

EC.02.01.01 SAFETY MANAGEMENT

The Hospital manages safety risks:

1. The Hospital identifies safety risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

A. The Hospital develops and maintains a written management plan describing the processes it implements to effectively manage the environmental safety of patients, staff, and other people coming to the Hospital's facilities.

The Safety Management Plan is developed and implemented by the Associate Director, Environmental Health and Safety (Hospital Safety Officer) and is monitored by the Hospital EOC Committee through the subcommittees. This document identifies and educates staff on the processes utilized to provide a safe environment. The Safety Management Plan is reviewed and revised at least annually.

B. The Hospital identifies a person(s), as designated by leadership, to coordinate the development, implementation, and monitoring of the safety management activities.

Stony Brook University with Hospital leadership is responsible for managing the Hospital Safety Officer appointment process. The Associate Director within the Department of Environmental Health and Safety (EH&S) serves as the Hospital Safety Officer. The CEO formally appoints the Hospital Safety Officer. By appointment, the Hospital Safety Officer is assigned overall operational responsibility for the Safety Management Plan. Hospital staff members are advised of a new appointment and change in the leadership of the Safety Management Program through the internal communication systems, including initial and recertification Right-to-Know safety training.

The Hospital Safety Officer reports activities to the Associate Director of Support Services and the EOC Committee. The Hospital Safety Officer performs those functions normally associated with a safety program and is guided by a written job description. The Hospital Safety Officer is responsible for review of changes in law, regulation, and standards of safety; assesses the need to make changes to general safety equipment, procedures, training; and performs other activities essential to implement the EOC Management Program.

The Radiation Safety program is under the direction of the University Radiation Safety Officer (RSO). The University RSO's education and experience are outlined in the position description for his respective duties. He receives an annual performance evaluation to identify the level of success in achieving his assigned duties. In addition, the University RSO goes through an end of the year comprehensive matrix driven evaluation by the URPC (University Radiological Protection Committee) and the UHRSC (University Hospital Radiation Safety Committee). In addition the URPC meets bi-monthly and conducts semi-annual mock NYSDOH/BERP inspections on both sides of campus, while the UHRSC meets quarterly and reviews all the findings generated by the URPC.

C. The Hospital conducts comprehensive, proactive risk assessments that evaluate the potential adverse impact of buildings, grounds, equipment, occupants, and internal physical systems on the safety and health of patients, staff, and other people coming to the Hospital's facilities.

The appropriate departments are responsible to conduct risk assessments to proactively evaluate risks associated with buildings, grounds, equipment, occupants, and internal physical systems that have the potential to impact the safety of patients, staff and visitors coming to the Hospital's facilities.

The Hospital Safety Officer in coordination with the Safety Management and Security subcommittee is responsible for managing the Safety Management Plan risk assessment process. This subcommittee consists of the following members and/or their designees:

Associate Director of Environmental Health and Safety	EH&S Healthcare Manager
Director of East Campus Operations University Police	Associate Director, Human Resources
Director of Hospital Physical Plant	Director of Nursing Education
Laboratory Safety Committee Chair	Director of Nursing Quality Management
Risk Management Coordinator	Director of PT OT

Director of Healthcare Epidemiology	Offsite Properties EOC Coordinator
Director of Workers' Compensation	OR QA Coordinator
Director of Employee Health & Wellness	Nurse Manager, CICU
Director of Hospital Custodial Services	Nursing Manager, Ambulatory Care
Director of Nursing Materials Management	

The Hospital proactively performs a comprehensive risk assessment to evaluate the impact of hazards and proposed changes to new or existing areas of the Hospital. Examples of proposed changes include: construction, work processes, equipment, technology, or services provided by the Hospital. The goal of performing risk assessments is to reduce the likelihood of future incidents or other negative experiences which have the potential to result in injury, illness, or other loss to patients, staff, visitors, or health system assets. The Hospital Safety Officer uses professional judgment along with input from other key staff as well as outside resources such as state and local inspectors, and consultants to ensure the scope of each risk assessment is sufficient to identify safety hazards. The Hospital Safety Officer and key members of the Safety Management and Security subcommittee perform risk assessments. Results of the risk assessment process are used to create new or revise existing safety policies and procedures, hazard surveillance elements in the affected area, safety orientation and education programs, or safety performance improvement standards. Identified items are documented in meeting minutes of the subcommittee and are presented to the EOC Committee, when warranted.

