



ANNUAL EVALUATION OF THE ENVIRONMENT OF CARE MANAGEMENT PLANS

SAFETY

SECURITY

FIRE SAFETY

UTILITY SYSTEMS

HAZARDOUS MATERIALS AND WASTE

MEDICAL AND DENTAL EQUIPMENT

EMERGENCY MANAGEMENT

ENVIRONMENTAL HEALTH AND SAFETY (EHS) COMMITTEE

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The Joint Commission, ECRI and the Institute for Healthcare Improvement (IHI), along with other best practices, indicate that a safety culture within the organization is one of the most compelling strategies for achieving patient safety and improving upon patient care.

This culture of safety seeks to make everyone responsible for safety and, to be the most effective, must be fostered and supported from within Leadership.

In response to this, a review of the Environment of Care Plans is done annually. These Plans, along with the Clinical Risk and Patient Safety Plan, seek to provide the foundations for the on-going support of the culture of safety within the Lake County Health Department and Community Health Center (LCHD/CHC).

The LCHD/CHC EOC Plan describes the context used to manage physical risk associated with the three primary components of the EOC – people, buildings, and equipment. It also provides the framework for providing a safe and healthy environment for all staff, patients, clients, and visitors at LCHD/CHC. Its purpose is to reduce the risk of injury to patients, staff, and visitors of LCHD/CHC, and is based on a plan, teach, implement, monitor, respond, and improve framework.

The LCHD/CHC EOC Plan includes a management plan specific to each of the following six (6) EOC functions required by The Joint Commission (TJC):

1. Safety Management
2. Security Management
3. Fire Safety Management
4. Hazardous Materials and Waste Management
5. Utility Systems Management
6. Medical Equipment Management

In addition to the above, the LCHD/CHC Emergency Operations Plan (EOP) is an integral component of the EOC Plan for ensuring the agency's overall preparedness for emergencies and disaster response within the community.

In general, the annual evaluation measures and documents the effectiveness of the LCHD/CHC EOC Plan. It also serves as an opportunity to develop or modify programs, procedures, and policies; identify and implement additional or more effective controls; and enhance staff training.

Information that follows in this report includes an assessment of the activities for 2022 for each EOC management plan.

SAFETY

ACTIVITIES

- New Safety Officers (SO) for each location were recruited as needed and all SOs were provided with updated education and training regarding the elimination of hazards and minimizing risks within the workplace, how to respond to an emergency, and how to report safety hazards.
- Safety Officers conducted and documented safety inspections and periodic assessments to identify and prioritize safety and health hazards requiring corrective action.
- Facilities worked to maintain all grounds, equipment, and facilities in a proper working order.
- Product notices and recalls were monitored and communicated as applicable.
- Safety officers monitored how safety the processes ran during emergency response exercises.

- Data reported through monitoring processes and the HealthSafety Zone[®] portal was analyzed to identify and resolve safety issues during the Environmental Health and Safety (EHS) Committee meetings.
- The Hazard Vulnerability Assessment was completed by the Environmental Health and Safety (EHS) Committee to validate areas of greatest risk and ensure incorporation into the Environment of Care Plan.

ROUTINE PERFORMANCE MONITORING

- Compliance with Safety inspections completion was monitored.
- Action plans for deficiencies noted during safety inspections were monitored for completion and resolution.
- Reports made through the HealthSafety Zone[®] portal were regularly reviewed, action plans were created as applicable and monitored through resolution.
- Safety Suggestions provided by staff within the HealthSafety Zone[®] portal were reviewed and addressed.

PERFORMANCE IMPROVEMENT FOR 2022

- Recruitment of a Safety Coordinator with return to full pre COVID-19 safety processes.
Outcome: New Safety Coordinator was hired in July and oriented to the agency and role responsibilities
- A process was established with the new County Occupational Health Vendor for ergonomic assessments.
- A new system for healthcare worker tuberculosis (TB) risk assessment and associated N-95 mask fit testing was implemented to better reflect CDC recommendations.

PERFORMANCE IMPROVEMENT FOR 2023

- Obtain select staff training certification and resume Crisis Prevention Institute[®] training for all staff who directly interact with clients.
- Additional areas for safety improvement are delineated further in the additional plans that follow.

SECURITY MANAGEMENT

ACTIVITIES

- Maintained education and training programs to teach staff the methods for eliminating security hazards and minimizing security risks within the workplace, how to respond to an emergency, and how to report security issues/concerns.
- Maintained control access to security sensitive areas.
- Maintained clear access to emergency vehicles by entrance areas.
- Monitored staff compliance for wearing identification cards at all times within the facility.
- Patients and clients continue to be asked two identifiers during appointments. Copies of photo ID or pictures were taken.
- All security incidents were reviewed by Business Operations with the affected program/department. After action plans were created and were communicated

ROUTINE PERFORMANCE MONITORING

- Spot checks were performed by Materials Management on security guard rounds to confirm their activity meets contractual objectives.
- Security incidents were reviewed on a monthly basis.
- All staff were provided with training on the standardized emergency codes used within the LCHDCHC.

PERFORMANCE IMPROVEMENT FOR 2022

Monitor the ability of staff to use the new internal emergency notification system (Alertus) and monitor its effectiveness once installed.

Outcome: Onsite testing of the program was completed through the Safety Coordinator along with Facilities and Information Technologies (IT). Both online and onsite training were provided to all sites (3010 pending additional programming modifications).

PERFORMANCE IMPROVEMENT FOR 2023

- Heighten staff awareness in the process for *Freedom of Information Act* requests.
- Expand upon annual *Safety-First* Training to provide increased staff awareness of LCHDCHC emergency preparedness tools available to them.
- Monitor use and effectiveness of Alertus system.

