

2023 SAFETY MANAGEMENT PLAN

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I MISSION

The mission of Los Angeles General Medical Center's Management of the Environment of Care (EOC) program is to provide a safe, functional, supportive, and effective environment for patients, staff members, and other individuals in the Medical Center. Consistent with this mission, the Governing Body, administration, and staff provide ongoing support for the Safety Management Program described in this plan.

II PURPOSE

The purpose of the Safety Management Plan is to provide the framework for an environmentally sound and a safe and hazard-free environment for employees, patients, visitors, volunteers, and on-site contractors at the Los Angeles General Medical Center.

III SCOPE

The Safety Management Plan provides the management framework and establishes the parameters within which a safe environment is established, maintained and improved for the Los Angeles General Medical Center.

The Safety Management Plan describes the programs used to design, implement and monitor processes, and to manage safety for employees, patients, visitors, volunteers, and on-site contractors of Los Angeles General Medical Center, and to assure compliance with applicable codes and regulations.

The scope of the Safety Management Plan covers the Los Angeles General Medical Center and grounds, including:

- Patient Care Areas
- Public Access Areas
- Ancillary Departments
- Employee Areas
- Outside Sidewalks and Grounds
- Mechanical Equipment Areas

IV OBJECTIVES

The objectives of the Safety Management Plan are to provide a safe environment and minimize accidents at the Los Angeles General Medical Center.

In specific, the Environmental Safety Officer:

- Collaborate with management to coordinate the collection of data and trending information for presentation to the EOC Committee and Quality Improvement department.
- Keep policies and procedures regarding safety issues current and make recommendations to the EOC committee.
- Submit regular reports to the Quality Improvement department and EOC Committee regarding designated aspects of services.
- Maintain a liaison with hospital departments and Medical Staff.
- Serve on other hospital committees as needed to support a safe environment.
- Advise and consult with Hospital Administration and Medical Staff on safety related matters.
- Maintain safety within the hospital confines and adjacent grounds for employees, patients, visitors, volunteers, and physicians.

These objectives can be accomplished through the implementation of the processes described below.

VI PROCESSES

EC.01.01.01 The Medical Center plans activities to minimize risks in the environment of care.

Authority/Reporting Relationships

EP1 As the chairperson of the Environment of Care Committee, the Environmental Safety Officer or his designee, has the overall responsibility to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. In addition, the following individuals are identified to manage various aspects of the environment of care:

Safety – Environmental Safety Officer
Security – LASD and Contract Security
Hazardous Materials and Waste – Haz-Mat Coordinator or his designee
Fire Safety – Administrator of Facilities Operations or his designee
Medical Equipment – Clinical Engineering Supervisor
Utility Systems – Administrator of Facilities Operations or his designee

The Environmental Safety Officer is designated by the Chief Executive Officer

to coordinate the development, implementation, and monitoring of the safety management activities at Los Angeles General Medical Center. The designated Environmental Safety Officer oversees the Environmental Health & Safety (EHS) office, which has supporting staff and also serves as the chair to the EOC.

The Environmental Safety Officer has the authority to intervene whenever conditions immediately threaten life, health, or damage to equipment or buildings. Information collected for Safety and Security subcommittee includes injuries, problems, use errors and actions taken. In addition, the Administrator on Duty also has the authority to intervene.

Los Angeles General policy #SP 125 and SP 134

- EP3 The facility management department has a library of information regarding inspection, testing, and maintenance of its equipment and systems that is readily available to all staff and vendors. These items are maintained in a secure environment and kept up to date by Facility Managers.
- EP4-9 The Environmental Safety Officer is responsible to develop and maintain a written Safety Management Plan. The Safety Management Plan is submitted annually to the Environment of Care Committee for review and approval. The Plan describes the processes it implements to effectively manage the environmental safety of patients, staff and other people coming to the Medical Center's facilities. The safety of other areas under the Environment of Care (e.g. handling of hazardous waste, fire safety procedures, medical equipment management, etc.) are also discussed in their respective management plans.

EC.02.01.01 The Medical Center manages safety risks.