The Hospital utilizes a central group to review and coordinate all requests for moves and construction. Membership includes Hospital Facilities, Healthcare Epidemiology, EH&S, University Police, Telecommunications, and Information Systems.

In addition to the formal risk assessment process, actual and potential risks are assessed during rounds, inspections, training, and exposure monitoring. Chemical and radiation exposure monitoring, a risk assessment tool, is performed as per regulatory requirements and hospital policy. The Hospital has an extensive monitoring program tailored to individual work practices and controls. Work practice is assessed and monitoring protocol is set up based on usage, frequency, job titles and interviews with area supervisors.

The monitoring of potential exposures to ionizing radiation to ensure the safety of staff and patients is performed through the Radiation Protective Services (RPS) Division. All exposures and potential exposures to ionizing radiation will be kept to As Low as Is Reasonable Achievable (ALARA). Radiation Protection Services has ALARA investigational levels that trigger special investigations by RPS staff. In addition, RPS conducts comprehensive radiation safety inspections. Hospital radiation authorized areas are reviewed on a quarterly basis. All items of non-compliance must be corrected within 30 days and corrective action sent back to the Radiation Safety Officer. All findings are reviewed at the quarterly Hospital Radiation Safety Committee meeting.

D. The Hospital conducts environmental tours to identify environmental deficiencies, hazards, and unsafe practices.

EH&S is responsible for managing the Environmental Rounds process. Monitoring and compliance is overseen by the EOC Committee. Environmental rounds are conducted in patient care, non-patient care areas and laboratories to evaluate staff knowledge and skill, observe current practice, and evaluate environmental conditions. Identified best practices and opportunities for improvement serve as tools for improving safety policies and procedures, orientation and education programs, and staff performance.

Additional inspections are performed when indicated through uses and application of Interim Life Safety Measures (ILSM) or risk assessments prior to construction or renovation of an area or facility. The scope of such additional hazard surveillance is limited to those projects, which have an indicated need to implement ILSM. Environmental rounds surveys associated with Interim Life Safety Measures are usually performed based upon the scope of the project and associated risks.

Individual department directors/supervisors are responsible for initiating appropriate action to address findings of the hazard surveillance process. This is accomplished by the individual department Directors/Supervisors completing a plan of correction and forwarding it to EH&S for recordkeeping and trending. The EOC Committee is responsible to ensure correction plans are carried out.

Hazards and deficiencies are detected and quickly corrected. In many instances, clinical and administrative staff alerts EH&S, University Police or the EOC Committee to potential hazards. The Hospital Safety Officer continually evaluates the Hospital's Safety program through the review of incident

reports, injury and illness reports, rounds reports and performance standard indicators. Environmental rounds are conducted in all patient care areas at least twice a year with reports submitted to the affected departments. Summary trend reports are submitted to the EOC Committee. The EH&S Healthcare Safety group meets monthly to review safety program effectiveness and performance. Worker injury and accidents are documented and reportable injuries and/or illnesses are entered into a database maintained by EH&S. The Safety Management and Security subcommittee reviews injury/illness trends. This subcommittee is co-chaired by the Hospital Safety Officer, Healthcare EH&S Manager and Director of East Campus Operations University Police, and representatives from Employee Health & Wellness, Healthcare Epidemiology, Nursing, Risk Management, Hospital Physical Plant, Offsite facilities and Human Resources sit on this committee. Reports are generated and provided to the EOC Committee.

