an effective safety program is difficult to quantify; however, the reduction of staff injuries is an area where efforts can influence the financial health of the organization. Staff members who have to miss work due to injury incur a number of expenses, from the treatment of the injury to workers' compensation expenses. Expenses will also include indirect costs, such as:

- Hiring and training replacement employees
- Loss of productivity from less experienced employees
- Increased absenteeism and lower employee morale for those employees covering for the injured worker
- Administrative costs associated with responding to and investigating the injury

Costs can be reduced and the health and well-being of the staff can be positively affected through the development of the following measures:

- Effective policies
- Providing education specific to proper techniques
- Purchasing safety equipment
- Reinforcing safe practices during environmental rounds

Managing construction and renovation activity risks

It appears as if there is little likelihood that the volume of potential patients for whom healthcare will be required will decrease any time soon, and many of those patients will require some level of hospitalization. Those same patients are also increasingly and frequently looking for the highest-quality care in the highest-quality environment possible. And, with increasing regularity, patients' perception of quality care hinges on conditions within the physical environment and the availability of cutting-edge technology. From the appearance of the patient rooms, waiting rooms, and treatment areas to food services and parking access, the relationship hospitals have with their patients is harshly compared to the competition. As a result, customer satisfaction in the environment requires periodic episodes of construction and renovation activities.

There are few more risky activities in healthcare than construction and renovation activities in or adjacent to occupied patient care areas. In managing these activities (in close collaboration with infection control and facilities engineers), the role of the safety professional is a compellingly multifaceted one. The risks inherent with construction and renovation, including increased risk of infection and increased risk of fire, must be managed in conjunction with the organization's desire to complete the project on time. To further complicate these risks, there are any number of regulatory agencies, including The Joint Commission, the American Institute of Architects (AIA), and the Centers for Disease Control and Prevention (CDC), not to mention local and state building officials who provide mandates and guidelines for the proactive management of construction and renovation activities that must be managed. Still, as complex as this process might seem at the start, the goal is a simple though not necessarily easy one: to identify potential sources of harm to patients and staff members and implement strategies that deter any adverse events, such as illness and injury.

Be prepared: Managing community/organization emergencies

Being in the forefront of community resources responsible for responding to emergency events within the community, hospitals have traditionally taken a proactive approach to planning for and exercising the ability to respond to such events. Hospital leaders are generally cognizant of the organization's vulnerabilities in service to the community during emergency response. However, recent events, including terror attacks and active shooter situations, which have become commonplace, as well as the changes in weather patterns resulting in more severe hurricanes, tornadoes, and winter weather, have significantly increased the attention of regulators and the general public on the

topic of emergency response. As a result, unless another staff member is designated as the emergency management coordinator, it is not unreasonable to expect that the job will fall to you in whole or in part.

What Are Your Exposures?

As the items previously outlined attest, the safety needs of a hospital or other health-care organization represent a wide range of challenges for the safety professional. Thus, it is critically important to employ a comprehensive approach for identifying and monitoring potential risk exposures within the organization. One need only review The Joint Commission's Environment of Care (EC) standards to see that the responsibilities of the safety professional have undergone many far-reaching changes in the past 20 years. Gone are the days of the plant technology and safety management standards, which focused primarily on facilities management and fire safety.

Today, the Joint Commission standards regarding the management of the physical environment address every risk requiring management in healthcare, including fire, emergency preparedness, management of medical equipment and utility systems, physical security, and more. (These standards are now broken up into three chapters in The Joint Commission's *Comprehensive Accreditation Manual for Hospitals*: "Environment of Care," "Emergency Management," and "Life Safety Management.") Although many of the hazards associated with these functions have always existed, it is only within the past 25 or so years that the proactive management of these risks has become standard operating procedure in healthcare and created the need for someone dedicated to manage those risks.

Deciding Whether You Need a Safety Professional

Generally, determining whether every hospital system needs a safety professional is a function of degree. The initial development of The Joint Commission's physical environment standards coincided with the identification of a significant rise in the number of injuries among healthcare workers. The Joint Commission recognized this risk and so introduced into its *Comprehensive Accreditation Manual for Hospitals* (CAMH) the requirement that the hospital's leadership selects a person to oversee and put into practice the management of safety. Although this element of the EC standards does not specifically mandate a safety professional position, it does mandate that each

organization provide an identifiable human resource for the management of safety. This human resource can be a single individual, a single department, or, for smaller organizations, a core group that shares responsibility. To better understand the overall role, and potential expectations, of the safety professional and any staff members, see Figure 1.1, which provides a description of the scope of services for a safety and security department. Please note that this policy combines safety and security into one department; however, this organizational structure may not be consistent with your hospital. In larger hospitals or healthcare organizations, the safety department may be a stand-alone department. Also note in this policy that the security services are contracted to an outside agency. Again, in larger organizations, many hospitals have their own police department with commissioned police officers as well as security guards who are employed by the organization.



