

PURPOSE:

- a) To outline the components of the Hospital Safety Program.
- b) The Hospital Safety Program ensures the identification, mitigation, and/or elimination of hazards having the potential to impact the safety of patients, students, employees, visitors and/or the environment.

POLICY:

The Hospital Safety Officer has been authorized by the CEO to take immediate action whenever hazardous conditions exist, especially those having the potential to cause personal injury to patients, staff, or visitors.

PROCEDURE:

- a) Emergency Management Committee
 - i) The Director of Emergency Management and the Hospital Emergency Management Committee oversee the development and update of hospital emergency response plans, drills, after action reports, etc.
- b) Life Safety Committee
 - i) The Life Safety Committee is chaired by the Chief of the UConn Fire Department. Members include the UConn Fire Marshal, Fire Department personnel, and representatives from Facilities Management, Campus Planning, Hospital Administration, and Regulatory Compliance.
 - ii) The mission of the Life Safety Committee is to ensure continuous compliance with the life safety code and life safety chapter of the hospital accreditation manual.
- c) Environment of Care Committee
 - i) The Environment of Care Committee oversees all activities done in support of the environment of care chapter of the hospital accreditation manual. This includes oversight of six environment of care sub-committees, review of sub-committee risk assessments, and approval of annual assessments of effectiveness.

- ii) The mission of the Environment of Care Program is to minimize risk of injury to patients, staff, and visitors.
- d) Hospital Safety Officer
 - i) The Hospital Safety Officer is appointed by Hospital Administration.
 - ii) The Hospital Safety Officer chairs the Environment of Care Committee.
 - iii) On matters of safety, the Hospital Safety Officer has the authority to take immediate action whenever he/she feels conditions have the potential to cause personal injury to patients, staff, or visitors.
- e) Hospital Operations
 - i) Hospital Operations holds a daily safety huddle meeting at the beginning of each day. The primary purpose of the meeting is to identify any issues impacting patient safety and/or hospital operations.
- f) Quality Management
 - i) Add details regarding the SI process, root causes analyses, corrective actions, QAPI reporting, etc.
- g) Patient Satisfaction
 - i) The Director/VP of Patient Relations coordinates the investigation, reporting, and follow-up of patient complaints and satisfactions concerning patient care and/or hospital operations whenever they are received.
 - ii) Items related to patient satisfaction are discussed in the daily safety huddle.
- h) Human Resources
 - i) Employees are required to promptly report any occupational injury or suspected occupational illness to Human Resources (X-2204), and to their supervisor.
 - ii) Upon being notified of an injury, Human Resources will complete WC-207 and provide a copy to Environmental Health & Safety (EH&S).
 - iii) EH&S shall review WC-207 for and forward the completed copy to the employee's supervisor in order to obtain additional data required to complete the OSHA mandated 300 Log and take corrective action, as necessary.
 - iv) Significant or key events are independently evaluated by EH&S in order to document exposure(s) and/or determine corrective actions that must be initiated.
 - v) Incident statistics on employee injuries/illnesses are reported to the Environment of Care Safety Sub-Committee on a monthly basis.
- i) Employee Orientation and Safety Education
 - i)

- ii) Safety education and training are an important part of a successful healthcare community.
 - iii) Employees are oriented to the Hospital Safety Program when they undergo new hire orientation. Topics include review of EHS policies, safety resources, employee responsibilities for reporting accidents, and employee rights with regards to hazardous materials in the work place.
 - iv) UConn Health Fire and Police Department representatives orient new hires to the various services performed by their respective departments and identify what to do in the event of a fire, police emergency, active shooter, etc.
 - v) Departments review departmental safety roles and responsibilities with their respective employees.
 - vi) New laboratory employees and any other employee that has the potential to be exposed to hazardous chemicals must attend a lab safety training session.
 - vii) Radiation workers receive radiation safety and dosimetry training. Individuals working with radioactive materials receive additional training on handling of radioactive materials.
 - viii) All employees supporting John Dempsey Hospital receive an annual Master Safety online training course to refresh them with many of the safety policies and procedures associated with day-to-day operation of the hospital.
- j) Housekeeping
- i) The Hospital maintains an effective housekeeping program for patient and staff wellness and to minimize risk of infection. Activities include:
 - (1) Completion of cleaning schedules
 - (2) Evaluation of cleaning effectiveness
 - (3) Use, care, and cleaning of equipment
 - (4) Selection and use of supplies
 - (5) Coordination of special cleaning projects
 - (6) Waste disposal procedures for regular trash and regulated medical waste
- k) Infection Prevention
- i) Discuss what IC does and how it is part of the hospital safety program.
- l) Environmental Health & Safety (EH&S)
- i) EH&S is dedicated to the health, safety and welfare of our Hospital, Research, Medical, Dental and Support Communities in the fields of Environmental Safety, Biological Safety, Chemical Safety, and Radiation Safety. Services include:

- (1) Development of EHS policies and procedures.
 - (2) Management of the HazMat sub-committee within the Environment of Care Program.
 - (3) Coordinates with the UConn Health Fire Department as the institutional HAZMAT spill response team.
 - (4) Maintenance and coordination of the OSHA 300 Log.
 - (5) Responds to employee safety and environmental concerns.
 - (6) Conducts Safety Training/Hazard Communication Orientation Programs for laboratory personnel covering such topics as basic safety practices, safety resources, employee responsibilities, radiation safety, chemical safety, laboratory lockout/ tag-out, respiratory protection, laboratory safety, and hazardous material management.
 - (7) Provides EH&S training within the new employee orientation program.
 - (8) Provides monthly laboratory safety training sessions.
- m) Radiation Safety
- i) The Office of Radiation Safety (ORS) develops and oversees the radiation safety program for UConn Health and John Dempsey Hospital.
 - ii) The mission of the department is to ensure UConn Health complies with all regulatory requirements while maintaining exposures as low as reasonably achievable (ALARA). Services include:
 - (1) Provides support to all Hospital users of radioactive materials and equipment producing ionizing radiation.
 - (2) Acts as the liaison to the Nuclear Regulatory Commission on licensing and inspection matters.
 - (3) Orders, receives and delivers radioisotopes to user departments.
 - (4) Collects and disposes of radioactive waste.
 - (5) Surveys and monitors areas utilizing radioactive materials and radiation generating devices.
 - (6) Manages the personnel dosimetry program to ensure exposures are maintained ALARA.
 - (7) Supports various nuclear medicine radiation therapy procedures.
 - (8) Provides radiation safety consultant services to the Hospital on matters such as shielding design and the interpretation of regulatory requirements.
 - (9) Provides radiation safety training for all users of radioactive material.

2) Facilities Management

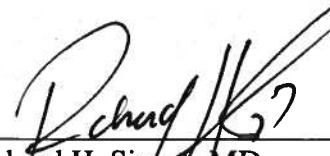
- a) The Facilities Management Department is responsible for operation, maintenance, and repair of hospital buildings and grounds and associated systems and equipment. Services include:
 - i) Monitoring and operation of the hospital physical plant and environmental conditions within the hospital via the environmental control center (ECC).
 - ii) Maintenance of hospital buildings and grounds.
 - iii) Maintenance and repair of mechanical and electrical systems and equipment supporting hospital operations and regulatory compliance.
 - iv) Management of utilities supporting hospital operations.
 - v) Management of the utilities sub-committee within the Environment of Care Program.
 - vi) Management and implementation of all renovation and construction projects.
 - vii) Initiating infection control risk assessments (ICRA) and interim life safety measures (ILSM) as appropriate to support operations, maintenance, or construction activities.

3) Annual Evaluations

- a) Many of the programs within the JDH safety program are evaluated on an annual basis and/or updated as needed based on internal and external audits, inspection/survey results, and/or root cause analysis findings.
- b) Each of the sub-committees within the Environment of Care program conducts an annual assessment of their management plan effectiveness. These assessments are presented to the Board of Directors/Clinical Affairs Sub-Committee each year.



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