The level of staff participation is evidenced during Environmental Rounds. We encourage staff participation through an interactive survey tool and promotional items which are given to participants. Ongoing safety incentive programs encourage staff participation through recognition promoting the safety culture at the Hospital.

E. *The Hospital conducts environmental rounds at least every six months in all areas where individuals are served.*

Hospital Environmental Rounds are conducted every six months in patient care areas by representatives from EH&S, Hospital Custodial Services, Hospital Physical Plant, and Biomedical Engineering which allows for immediate correction of minor building-related deficiencies. Independent rounds are also completed by Biomedical Engineering and University Police. Environmental Rounds at the Offsite facilities are conducted by the Offsite Property EOC Coordinator and Ambulatory Care Infection Control Coordinator.

The goal is for all levels of staff to be familiar and involved in the safety and security of their work area. Rounds are completed by utilizing the Environmental Rounds Report that identifies items that need to be reviewed. Hospital rounds data is compiled by EH&S. EH&S maintains a schedule of rounds to ensure they occur; the Offsite Property EOC Coordinator maintains the offsite schedule. Monitoring data for the hospital and offsites is reported to the EOC Committee.

Deficiencies in the areas of life/fire safety, chemical handling and storage, and other safety issues are identified and, where possible, immediately corrected. Deficiencies, which are not immediately corrected, are forwarded in a written report to the responsible department/unit. The responsible department is asked to respond with written corrective actions to EH&S or Offsite Property EOC Coordinator, as appropriate. EH&S tracks the corrective action response rate by month and reminder emails are sent to departments that are delinquent in their response.

F. *The Hospital conducts environmental rounds at least annually in areas where individuals are not served.*

Hospital environmental rounds are conducted annually in non-patient care areas (including hospital laboratories) by representatives from EH&S, Hospital Custodial Services and Hospital Physical Plant which allows for immediate correction of minor building-related deficiencies. Environmental Rounds of outdoor areas including parking facilities, walkways and grounds are conducted at least annually by EH&S, Physical Plant and University Police. Environmental Rounds at the Offsite facilities are conducted by the Offsite Property EOC Coordinator and Ambulatory Care Infection Control Coordinator. Independent rounds are also completed by Biomedical Engineering.

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3. The Hospital takes action to minimize or eliminate identified safety risks in the physical environment.

The CEO is responsible for identifying individual(s) who may intervene whenever conditions pose an immediate threat to life or health, or threaten damage to equipment or buildings. The CEO has delegated this authority to the Hospital Safety Officer, ADN on duty, Hospital Fire Safety Manager and East Campus Operations University Police Director. These individuals are empowered to immediately intervene and take appropriate action to mitigate the effects of such situations. Such delegation of authority enables the Hospital to take swift and decisive action to implement the policy 24/7.

In the event of an emergency, the Hospital Safety Officer or if unavailable, the senior representative of EH&S has the authority to deal immediately and directly with any situation that may pose an immediate threat to life or health or property. The Hospital Safety Officer advises and recommends to Administration the subsequent course of action to be followed.

A. The Hospital uses the risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact on the safety and health of patients, staff, and other people coming to the Hospital's facilities.

Risks identified through Safety Management and Security subcommittee review, department/process assessments, rounds or exposure monitoring are evaluated with the input of the immediate staff to eliminate or reduce the risk. Those risks that already exist are tracked by the Safety Management and Security Subcommittee as an agenda item. Risks identified in proposed department/process design are addressed prior to startup of program.

All occupational illnesses and injuries are recorded on the Hospital's Employee Accident and Investigation Report Form #UH2N052. Staff reports injuries or illnesses by submitting the completed form to their supervisor. If necessary, the affected employee reports to Employee Health & Wellness or the Emergency Department, depending on time of day, for medical evaluation. The form is submitted to Timekeeping for processing. Copies of the reports are sent to EH&S for review, recordkeeping and, if warranted, investigation. EH&S generates injury/illness trend data and focused intervention is initiated for high risk job titles and/or departments.