**Figure
1.1****SAFETY AND SECURITY DEPARTMENT EXPECTATIONS (cont.)**

- To effectively manage the environmental safety of patients, staff, and other people coming to the hospital's facilities
- Through a comprehensive, proactive risk assessment process, to evaluate the potential adverse impact of buildings, grounds, equipment, occupants, and internal physical systems on the safety, health, and security of patients, staff, and other people coming to the hospital's facilities
- Through identification of risks in the Environment of Care, select and implement procedures and controls to achieve the lowest possible potential for adverse impact on the safety, health, and security of patients, staff, and others coming to the hospital's facilities
- To effectively manage the physical and personal security of patients, staff, and other individuals coming to the hospital's buildings (including the potential for violence by patients and staff in the workplace)
- To effectively manage the processes implemented to minimize the risks associated with hazardous materials and wastes
- To provide support for the effective management of emergencies in the hospital or community that could suddenly and significantly affect the need for the hospital's services or its ability to provide those services
- To facilitate the identification of potential emergencies that could affect the need for the hospital's services or its ability to provide those services by conducting a hazard vulnerability analysis
- To provide support for the effective management of the risks associated with fire safety, including those instances in which the Environment of Care does not meet the applicable provisions of NFPA 101®, the *Life Safety Code*® (Interim Life Safety Measures)
- To provide appropriate support for the management of the effective, safe, and reliable operation of medical equipment
- To provide appropriate support for the management of the effective, safe, and reliable operation of utility systems
- To provide support for the establishment and maintenance of an appropriate Environment of Care
- To facilitate the monitoring of, and appropriate response to, conditions in the environment

**Figure
1.1****SAFETY AND SECURITY DEPARTMENT EXPECTATIONS (cont.)**

- To facilitate the analysis of identified issues in the Environment of Care and the development of recommendations for resolution
- To facilitate improvements in the Environment of Care
- To provide appropriate consultative support to every level of the organization in the implementation and maintenance of the Environment of Care

1.3 Services Provided

The Safety and Security Department oversees the Environment of Care Management Program, including Safety Management, Security Management, Hazardous Materials and Waste Management, Life Safety and Interim Life Safety Management, Medical Equipment Management, Emergency Preparedness Management, and Utilities Management, and all the processes involved therein. This is accomplished through regular monitoring and evaluation of all aspects of the program. (See Environment of Care Management Plans for details.)

The Safety and Security Department, by virtue of the provision of contract security services, assumes the primary responsibility for safeguarding the physical and personal security of patients, staff, and individuals coming to the hospital's buildings (including the potential for violence to patients and staff in the workplace). The department also supports the management of the security of the established environment, equipment, supplies, and information.

1.4 Hours of Operation

The Security Department is staffed 24 hours a day, 7 days a week. While staffing patterns vary to some degree, a normal complement of officers and supervisors is 6–10 individuals on the 7 a.m.–3 p.m. shift; 6–8 individuals on the 3 p.m.–11 p.m. shift, and 5–7 individuals between 11 p.m. and 7 a.m. Officers are permanently posted at the control center/base post and in the Emergency Department. An additional officer is assigned to the Emergency Department from 7 p.m.–7 a.m. Additional staff are scheduled as necessary.

1.5 Population Served

The department provides services to all users of the facility at [insert your hospital name here] Hospital, including patients, visitors, employees, and medical staff.

**Figure
1.1**

SAFETY AND SECURITY DEPARTMENT EXPECTATIONS (cont.)

2.0 PATIENT CARE FUNCTIONS

2.1 Patient Rights and Organizational Ethics

Patient information is treated in a confidential manner as outlined in [insert your policy name and number here].

Department staff conduct themselves in accordance with [insert the name of your hospital's code of ethics and patient care standards].

3.0 ORGANIZATIONAL FUNCTIONS

The Safety and Security Department addresses the organizational functions in the following manner:

3.1 Improving Organizational Performance

All department staff members participate in the improvement of patient satisfaction, including promotion of and adherence to the patient care standards, and the monitoring of survey results on a weekly, monthly, and quarterly basis.

The department routinely measures and evaluates indicators related to Safety Management, Security Management, Hazardous Materials and Waste Management, Life Safety and Interim Life Safety Management, Medical Equipment Management, Emergency Preparedness Management, and Utilities Management.

