ENVIRONMENT OF CARE

SAFETY MANAGEMENT PLAN

JANUARY 2013

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1. Goal. This management plan describes the framework used to manage safety risks and improve safety performance. The scope and objectives of this plan are consistent with the Command’s values, vision, and mission to provide quality healthcare to Soldiers, retirees, and their families.

2. Objectives. The following objectives will prevent human injuries and illnesses, maintain a physical environment free of health and physical hazards, and safeguard Army property—

a. Effectively manage safety and health risks by using best industry practices

b. Optimize resources by using efficient safety and health processes

c. Improve staff performance through effective safety and health education and training

d. Improve staff and patient satisfaction by providing a safe physical environment

3. Scope. This management plan applies to this Military Treatment Facility (MTF) and all subordinate MTFs to include (LIST ALL CLINICS AND SATELLITE LOCATIONS SERVED BY THE FACILITY AND COVERED UNDER THIS PLAN).

4. Responsibilities.

a. The Safety Manager is responsible for developing, implementing, and monitoring this plan and the MTF’s Safety Program.

b. The Organization Chart in Appendix A shows the primary officers, departments, and services that provide input into the development, implementation, and maintenance of this plan.

c. Department chiefs and work area supervisors develop and implement department-specific safety standing operating procedures (SOPS) and carry out MTF-wide safety policies and regulations.

d. All staff, personnel, and volunteers obey safety rules, utilize PPE as required, and report accidents and injuries and unsafe and unhealthy working conditions to their immediate supervisor.

5. Safety Management Elements of Performance. The Reference Crosswalk in Appendix B lists the corresponding policies, regulations, SOPs, systems, and databases pertaining to each of these requirements.

a. Risk Management Responsibilities. The Safety Manager, appointed by the MTF Commander, is a qualified safety professional (General Schedule-018). This individual directs the MTF-wide information collection and evaluation system (ICES), designed to collect information about deficiencies, problems, failures, user errors, and opportunities for improvement in the environment of care (EC)/physical environment (PE).

b. Intervention Authority. The Safety Manager and core members of the Safety/EC Committee are authorized to intervene whenever conditions that pose an immediate threat to life or health or pose a threat of damage to equipment or buildings exist.

c. Safety Management Plan. The management plan is based on a plan, teach, implement, respond, monitor, and improve framework and it addresses the processes that are essential for maintaining a safe EC/PE.

d. Risk Assessment.

(1) The MTF uses a risk identification and assessment process to evaluate the impact of buildings, grounds, equipment, occupants, processes, and systems on the safety and health of patients, staff, and other people coming into the facility. Management and staff employ composite risk management into day-to-day operations.

(2) Both proactive risk assessments (e.g., internal performance improvement data; staff, patient, and family feedback; environmental monitoring; results of failure mode and effects analyses; governmental regulation reviews; association, society, and professional literature reviews; preventive maintenance; design reviews; etc.) and reactive risk assessments (e.g., incident and accident investigation reports, utility or equipment failure investigations, hazardous materials spill investigations, root causes analyses, etc.) are used to identify trends for which corrective action is needed.

(3) In addition, the risk assessment process is used to manage “gray areas,” that do not have a clear resolution. An example of a “gray area” is deciding the best way to secure sharps in the Emergency Room. “Gray area” issues are brought to the Safety/EC Committee for discussion and resolution.

e. Risk Management Process. The Safety Manager assigns a risk assessment code to all safety and health hazards, tracks, and abates them on a worst-first basis. Interim safety measures are implemented when hazards cannot be immediately abated to manage risk and to minimize potential for harm to patients, staff, and visitors.

f. Maintenance and Supervision of Grounds and Public Areas. The Safety and Facility Managers are responsible for the supervision and maintenance of grounds and public areas.

(1) Supervision is accomplished through routine inspections, unsafe and unhealthy working conditions reports, accident investigation reports, etc.

