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Coalinga State Hospital

OPERATING MANUAL

SECTION - HUMAN RESOURCES
ADMINISTRATIVE DIRECTIVE NO. 979
(Replaces AD 979 Dated 11/10/2005)

Effective Date: October 5, 2006

SUBJECT: HOSPITAL HEALTH AND SAFETY PROGRAM

I. PURPOSE

The Hospital Health and Safety Program is a comprehensive safety management process, which includes the various elements of the Injury and Illness Prevention Program (IIPP), the Risk Assessment Program, Hazardous Materials Communication and Waste Management Program, Violence Prevention, Ergonomics Program, Vector Control, Defensive Driving, and ongoing safety-related training activities.

II. AUTHORITY

California Code of Regulations (CCR), Title 8, Section 3203 (Injury and Illness Prevention Program (IIPP); Joint Commission of Accreditation of Healthcare Organizations (JCAHO); and the Department of Justice's Environment of Care Chapter.

III. POLICY

There shall be an effective safety management program that is designed to provide a physical environment free of hazards and manage activities to reduce the risk of injury and illness to employees, Individuals, and visitors at Coalinga State Hospital (CSH). Staff and Individuals are responsible for actively participating in all aspects of the hospital's Health and Safety Program.

IV. METHOD

The hospital's overall program is based on a system of information collection, evaluation, and monitoring, which includes continuous awareness of safety issues by staff, supervisors, managers, administrators, and Individuals. This system provides data that contributes to the ongoing development and evaluation of various components of the hospital's Health and Safety Program.

V. HOSPITAL HEALTH AND SAFETY PROGRAM

A. CSH's IIPP is comprised of many interrelated programs, which address the following requirements:

1. Identification of responsible persons.

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2. System for ensuring employee compliance.
 3. System for communication with employees on occupational health and safety matters.
 4. System for identifying and evaluating occupational safety and health hazards.
 5. Procedure to investigate occupational injury or illness.
 6. Methods for communication of unsafe or unhealthy conditions, work practices, and work procedures in a timely manner.
 7. Employee safety education and training program.
 8. Recordkeeping.
- B. Responsibility for participation in this program is assigned as follows:
1. Employees.
 - a. All employees are required to work in a safe manner and to be responsible for the safety of themselves and others.
 - b. All employees shall report the following to their immediate supervisors:
 - 1) Potential hazards.
 - 2) On-the-job injuries or illnesses.
 - 3) Individuals or visitor incidents involving injury.
 - 4) Anything having the potential for dangerous or disastrous consequences involving Individuals, visitors, or employees.
 2. Supervisors are responsible for the following:
 - a. Investigating, and when necessary correcting safety concerns identified by themselves or their staff, including all incidents or accidents that involve Individuals, personnel, or visitors, occupational illness, or property damage.
 - b. Preparing proper documentation related to incidents or accidents and routing to the appropriate area.

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- c. Assuring appropriate training of employees in their areas. This includes initial hospital-wide and area specific safety orientation and at least annual review of the department/program safety plans, special hazards related to assigned duties, and applicable Right-to-Know information.
 - d. Ongoing monitoring and assessment of injuries and issues under the seven environment of care areas (safety management, life safety, hazardous materials, emergency preparedness, security, equipment (both medical and non-medical) and utilities management) will be addressed and documented through the area specific health, safety, and violence prevention committees, which will meet at least monthly. A copy of these minutes will be sent to the Health and Safety Department.
 - e. A quarterly analysis of injuries will be included with the Area Specific minutes at the end of each quarter (January, April, July, and October) and submitted to the Health and Safety Department.
3. Managers: Each manager is responsible for assuring the safety of their area by:
- a. Developing and implementing an area-specific safety plan for their department/program. These safety plans will be reviewed and approved by the Health and Safety Department initially and on an annual basis thereafter.
 - b. Directing that supervisors provide and ensure a safe work environment for employees, Individuals and to follow proper procedures.
4. Hospital Health and Safety Officer:
- a. The Hospital Health and Safety Officer is responsible for the development, implementation, and monitoring of the safety management program by:
 - 1) Intervening, by authority of the Executive Director, whenever conditions exist which:
 - a) Pose an immediate threat to life or health.
 - b) Pose a threat of damage to equipment or building.
 - 2) Acting as a liaison to:
 - a) Administration