3.2 Leadership

The manager of Safety and Security is responsible for the operational functions of the department. The manager of Safety and Security reports to the Director of Facilities.

Any and all consultative or contractual relationships or services are provided in a safe and effective manner in accordance with hospital policy and all regulatory requirements.

3.3 Management of the Environment of Care

The department oversees the management of the Environment of Care for the entire organization.

**Figure
1.1****SAFETY AND SECURITY DEPARTMENT EXPECTATIONS (cont.)****3.4 Management of Information**

The department is supported by a variety of information systems that provide budget analysis, materials management, incident reporting, and organizationwide communication functions.

3.5 Management of Human Resources

Staff are hired based on appropriate qualifications and experience. Security staff members are provided and maintained through a contract security services company.

Orientation and training are conducted for new staff members per department protocol under the direction of department leadership.

Department members attend educational conferences, in-service programs, and staff meetings to maintain current knowledge.

3.6 Surveillance, Prevention, and Control of Infection

Department members follow procedures and protocols as dictated by utilization of standard precautions. Any issues related to the control of infection are reviewed in collaboration with the Infection Control coordinator.

4.0 Integration With Organization

The department integrates its work with the organization in the following forums:

- Environment of Care Management Committee
- Board of Trustees Quality Improvement Committee
- Emergency Preparedness Planning Committee
- The Joint Commission
- Customer Satisfaction Team
- Health Insurance Portability and Accountability Act of 1996 Oversight Committee
- The Joint Commission Key Function Steering Committee

To varying degrees, the need for a safety professional depends not only on the management of internal and external risks but also on the organization's ability to provide a systematic approach to the management of the regulatory agencies' and the public's perceptions. As noted earlier, there are any number of advocacy groups, both official (i.e., local, state, and federal regulators) and unofficial (e.g., neighborhood groups,

labor organizations, etc.) that have adopted aggressive campaigns to increase awareness of the hazards associated with working in or living near any kind of healthcare organization. At one time, hospitals were embraced without reservation; now, as with any industry, the hospital as a neighbor is viewed as an entity requiring regulatory oversight and scrutiny and, even in some situations, suspicion.

In smaller organizations, it may be possible to utilize the expertise of an individual within the organization on a part-time basis. For example, a facilities management professional or a risk manager could oversee the safety needs of the organization. Professionals in these realms generally possess skill sets similar to those of the designated safety professional and can appropriately support a safety program. Regardless of how the program is managed, accountability for safety must reside at a single, identifiable point in the organization.

In larger, more complex organizations, a dedicated individual is frequently identified as the safety officer or director. Regardless of the facility size, The Joint Commission requires that someone be identified by senior leadership to identify and manage risks in the organization's physical environment. This assessment of the organization's risk exposures can be used to make staffing decisions. Sometimes these decisions will be made in the wake of poor performance during a survey or inspection by a regulator. For the purposes of this book, it will be assumed that the position you occupy in your organization has been established based on an identified need (e.g., regulatory compliance) and a recognized set of potential or actual safety risks within the physical environment. Every hospital possesses safety and environmental hazards to one degree or another; the function of leadership in this equation is to ensure that the organization is prepared to appropriately manage those hazards.

Key Characteristics of Safety Professionals

A healthcare facility may choose to designate a safety leader for any number of reasons, so it is important for that person to be or become:

- A leader with a sufficiently wide-ranging approach that allows the organization to view the individual as a single authority for safety management
- A planner who can utilize strategic and ongoing principles to identify the resources needed to safely and effectively support the care environment

- A student with a comprehensive knowledge of all applicable standards and practices
- A facilitator with the skills to oversee the development, implementation, and management of programs designed to reduce the risks associated with all elements of the environment
- A diplomat with the skills to help people with disparate viewpoints achieve a consensus approach to managing unsafe conditions
- An educator who can work with staff members to help them better understand and comply with a full slate of regulatory requirements and thus provide the tools to safely manage the daily hazards of the job
- An advocate who is up to date on all safety-related issues that affect the health-care facility
- A practitioner who can demonstrate and support the operational implementation of each programmatic element

Other areas that can benefit the safety professional and enhance the individual's current and future marketability are:

- Experience in environmental health and safety oversight in hospitals
- A background in the scientific and regulatory requirements
- Experience in conducting workplace evaluations for safety, promoting the use of personal protective equipment, and employing techniques for monitoring chemical exposures
- An undergraduate or postgraduate degree in the sciences of engineering, including such fields of study as biology, chemistry, physics, or various engineering disciplines (The American Society of Safety Engineers and American Industrial Hygiene Association—two of the preeminent safety professional organizations—include credentialing requirements that call for both bachelor's and master's degrees)
- Participation in certification programs, particularly the Certified Healthcare Safety Professionals of the Board of Certified Hazard Control (www.chcm-chsp.org) and the Certified Healthcare Facilities Manager of the American Society for Healthcare Engineering/American Hospital Association (www.ashe.org)

Although being a safety professional requires some level of mastery in several key areas, there is much to be said for a fluid approach to managing these tasks. The risk management landscape can change swiftly for better or worse, and it is the key to the success of the program to be able to adapt accordingly.