(2) Hazard abatements requiring repairs are submitted to Facilities for correction. When corrections cannot be completed immediately, the Facility and Safety Managers implement interim controls and monitor them for effectiveness until the hazard is abated.

(3) Hazard abatements requiring a change in policy or procedure are referred to the Safety Manager for correction.

(4) Hazard abatements requiring major renovation or funding are forwarded to the Safety/EC Committee for discussion and resolution.

g. Product Safety Recalls. The Risk Manager is responsible for product safety recalls. The Product Safety Recall Policy describes procedures for removing products and equipment that have been recalled or that pose a significant health and safety risk to patients, visitors, or staff. The MTF receives recall notifications from a variety of sources, such as the U.S. Army Medical Material Agency; product manufacturers; distributors; suppliers; the Consumer Product Safety Commission; and the Food and Drug Administration. Copies of notifications are distributed as follows –

(1) Medical Equipment – Chief, Medical Maintenance

(2) Pharmaceuticals – Chief, Pharmacy

(3) Dietary Recalls – Chief, Nutrition Care

(4) Medical/Surgical Supplies – Chief, Central Services

(5) Engineering Supplies/Facilities Equipment – Facility Manager

(6) Housekeeping Supplies – Chief, Environmental Services

(7) Consumer Products – Safety Manager

These designated individuals oversee the information provided and submit summaries of all follow-up actions taken to the Risk Manager and the Safety/EC Committee for review.

h. No Smoking Policy. The MTF has and enforces a comprehensive No Smoking Policy to reduce the risk of adverse care, treatment, services for patients who smoke; exposure to passive smoke for others; and fire. The policy prohibits smoking inside all MTF buildings and military/government-owned vehicles, designates outdoor smoking areas, and encourages staff and patients to enroll in a smoking cessation program.

i. Orientation and Annual Refresher Education and Training Program.

(1) The orientation and education component pertaining to safety addresses the following criteria:

(a) Safety hazards in the MTF environment and assigned work area, such as biological, chemical and physical hazards and the methods for eliminating or minimizing risk

(b) General safety processes, such as procedures for reporting accidents/occupational illness and unsafe/unhealthy working conditions

(c) Emergency processes, such as reporting/cleaning up a chemical or biological spill

(2) The Chief, Plans, Training, Mobilization, and Security (PTMS), manages the MTF-wide New Employee Orientation Program. Generally, new employees are scheduled to attend orientation within 30 days of hire.

(3) The Chief, PTMS also manages the Annual Refresher Training Program. Generally, all staff and personnel attend annual refresher training during their birth month.

(4) Supervisors provide worksite-specific orientation and annual refresher training.

(5) All training is documented in the staff competency folders.

j. Information Collection and Evaluation System.

(1) Reporting and Investigating Accidents, Injuries, Property Damage, Problems, Failures, & Use Errors.

(a) The Incident Reporting/Investigation System covers all incidents involving equipment and property damage; occupational illness; and patient, personnel, or visitor injury.

(b) Supervisors must investigate all incidents and submit the appropriate incident report form (DA Form 285, CA-1/CA-2, and DA Form 4106) to the Safety Manager, Patient Safety Manager, or Risk Manager.

(c) The Safety Manager, Patient Safety Manager, Risk Manager, or other MTF representatives as deemed appropriate by the Commander promptly review incident reports to identify trends, determine root cause(s), and suggest corrective actions to prevent recurrence. Summary reports are submitted to the appropriate committee for further review and resolution as needed.

(2) Environmental Tours. Conduct of environmental tours involves both internal inspections and external agency audits.

(a) Internal inspections.

(1) Consistent with Army policy, the Safety Manager inspects high-hazard areas quarterly, patient care areas semi-annually and non patient care areas annually to identify occupational safety and health trends and safety hazards that require abatement or control.

(2) The Industrial Hygienist inspects work areas to identify, evaluate, and recommend controls for chemical, physical, biological, and ergonomic hazards that pose a hazard in the workplace at least annually.