Risk Assessments

- EP1 The Environmental Safety Officer coordinates 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 Medical Center's facilities. Contributing risk assessment sources are internal audit findings, ongoing trends or patterns, root cause analysis, credible alerts from outside sources (i.e. Sentinel Event Alerts, Product Recalls etc.) and/or evidence base guidance (e.g. OSHA).
- EP3 The Environmental Safety Officer uses the assessments to select and implement procedures & controls to minimize or eliminate the identified risks. The Environmental Safety Officer also takes proper actions to reduce and /or eliminate hazards on the safety and health of patients, staff and other people coming to the hospital's facilities.
- EP5-10 The Medical Center ensures that all grounds and equipment are maintained

appropriately. Responsibility for identifying and correcting potential hazards on grounds or with building systems lies with the Facilities Management Department, Administration, and Sheriff's Department. As part of the Facilities Management's scheduled maintenance program, grounds and tunnels are inspected regularly. As part of routine patrols, security personnel reports observed physical plant problems to the Building Engineer, and mechanical security issues are reported to the responsible individual in security. Physical plant issues identified during off hours are responded to by the Building Engineer and assessed for their risk. They are either resolved at that time or logged in and then issued as a Facilities Management work order the following day. The landscape contractor also informs Facilities Management of potential risks or dangers to the exterior of the facilities. If a repair issue is identified during this process, a work order is placed with the facility's service call program. Also, all employees have responsibility for informing their supervisor of safety and health hazards, which is set forth in the Medical Center's Injury and Illness Prevention Program and "See Something, Say Something" initiative. Facilities Management inspects stairwells regularly. Building Engineer or contract maintenance providers as part of their scheduled routine, inspect gas storage, exterior lighting, emergency generators, and other equipment.

Los Angeles General policy #604

Product Notices and Recalls

EP11 The Medical Center ensures responses to product safety notices and recalls by appropriate Medical Center representatives. Notices are distributed through a computerized distribution system notifying Nursing, Environmental Health and Safety office, Facilities Management, Clinical Engineering and any potentially affected department. Recalled items are pulled from the affected areas, including the warehouse, and returned to Supply Chain Operation.

Los Angeles General policy #620

Manage MRI Safety Risks

EP14 MRI trained staff members have their procedures to guide them if one of the above incidents were to occur within the MRI area. MRI staff have questionnaires/procedures and annual testing with includes the MRI safety zoning test that each staff member must take. The MRI staff are responsible for ensuring the overall safety to the patients, public and staff.

General policies for these types of events provide guidance for Sheriff's Department personnel, security staff, and other Medical Center staff to follow. In addition, Sheriff's personnel and other staff are trained to respond to specific emergencies.

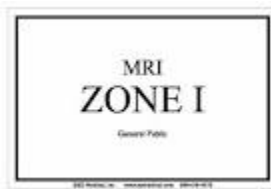
Los Angeles General Man Down Policy #918

*Los Angeles General Security: Role of Los Angeles County Sheriff's Department
(As the Law Enforcement Agency) Policy #643*

Los Angeles General Public Disturbance Management Policy # 655
Los Angeles General Restraints/Seclusion Policy #903
Department of Health Services County of Los Angeles, Policy #792
Threat Management “Zero Tolerance” Policy
County of Los Angeles Department of Human Resources, Policies, Guidelines,
and Procedures #620 Workplace Violence/Threat Management
Los Angeles General Person With A Weapon And/or Hostage Situation Response-
Code Silver

EP16 Access to the MRI area is controlled by card key readers and signage. The MRI department is divided into four zones and Generic MRI Zone Diagram signage has been installed to insure the facility signage and safety protocol are appropriately implemented. The Zones are divided by signage as follows:

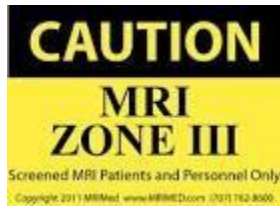
Zone 1 – All of the areas, outside of the MRI environment, that are freely accessible to the general public (e.g., corridors and entrances just outside the MR environment).