The last, and possibly the most useful, quality a safety professional can possess is the ability to engage in critical thinking, or the use of careful judgment or judicious evaluation in the decision-making process. The safety professional will be faced with a range of conflicting ideas, stories, and information as the hazards of the workplace are navigated. There are many instances in which the best solution is not as easily discerned and where getting the results wanted will require some thoughtful decision-making. This process will be explained more Chapter 11.

Safety and Compliance Challenges Facing Hospitals and Other Healthcare Organizations

The turn of the century has done nothing to diminish interest in how hospitals and other healthcare organizations balance providing for the safety of employees with a demonstrative dedication to the well-being of the community. OSHA and the Environmental Protection Agency (EPA), among other regulators, have developed a clear recognition of the healthcare industry, not only as one of the largest employers in the United States, but also as an industry with significant potential for worker hazards. Since the mid-1980s, with the rigorous application of regulations on hazard communications, the use of personal protective equipment, reduction of toxic air emissions, disposal of hazardous waste, and general worker safety, few, if any, industries have undergone more regulatory scrutiny than healthcare. In addition to the risks endemic to healthcare (e.g., potential HIV, hepatitis B virus, and other bloodborne pathogens transmission, tuberculosis exposure, etc.), OSHA directs many regulations exclusively at hospitals and other healthcare facilities.

Concerns on the part of local water authorities, as well as the EPA, about the introduction of mercury into the environment have resulted in regulations aimed at reducing or eliminating hospitals' use and disposal of elemental mercury and products that contain mercury. The American Hospital Association (AHA) and the EPA entered into a memorandum of understanding on June 24, 1998, that set goals for hospitals to accomplish

within a five-year period. One of those goals was the virtual elimination of mercury waste. As a result, hospitals have responded by developing programs to identify and implement mercury-safe products and practices. Mercury-containing thermometers and blood-pressure cuffs (sphygmomanometers) have become a thing of the past. As with any number of hazardous products used in healthcare, there is likely to be an alternative product that is not only safer for the environment but safer for staff members as well. As a first step, it is important that an inventory be completed for the hospital to verify that mercury-containing products have been replaced with a safer product. Other items that may contain mercury include older thermostats as well as certain types of light ballasts and thermometers in laboratory equipment.

Finally, there is an aspect of the position that will significantly impact the management of daily operations: The Joint Commission. The Joint Commission mandates any number of activities as a function of the management of the EC, with the intention of providing a safe environment for all who seek care, visit, or work in a facility. This mandate extends to compliance with all the regulatory bodies mentioned in the previous passages. To comply with the Joint Commission standards, you must comply with all applicable local, state, and federal rules and regulations, including EPA, OSHA, NFPA, the Department of Transportation, and the Department of Homeland Security.

The Joint Commission standards reflect the management of three basic organizational components: buildings, equipment, and people. The management of these components must be coordinated through the development, implementation, and monitoring of each, both individually and collectively. The goal of the safety professional is to effectively manage the environment of care as evidenced by the following:

- The elimination or reduction and control of environmental hazards and risks
- The prevention of injuries
- The provision and maintenance of safe conditions for patients, staff, and visitors
- The provision and maintenance of an environment that minimizes unnecessary environmental stresses for patients, staff, and visitors

Expectations of a Safety Professional Working in Healthcare

As the individual responsible for the development, implementation, and monitoring of safety in the environment, your area of practice will cover every facet of the organization. This encompasses not only the physical environment but also the people who populate that environment. One moment may require fielding a call from the hospital's CEO or legal counsel, and the next responding to an irate visitor who slipped on a patch of ice in the parking lot. Everyone will be seeking your advice or input on one matter or another. Many times, the response needed will be simple and require little time to resolve, and other times, the response will require the practical application of every risk management resource available and require a significant time to resolve. The following are examples of situations you could potentially encounter:

- A rooftop air-conditioning unit seizes and discharges a large quantity of thick, acrid smoke, which is promptly carried through an adjacent air intake into a critical care unit. Can the ventilation system be returned to proper working order without evacuating the unit, and is it even safe to do so?
- A stained ceiling tile is noted in an outpatient clinic area during safety rounds, and it is determined that the drain line from the pathology area in the OR was the cause. How can it be ensured the leak did not expose anyone to harmful chemicals or biological agents?
- The environmental services manager calls because the dumpster that was just pulled from the hospital set off the radiation detector at the landfill and is being returned to the hospital. How should this condition be managed as a potential exposure risk and as a hazardous materials event?
- A visitor falls while cutting through a hedge and indicates he or she might consider filing suit. What action should be taken to adequately prepare a response, potentially in a court of law?