(3) The installation Fire Department’s Fire Prevention Section inspects buildings for fire safety hazards annually.

(4) Departmental safety representatives inspect their areas of responsibility monthly.

(5) On a daily basis, supervisors and staff correct hazards identified within their work area. When hazards cannot be immediately eliminated, supervisors develop and implement interim controls with the assistance of the Safety Manager.

(6) Housekeeping and maintenance personnel informally check for and report hazards to their immediate supervisor or to the Safety Manager daily.

(b) External. The U.S. Army Medical Command, Army Institute of Public Health, the Occupational Safety and Health Administration, the Nuclear Regulatory Commission, and the College of American Pathologists are some external agencies that may audit the MTF’s Occupational Safety and Health Program.

(c) The Safety Manager or other safety experts work with supervisors and staff to develop appropriate resolutions or controls for each identified hazard.

(d) The Safety/EC Committee reviews inspection and audit results and/or trends and recommends resolutions as needed.

(3) Annual Evaluation.

(a) The Safety Manager keeps the management plan current by reviewing the plan at least annually (i.e., one year from the date of the last review, plus or minus 30 days) and making necessary modifications based on the results of the annual evaluation and changes to policies, regulations, and standards. In performing the annual review, the Safety Manager uses a variety of sources such as inspection and audit results, accident/incident reports, employee reports of unsafe or unhealthy working conditions, customer satisfaction surveys, suggestion boxes, performance improvement committees, and other statistical information and tracking reports. The Safety Manager may also use other forms of review and input from relevant sources such as leadership, other EC disciplines, management, staff, personnel, and volunteers.

(b) The annual evaluation includes an assessment of the plan’s:

(1) Scope. Based on the current locations and services offered, the scope of the plan is expanded, reduced or maintained at its present scope (buildings, equipment, people, operations, services).

(2) Objectives. An annual assessment is made to determine if the objectives, as outlined in paragraphs 2.a through 2.d are current.

(3) Performance. A review of the performance objectives is made to determine the level of performance and whether the level of performance is acceptable.

(4) Effectiveness. An acceptable level of effectiveness is determined by the achievements related to the safety and health processes necessary for maintaining a successful safety program.

(c) After the Safety/EC Committee approves the annual review, the results are submitted to the Executive Committee for review and approval.

(d) The annual review is used as an opportunity to develop or modify programs, plans, and policies; identify and implement additional or more effective controls; and enhance the Employee Orientation and Annual Refresher Training Programs.

(4) Safety/EC Committee.

(a) The Safety/EC Committee includes representatives from administration, clinical services, and support services.

(b) Consistent with Army policy, the committee meets bi-monthly to review and discuss summaries of problems, failures, user errors, and relevant published reports of hazards, as well as reports on findings, recommendations, actions taken, and results of measurement. In addition, the committee receives reports from the six EC disciplines, emergency management, and any established subcommittees (e.g., Radiation Safety, Emergency Management, Infection Control, etc.) which have met.

(c) The committee reviews safety trends, concerns, and risk assessments; develops and approves appropriate resolutions; establishes measurement guidelines; and monitors the effectiveness of resolutions. Actions outside the scope of the Safety/EC Committee are forwarded to the appropriate committee for review and resolution.

(d) The committee minutes are routed through the Risk Management Committee to the Executive Committee for Command approval and action if required. Additionally, summary information is communicated to the Patient Safety Officer and affected services or departments via department or work area meetings, e-mail, and the intranet.

(e) The Safety Manager is a standing member of the Safety/EC Committee and is responsible for coordinating and documenting information presented to the committee. In addition, the Safety Manager is responsible for providing recurring reports on the status of the Safety Management Plan to include:

(1) Annual evaluation of the Safety Management Plan

(2) Performance improvement objectives/initiatives

(3) Deficiencies, problems, failures, and user errors

(4) Accidents involving property damage, summaries of patient/visitor injury reports, occupational injury and illness data, and employee reports of unsafe/unhealthy working conditions

(5) Risk assessments

(6) Environmental tour summary

(7) Product recalls

(8) Education and training trends

(9) Smoking policy issues

(5) Performance Improvement Activities.