The Hospital has a Risk Management Program, which investigates risk issues and reports to the EOC Committee. The Risk Management Department is responsible for oversight of the patient incident report utilizing Patient Safety (PSN). The goals of the department are quality health care delivery and safe work environment. Risk Management actively participates in the investigation and follow-up of incidents that result in significant patient or visitor injury. Further information on this process may be found in Administrative Policies and Procedures RI: 0008. In addition, visitor incident reporting process is handled by University Police.

The Hospital has an active EOC Committee, which meets monthly. Meeting minutes are forwarded directly to the CEO or designee. An annual report, which includes annual review of the management plan, is presented to the Governing Body. Temporary members may be appointed to the committee in situations where specific expertise is required (i.e. clinical issues, site-specific problems). Ad hoc committees and teams may be formed as needed to address issues that require detailed consideration. The EOC committee consists of the following members and/or their designees:

Associate Director of Support Services (Chair)	Risk Management Coordinator
Associate Director of Environmental Health and Safety	Associate Director for Patient Safety & Regulatory Affairs
Director of East Campus Operations University Police	Associate Director, Human Resources
Director of Hospital Physical Plant	Quality Management Practitioner, CQI
Associate Administrator for New Construction, Facilities	Associate Director of Community Affairs
Assistant Administrator Emergency Management Regulatory Compliance	Nursing Manager, Ambulatory Care
Hospital Fire Safety Manager, EH&S	Offsite Facility Administrator
Director of Biomedical Engineering	Offsite Properties EOC Coordinator
Radiation Safety Officer, EH&S	

EOC Committee reviews status reports from EC subcommittees as well as other safety issues that may be brought to the Committee for review and corrective action.

The Hospital Radiation Safety Committee meets at least quarterly and is currently chaired by the Director of Medical Physicist, in the Department of Radiology.

Worker safety planning establishes an orientation and education program, based on risk assessments, that addresses:

General safety processes: On an annual basis, employees attend recertification training which includes fire safety, chemical safety (Hazard Communication/Right to Know), and general safety/environmental topics. Training modules which include curriculum and handouts are prepared for EH&S course offerings. EH&S policies and procedures for the Hospital are available through the Hospital's and EH&S' websites. Material Safety Data Sheets (MSDS) are available for the chemicals and products in use and are located in a blue binder, in each department. In addition, MSDSpro database allows staff to access MSDSs electronically for over 14,000 products used in the Hospital and University.

Area-specific safety: EH&S conducts training for users of specific hazardous materials such as ethylene oxide, formaldehyde, glutaraldehyde, and hazardous drugs. In addition, there is hazard specific training which focuses on physical hazards as well as equipment handling, i.e. Powered Industrial Truck and Hearing Conservation. Training in specific evacuation procedures is conducted in areas that must implement difficult and complex procedures such as the NICU and Operating Room. Annual respirator training and fit testing for N95 disposable respirators, half and full-face respirators is also offered by EH&S. On an annual basis, all authorized radiation workers receive radiation safety refresher training. Training sessions are scheduled whenever new hazards are introduced into the workplace and following unusual accidents or incidents.

Specific job-related hazards: Staff training and education on specific job-related hazards that are not addressed by EH&S training is the responsibility of the reporting department. Training includes but is not limited to their roles in the findings of safety inspections; roles in incident and risk reporting; roles in the notification and recall process; roles in the preventive maintenance process; and correct use of equipment; including required testing and handling of broken or potentially unsafe equipment. Procedures and contact information is provided through the EOC Reference Cards located and reviewed with staff in each department.

New employee orientation and continuing education: All new employees must attend an orientation session. Right-to-Know/Hazard Communication, bloodborne pathogens/infection control, fire/life safety, and radiation safety training are conducted at this time. Initial respirator training and fit testing for assigned respirators are performed for identified employees.