Of course, the safety professional is expected to manage these situations along with the routine, daily tasks that provide the foundation of an effective safety program. These situations could include safety inspection rounds, presenting education on proper handling of radioactive materials to the security staff, or conducting a follow-up investigation of a mishap. At other times, the day will be completely disrupted as a result of a major incident, which could include a surprise visit from the state department of public health or the EPA or receipt of a notification of an OSHA complaint. At the same

time, you may be called upon to provide an immediate report to the hospital's leaders regarding the risks of asbestos exposure in a building that is being considered for purchase by the hospital for the renovation for treatment space. These types of events could be considered the most difficult part of the safety leader's job.

That said, although the intermittent challenges of the day can be quite substantial, the safety professional will frequently serve as diplomat. There will be instances in which someone will attempt to manipulate a safety issue or concern to his or her benefit. What if there are elevated environmental temperatures in an area because of the failure of some air conditioning equipment? At what point does that condition pass from merely uncomfortable to a potential hazard? Should the area be vacated until the equipment can be repaired? Is there really a danger here that staff may perceive as legitimate, or is it something more benign?

There are some who would feel a neutral response is in order in these types of situations. However, though it is important to remain absolutely impartial in the collection of data, it is of critical importance that a sensible and appropriate resolution to the concerns be provided. Neutrality can be interpreted as indifference or, even worse, as an attempt to cover up an allegiance with the other side. However uncomfortable or inconvenient it might seem along the way, the position of the safety professional in the organization must be crystal clear; the sole purpose is to ensure the safest possible environment is provided and sustained.

Ideally, every situation, practice, or condition can be resolved to the satisfaction of all involved. Unfortunately, this will not always be the case. There will be too many instances in which not everyone is pleased with the end result. It does not necessarily matter that it was the optimal solution given the specific conditions being addressed. The challenge in these moments is to maintain your credibility. Though the involved parties may not be happy, it is important for you to recognize that your expertise and practical knowledge were what made the difference in reaching a civil resolution to the issue. The main responsibility of the safety professional is to do whatever possible to provide the safest care environment possible.

Working as a Team

The responsibility of providing a safe environment cannot rest solely with one individual. An important function of the safety officer will be to identify the internal and

external resources that will support the implementation of an effective safety management program. Many of the functions discussed in the following chapters (e.g., security, life safety, medical equipment, emergency preparedness, and response) are best described as shared pursuits. As a result, alliances will have to be formed with those in the organization responsible for overseeing performance improvement and quality, infection control, employee health, facilities, and patient care. It is also important to identify those resources that do not exist in the organization, especially in facilities of 150 beds or fewer.

While forming these alliances, it is also important to start determining which risks are inherent in the organization's procedures and policies and begin the prioritization process. It is of critical importance that time and energy are focused on those concerns that represent the greatest risk of exposure for the organization. The question you have to keep asking yourself is: Does this policy/practice/program meet the baseline for compliance? If the answer is yes, put it aside to focus on those issues for which the answer is no. Honest assessment and prioritization are key elements in developing an effective safety program. Informed decisions based on solid data will provide all the foundation needed for success.

The Hospital Safety Professional's Handbook, Fifth Edition

Steven A. MacArthur

Cindy Taylor, ARM, CSPHP

This trusted resource is your guide through the complex and changing world of healthcare safety and regulatory compliance. Completely updated, this book removes the stress from the role of healthcare safety professional by providing straightforward coverage of all the most important topics, including life safety and emergency management scenarios, keeping up with The Joint Commission, and the increased presence of CMS in the safety space.

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- Meet the regulatory requirements related to life safety and emergency management
- Train hospital staff on communication and safety topics, including safety-related staff competency requirements based on revised Joint Commission standards
- Clarify key issues such as the 96-hour rule, corridor clutter, Sentinel Event Alerts, and more
- Strategically integrate building safety and patient safety, infection control, and relevant National Patient Safety Goals
- Navigate the safety professional's role during construction and renovation projects

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