Zone 2 – The area between the publicly accessible Zone 1 and the more strictly controlled Zones 3 and 4. Zone 2 areas typically include reception, waiting, and patient dressing and holding rooms. The general public is not free to move throughout Zone 2 without the supervision of MRI personnel.



Zone 3 – Access to this area by unscreened non-MR personnel or ferromagnetic objects and equipment is restricted. Serious injury or death could result in Zone 3 due to interactions between the individuals, objects, or equipment and the MR environment’s static and magnetic fields. Supervision is under the direct and constant control of the appropriate MR personnel. Access to Zone 3 should be physically restricted from the general public through the use of a locking system (e.g., key lock, electronic access control).



Zone 4 – The room containing the MRI scanner (magnet), associated with the strongest magnetic fields. Zone 4 should be clearly marked as being potentially hazardous due to the strong magnetic fields. Zone 4 should also be marked with a red light and lighted signs stating “The Magnet is On”.



MRI personnel can summons assistance by dialing X3333 and speaking directly with a Sheriff’s Dispatcher. MRI trained personnel will assist responding deputies in regards to safety in the MRI environment.

The Medical Center also provides safety training for Non-MRI personnel including the Los Angeles County Sheriff’s Department. Personnel are required to view a 15 minute presentation for individuals who may encounter the MRI environment.

Personnel assigned to work in this area receive department level continuing education on an annual basis that focuses on special precautions or responses that pertain to their area.

- Los Angeles General Policy #511 Photo Identification Badges0*
- Contract Security Officer’s Post Orders*
- Los Angeles General Policy #661 Key, Lock and Badge Control*
- Los Angeles General Security Camera Policy (CCTV) #664*
- Los Angeles General Policy #643 – Security: Role of Los Angeles County Sheriff’s Department (As the Facility Law Enforcement Agency*

EC.02.01.03 The Medical Center prohibits smoking except in specified circumstances.

EP4 The Medical Center's Policy No. 130 prohibits smoking anywhere within all buildings and grounds under the Medical Center's control. Smoking materials are not allowed and are removed from patients receiving respiratory therapy. The Medical Center also prohibits any source of ignition within the site of intentional expulsion when a nasal cannula is delivering oxygen outside of a patient's room. When other oxygen delivery equipment is used or oxygen is delivered inside a patient's room, the Medical Center does not allow any source of ignition within the area of administration. In addition, the Medical Center bans any solid fuel-burning appliances in the area of oxygen administration. The Medical Center forbids nonmedical appliances with hot surfaces or sparking mechanisms within oxygen-delivery equipment or site of intentional expulsion.

The Medical Center identifies and implements a process for monitoring compliance with the policy. Evidence of smoking is monitored during the Environmental Tours. Sheriff's Department monitor as staffing permits and contract security guards also perform this oversight.

EP6 The Medical Center develops strategies to eliminate the incidence of policy violations when identified. When violations are identified, they are raised to the appropriate manager and Human Resources to take action. A progressive discipline process for employees is available when repeated non-compliance occurs.

Los Angeles General policy # 130

EC.03.01.01 Staff and licensed independent practitioners are familiar with their roles and responsibilities relative to the Environment of Care

Orientation and Education

EP 1-2 All new staff must attend New Employee Safety Orientation as part of the New

Employee Orientation. The New Employee Safety Orientation addresses key safety issues and objectives of various areas in the Environment of Care. During environmental tours, unsafe practices are identified and corrected by instruction/education. The Medical Center departments also provides ongoing in-services, training, or other activities emphasize specific job-related aspects of safety.

In addition, all employees are instructed on how to report environment of care incidents and offered rapid supportive services through “Helping Healers Heal” program.

EC.04.01.01 The Medical Center collects information to monitor conditions in the environment

Incident Reporting and Investigation

EP1-3 Injuries to patients or others within the hospital’s facilities are reported to the Risk Management office and appropriate manager(s) via the Safety Intelligence system. The Risk Management office, the Environmental Health and Safety office, and/or the Department of Health Services’ Risk Management Division will investigate the incident whenever appropriate. Corrective actions identified via the investigation will be communicated to appropriate departments and personnel.