Training on department/unit specific policies and procedures, including response to emergencies, is the responsibility of the department/unit. The Hospital training programs comply with applicable OSHA/PESH standards as well as other applicable regulatory agencies. Recertification programs are the forum used to provide annual renewal training for staff, including Laboratory, CA, Nursing and General Recertifications.

B. *The Hospital establishes safety policies and procedures that are distributed, practiced, and reviewed as frequently as necessary, but at least every three years.*

The Hospital Safety Officer is responsible for coordinating the development of Hospital wide EH&S policies and procedures. This is accomplished by developing and maintaining EH&S policies and procedures. EH&S policies and procedures are developed by technical staff having expertise in affected program area. These policies and procedures are available to all departments on-line at the Hospital's intranet site and also directly at EH&S' website. Department directors/supervisors are responsible for distribution of department level policies and procedures to their staff. Department directors/supervisors are responsible for ensuring enforcement of safety policies and procedures. Each staff member is responsible for practicing safety policies and procedures.

In addition, individual department directors/supervisors are responsible for managing the development of department specific safety policies and procedures. Department specific safety policies and procedures address safe operations, use of hazardous equipment, and use of personal protective equipment. Upon request, EH&S assists department directors/supervisors in the development of new department safety policies and procedures.

EH&S and departmental safety policies and procedures are reviewed at least every three years. Additional interim reviews may be performed on an as needed basis. For example, regulatory programs that required annual or periodic review per regulatory Standard, i.e. OSHA/PESH, are reviewed and revised when the Standard has new provisions and/or requirement.

Compliance with policies and procedures are observed during rounds, audits and inspections. In many cases, a policy effecting various departments will be reviewed as a subcommittee chaired by the Hospital Safety Officer and other qualified staff members. New or revised EH&S policies and procedures are communicated to department directors/supervisors via the weekly Hospital electronic announcements. Each department Director/Manager/Supervisor is responsible for communicating new or revised Hospital wide or departmental safety policies and procedures to their staff.

The Director of Medical Physics from the Department of Radiology chairs the Hospital Radiation Safety Committee. The Hospital Radiation Safety Committee establishes uniform policies and procedures for the safe use of all sources of ionizing radiation with in the Hospital and is a subcommittee of the Presidential University Radiological Protection Committee. The function of the committee is to ensure that all sources of ionizing radiation are stored, used and disposed of in accordance with Federal, State and University regulations. The Hospital Radiation Safety Committee meets as often as necessary to conduct its business but not less than once each calendar quarter. The Hospital Radiation Safety Committee, through recommendations from the University RSO, authorizes all Physicians involved in the diagnostic and therapeutic use of ionizing radiating producing equipment and radioactive material. The University RSO is the lead individual regarding the monitoring of the Hospital's radiation safety program. Physicians who use fluoroscopy in the Hospital complete the Fluoro credentialing program.

5. *The Hospital maintains all grounds and equipment.*

The Hospital and University have shared responsibility for the grounds and equipment management program, and staff makes regular rounds of various areas to observe current conditions and correct any safety concerns. Grounds include: lawns, shrubs, trees, sidewalks, roadways, parking lots, lighting, signage, fences, etc. External equipment includes mobile docking facility, oxygen storage facility, etc. The nature of this type of external equipment is such that little preventive maintenance is required. Corrective maintenance is performed on an as-needed basis. Some external equipment, such as the oxygen storage facility, has established protocols for inspection, testing, or preventive maintenance. Emergency maintenance procedures have been developed for snow removal.

Maintenance of the Hospital grounds is the responsibility of the Hospital Grounds Supervisor, who reports to the Director of Hospital Physical Plant. Response to winter weather is detailed in the Snow Plan. The Grounds Supervisor and crew on a daily basis conduct visual surveillance of grounds. In addition to snow and ice, hazards such as rocks, scrap wood, litter that may be hit by mowers or weed trimmers as well as potential slip and trip hazards such as sand, refuse, spills, and pavement failures are investigated. Safety hazard notifications or notifications of street, walk and traffic light outages may be received by staff or University Police and are investigated and corrected as needed.