(a) Performance monitoring is used to –

(1) Identify areas of concern and strengths in the MTF’s EC/PE

(2) Identify or determine actions necessary to address areas of concern

(3) Assess actual compliance with safety policies, regulations, and standards

(b) Consistent with Army policy, the Safety Manager –

(1) Identifies at least one measurable performance improvement indicator regarding actual or potential risk related to one or more of the following:

(a) Staff knowledge and skills

(b) Level of staff participation

(c) Monitoring and inspection activities

(d) Emergency and incident reporting

(e) Inspection, preventive maintenance, and testing of equipment

(2) Considers high-risk, high-volume or chronic problems when developing performance objectives to better focus limited resources.

(3) Sets desired goals or benchmarks and develops and implements data collection and reporting procedures.

(4) Appendix C lists the Safety Performance Measure(s) for this year.

(c) The Safety/EC Committee tracks performance and documents the results in the committee minutes.

(d) Consistent with Army policy, the Safety/EC Committee recommends at least one EC performance objective annually to the Executive Committee for review and inclusion in the MTF’s performance improvement program.

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| **Regulation, Policy, or SOP Number** | **Regulation, Policy, or SOP Name** | **Date Published** | **Point of Contact** | **Relevant EC Standard and Element of Performance** |
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| **Performance Objective** | **Performance Indicator(s)** | **SMART Performance Measure/ Action Plan** |
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| Effectively manage safety and health risks by using best industry practices. Specifically, manage risk by promptly identifying and eliminating or managing safety and health hazards in the workplace. (BSC: Internal Processes) | % Safety deficiencies identified during inspections that are satisfactorily resolved | * What is your goal? * Is it measurable? * SMART performance measure * What constraints do you have (time, money, other resources)? * What are the steps you will take to meet your goal? * How will you prioritize these steps? * What data do you need to collect and evaluate? * How will you collect and report the data? |
| Optimize resources by using efficient safety and health processes. Specifically reducing loss resulting from workplace accidents and incidents. (BSC: Resources) | % Reduction in civilian worker’s compensation[[1]](#footnote-1)  % Reduction military off duty lost time[[2]](#footnote-2)  % Reduction military on duty lost time[[3]](#footnote-3)  % $ Reduction incidents involving property damage | * What is your goal? * Is it measurable? * SMART performance measure * What constraints do you have (time, money, other resources)? * What are the steps you will take to meet your goal? * How will you prioritize these steps? * What data do you need to collect and evaluate? * How will you collect and report the data? |
| Improve staff performance through effective safety and health education and training. Specifically, verifying that staff attends mandatory safety training. (BSC: Learning and Growth) | %Staff competency based folders containing documentation showing mandatory safety training is completed (baseline) | * What is your goal? * Is it measurable? * SMART performance measure * What constraints do you have (time, money, other resources)? * What are the steps you will take to meet your goal? * How will you prioritize these steps? * What data do you need to collect and evaluate? * How will you collect and report the data? |
| Improve staff and patient satisfaction by providing a safe physical environment. Specifically, staff feedback shows that Leadership supports the Safety Program. (BSC: Customer Satisfaction) | % Staff positive perception of Leadership’s commitment to safety | * What is your goal? * Is it measurable? * SMART performance measure * What constraints do you have (time, money, other resources)? * What are the steps you will take to meet your goal? * How will you prioritize these steps? * What data do you need to collect and evaluate? * How will you collect and report the data? |

1. AMEDD goal [↑](#footnote-ref-1)
2. AMEDD goal [↑](#footnote-ref-2)
3. AMEDD goal [↑](#footnote-ref-3)