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- b) Managers/Supervisors
 - c) Employees
 - 3) Participating in the development and evaluation of departmental and hospital-wide safety policy and procedures.
 - 4) Evaluating information collected and preparing and presenting recommendations for the Executive Director, other managers, and the Patient Care Policy Committee (PCPC) when corrective action is required.
 - 5) Leading the Environment of Care Inspections, working with appropriate staff to implement Safety recommendations and monitoring the effectiveness of the changes.
 - 6) Developing, planning, organizing, and coordinating hospital-wide health and safety training.
- b. The Health and Safety Officer manages the hospital-wide process of collecting and evaluating information about accidents, hazards and safety practices used to identify safety management issues to be addressed by the Environment of Care Inspection Team. This process is addressed through the following reporting mechanisms:
- 1) Quarterly written report to the PCPC of identified safety management issues, Environment of Care Inspections, and actions taken as the result of safety program activity. A summary of each quarter's activities is sent to the Governing Body.
 - 2) Annual evaluation of both the Safety Program and the Environment of Care Inspections with recommendations for appropriate revisions of the objectives, scope, organization, and effectiveness of the safety management program.
- C. Risk Assessment Program:
- 1. The Health and Safety Risk Assessment Program is an integral part of the hospital-wide Risk Management Program.
 - 2. Components:
 - a. Ongoing evaluation of safety of buildings, grounds, occupants, and internal physical systems.

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- b. The safety surveillance system is used to identify and evaluate hazards in order to reduce the risk of injury associated with hospital operations, to Individuals, staff and visitors.
- c. Quarterly Safety Activity Summary Risk Assessment Reports.

D. Hazardous Communication and Materials Management Program:

The purpose of this program is to ensure that the hospital complies with all applicable laws and regulations so that hazardous materials are identified, handled, and disposed of in a manner that poses no danger to human health or the environment.

This program, which includes employee responsibility, is described in detail in Administrative Directives Nos. 362 (Hazard Communication Program) and 366 (Hazardous Materials/Waste Management Program).

E. Emergency Preparedness Program:

The purpose of this program is to ensure that the hospital is prepared to manage the consequences of natural disasters or other emergency situations.

This program is described in detail in Administrative Directive Nos. 334 (Emergency Preparedness Plan), 338 (Organization of Emergency Response Levels and Personnel), and through the Emergency Preparedness Manual.

F. Violence Prevention:

- 1. Trends and patterns of violent events are monitored.
- 2. Individuals government promotes collaboration of staff and Individuals in violence prevention initiatives.

G. Training:

- 1. All employees receive general safety and fire/life safety training during New Employee Orientation (NEO) and yearly thereafter. Initial training includes orientation to the safety management program.
- 2. All program directors/department heads will ensure all staff members are current in the required safety-related training (i.e., NEO, CPR, PMAB, First Aid, shakedowns, etc.).
- 3. Area-specific training will be developed and presented in order to address areas of need identified through the ongoing monitoring and reporting process of the Safety Program and to meet applicable accreditation requirements.

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H. Defensive Driving Program:

A defensive driving course is offered periodically through the Training Department and is mandatory for any employee who operates a vehicle (state or private) on official state business. A review course must be taken at least every four years or sooner in the event of traffic violations or accidents.

I. Vector Control:

Pest control services are the responsibility of Plant Operations' Pest Control Technician in conjunction with the Health and Safety Department. Minor pest problems are resolved internally and all other services are contracted with a local vendor.



W. T. VOSS
Executive Director

Cross Reference(s):

- A.D. No. 334 Emergency Preparedness Plan
- A.D. No. 338 Organization of Emergency Response Levels and Personnel
- A.D. No. 362 Hazard Communication Program
- A.D. No. 366 Hazardous Materials/Waste Management Program
- A.D. No. 370 Emergency Services Plan – Emergency Attention for Employees, Visitors, and Volunteers Outside the Secured Area
- A.D. No. 710 Vector Control
- A.D. No. 978 Accident Prevention Program for State and Private Vehicles
- A.D. No. 982 Hospital Environmental Inspection Team
- A.D. No. 903 Employee Suggestions