DHS policy #642

EP4 Occupational illness and staff injuries are reported to Department of Health Services’ Risk Management Division. The supervisor of the injured staff is responsible to investigate the incident and complete the Supervisor’s Investigation Report (SIR). The DHS Risk Management Division and/or the Environmental Health and Safety office conduct additional investigation as needed. Appropriate departments and personnel will be contacted for corrective actions needed.

EP5 Incidents of damage to the Medical Center property or the property of others are reported to Security and/or the Risk Management office. The Sheriff’s Department or the Risk Management office will investigate the incident as needed. Appropriate personnel will be contacted for corrective actions.

Environmental Tours

The Environmental Safety Officer ensures the Medical Center conducts environmental tours in all areas of hospital buildings. The tours evaluate the effectiveness of previously implemented corrections intended to minimize or eliminate environment of care safety risks. Results of the evaluation are reported to the Environment of Care Committee and Senior Executive Leadership for discussion. The results are also used to determine future

initiatives to be implemented for the minimization or elimination of environmental risk.

The Environmental Safety Officer coordinates and ensures the Medical Center conducts environmental tours at least every six months in all patient care areas and at least annually in non-patient care areas. Tours of the exterior are conducted regularly by Facilities Management.

These tours identify environmental deficiencies, hazards and unsafe practices. Facilities Management and/or the Environmental Health and Safety office coordinates with appropriate departments and areas to correct the deficiencies, hazards, and unsafe practices. Unresolved issues identified on these tours are raised to the administrative leader of the area and escalated to other senior leadership groups, if needed.

Annual Evaluation

EP15 The Environmental Safety Officer is responsible for evaluating the Safety Management Plan annually. The annual evaluation is submitted to the Chairperson of the Environment of Care Committee for review.

The Environmental Safety Officer is responsible for including the objectives, scope, performance and effectiveness in the annual evaluation.

EC.04.01.03 The Medical Center analyzes identified environment of care issues.

Performance Monitoring

EP2 The Medical Center Environment of Care committee includes representatives from various clinical, administrative, and support services. The EOC meets on a monthly basis and is chaired by the Environment Safety Officer and/or the Director of Facility Management. Within this meeting, issues are identified and action items are assigned to delegated stakeholders for resolution. Those initiatives that are unresolved are discussed and escalated to the Senior Executive Leadership, if needed.

The Environment of Care committee Chairperson oversees the final development of performance indicators for this subcommittee. Data from these performance indicators in various areas of environment of care are reported regularly to the Committee.

The Environmental Safety Officer is responsible for the monitoring of performance regarding actual or potential risk in safety management. The Environmental Safety Officer establishes performance measures to objectively measure the effectiveness of the safety management activities. The Environmental Safety Officer determines appropriate data sources, data

collection methods, data collection intervals, analysis techniques and report formats. Human, equipment, and management performance should be evaluated to identify opportunities to improve the safety management activities.

The Environmental Safety Officer is responsible for analyzing the data obtained from the above-mentioned performance monitoring in safety management. He/She uses the results of data analysis to identify opportunities to resolve environmental safety issues.

Data from the Environment of Care performance indicators, including Safety Management Data, are reported to the Environment of Care Committee on a regular basis. The Committee also identifies opportunities to resolve environmental safety issues, whenever appropriate.

EC.04.01.05 The Medical Center improves its environment of care.

Performance Improvement

EP1 The Environmental Safety Officer is responsible for coordinating with hospital personnel to take appropriate actions on the identified opportunities to resolve environmental safety issues.

Through inspections, surveys, environmental tours, and/or staff knowledge assessments, evaluations of the changes are made by the Environmental Health and Safety office to determine their effectiveness in resolving environmental safety issues.

The Environmental Safety Officer reports to the Environment of Care Committee on performance improvement results on a regular basis.

ANNUAL EVALUATION PRIMARY OBJECTIVES

- Reduce workplace violence
- Decrease cumulative trauma from unsafe patient handling and maladaptive workplace set-ups
- Reduce needlestick injuries