The Hospital owns and operates a variety of maintenance equipment that is used to maintain facility grounds, and external equipment. Maintenance equipment includes: lawn mowers, snow blowers, Bobcats, trucks with snow plows, leaf blowers, weed whackers and other miscellaneous small gasoline engine powered tools. Orientation and education is provided to all maintenance equipment operators. Personal protection equipment (PPE) is provided to all operators.

Transportation and Parking Services is responsible for creating, maintaining and operating parking facilities under the guidance of the Assistant Vice President for Facilities and Services. This function is performed in coordination with the Dormitory Authority of the State of New York and the current contracted vendor for the parking garages. Consultants and vendors are hired as necessary to design and build/renovate facilities. Patrols, emergency response, and safety recommendations are under the purview of University Police and EH&S.

Facility reviews are performed on an ongoing basis by all of the parties mentioned above. Facility audits are done on an annual basis, which results in plans for maintenance or generates priorities for engineering studies. Engineering studies are generally performed at each garage approximately every five years or as indicated by current conditions. Any deficiencies or opportunities for improvements are routed to the Director of Transportation and Parking Service for action.

Facility conditions are categorized by level of service based on physical integrity of the facility, design quality of the facility (bay configuration, the geometry of the parking, ADA compliance, way-finding, lighting, signage, incorporation of landscaping and amenities such as blue lights, access control systems, and overall aesthetics), and customer satisfaction.

11. *The Hospital responds to product notices and recalls.*

Supply Chain Management oversees equipment and product recalls, and Pharmacy oversees drug recalls. Upon notification, the recall and the recall procedure form are sent to the affected departments for review and action. Supply Chain Management and Pharmacy coordinates the return of recall material, notifies Biomedical Engineering and Risk Management, and maintains the historical file of recalls and action taken. Department Directors and Nurse Managers are responsible for the completion of the recall notification procedure form and to notify physicians of any recalled product that may have been used by any of their patients. Recalls are addressed in the following Administrative Policies: Drug recalls MM:0009 and Equipment recalls EC:0020.

EC.02.01.03 SAFETY MANAGEMENT

The Hospital prohibits smoking except in specific circumstances.

1. *The Hospital develops a written policy prohibiting smoking in all buildings. Exceptions for patients in specific circumstances are defined.*

Smoking by patients, visitors and staff is prohibited within any facility and grounds operated by the Hospital or while utilizing Hospital owned vehicles, as detailed in the Smoke-Free policy, EC:0002.

4. *If the hospital decides that patients may smoke in specific circumstances, it designates smoking areas that are physically separate from care, treatment, and service areas.*

The Hospital does not permit patients to smoke in the Hospital's buildings under any circumstances.

6. *The Hospital takes action to maintain compliance with its smoking policy.*

The Hospital offers smoking cessation assistance to in-patients and employees wishing to stop smoking. All staff is empowered to enforce and monitor the smoking policy. Mid-level managers and University Police play a major role in implementing the program. University Police is responsible to identify violators and provide front line education of the policies. Mid-level managers provide this function on off-site locations and are responsible for counseling employee violators and educating patients and visitors.

When violations occur that cannot be resolved by the immediate staff, mid-level managers will work with the patient's physician, family, and University Police to resolve the issue. Employee will be resolve utilizing the HR disciplinary action process. In-patient will be educated and offer assistance in smoking cessation during Hospitalization. In conjunction with the patient's physician, accommodations for smoking in an identified exterior location may be made if appropriate supervision can be accommodated by the nursing staff. Outpatients and visitors will be educated on the smoking policy. Multiple violations may result in the person being asked to leave the facility.