FIRE SAFETY

ACTIVITIES

- Provided education and training programs through both annual *Safety-First* training as well as through the Safety Officers. This provided staff with the methods for eliminating Fire safety hazards and minimizing risks within the workplace, how to respond to an emergency, and how to report Fire safety issues/concerns.
- All the fire safety equipment was serviced/inspected by a license outside vendor.
- Emergency and exit lights were assessed and tested by the Safety Officers
- Fire drills are evaluated and documented. Drills held per National Fire Prevention Association (NFPA) Life Safety Code for both business and residential unit settings.

ROUTINE PERFORMANCE MONITORING

- Fire safety equipment inventoried.
- Fire Safety inspections were completed as required.
- Required fire drills performed and documented.
- Staff completion of the Safety-First training.

PERFORMANCE IMPROVEMENT FOR 2022

- Establish communication and monitoring process for fire inspections for non-LCHDCHC owned properties with LCHD/CHC staff and clients/staff present.

Outcome: Process has been established to monitor dates and reach out to these locations to ensure inspections are occurring as required.

PERFORMANCE IMPROVEMENT FOR 2023

- Enhance process for computer and electrical cord management.

HAZARDOUS MATERIALS AND WASTE

ACTIVITIES

- Continued to provide basic blood borne pathogen education during general orientation and annually. Topics covered in the training include hand washing and infection control, use and disposal of personal protective equipment, sharps safety program, exposure control plan and actions following exposure, use of spill kit to clean up chemical or blood borne pathogen spills, hazard communication labeling, Safety Data Sheet (SDS) forms and regulated waste handling and disposal.
- Managed chemical waste, regulated bio-hazardous or infectious waste, including sharps.
- Conducted risk assessments to address hazardous materials and waste (HMW) hazards or manage risk when hazards cannot be eliminated
- Health SafetyZone[®] portal was monitored for hazardous materials/waste spills and/or exposures. Safety Coordinator continued work with associated program management to address the reported issue and develop appropriate action plan.
- Hazardous materials and waste management manifests were maintained by program management.
- SDS were monitored and maintained by site Safety Officer(s)

ROUTINE PERFORMANCE MONITORING

- Reviewed the HealthSafety[®] Zone portal for any reports related to hazardous materials and/or waste management issues.
- Audits performed to monitor staff ability to locate and utilize SDS and/or spill kits.
- Staff completion of the *Safety-First* training.

PERFORMANCE IMPROVEMENT FOR 2022

- Finalize changes to hazardous waste management and pickup related to new contractual requirements of the company to ensure safety and fiscal implications are appropriately addressed.

Outcome: Challenges with the company and their services related to the changes for hazardous waste management (specifically pharmaceutical waste) has been on-going with a significant number of communications occurring with the company. Staff have needed to continue with previous process until company resolves their issue and ability to respond accordingly.

- Perform a hazardous spill/leak drill to at least 50% of sites requiring routine removal of hazardous waste.

Outcome: This was deferred due to staff and alternative new drill taking priority.

PERFORMANCE IMPROVEMENT FOR 2023

- Obtain new hazardous waste management vendor primary contact and resolve remaining issues surround pharmaceutical waste pickup.
- Establish documented process for SDS maintenance.
- Monitor completion of second level Hazardous Waste Management training.

UTILITY SYSTEMS

ACTIVITIES

- Maintained education and training programs to teach staff the methods for eliminating hazards and minimizing risks related to utility systems within the workplace, how to respond to utility system failures, and how to report utility system safety hazards.
- The process for an annual and formal inspection was completed by LCHD/CHC Facilities Manager.
- Contracts with utilities service providers were monitored by the County. Health Department Account numbers were maintained by Materials Management
- Any utility systems deficiencies were reported to and investigated by the Facilities Manager
- Alternate means of providing electricity, water, fuel, etc. until necessary utility systems repair, or corrections are completed during a utility system emergency have been identified and remain unchanged.

ROUTINE PERFORMANCE MONITORING

- The Facilities Manager monitored the rate at which preventative maintenance requests were completed on time.
- Utility incidents were reported to the Environmental Health and Safety Committee quarterly.
- Confirmed that all Safety Officers could identify how to address utility systems failures.

PERFORMANCE IMPROVEMENT FOR 2022

- Create new documented parameters and monitoring process for the Senso-scientific® systems utilized for both the dental sterilization areas as well as refrigerated medication temperature monitoring. Educate staff and implement.
Outcome: System was evaluated however due to additional organizational and associated equipment changes; the new documented process remains to be finalized.

PERFORMANCE IMPROVEMENT FOR 2023

- Evaluate need for additional generator locations.
- Finalize process of use of the Senso Scientific® system.

MEDICAL/DENTAL EQUIPMENT MANAGEMENT

ACTIVITIES

- Maintained education and training programs to teach staff how to respond to an equipment failure, and how to report equipment safety hazards.
- Reviewed all new equipment selections to Identify whether it was high-risk for which there is risk of serious injury or death to a patient or user should the equipment fail.
- Maintained a centralized medical/dental supply/equipment notice and recall process.
- Maintained policies and procedures for managing medical/dental equipment recall.
- Analyze data to identify and resolve medical/dental equipment issues.
- Closely monitored contracted preventive maintenance vendor for accuracy and timely reporting

ROUTINE PERFORMANCE MONITORING

- Preventative maintenance checks were completed on time.
- No equipment failures or malfunctions were reported.

PERFORMANCE IMPROVEMENT FOR 2022

- Re-education of Program Managers/Coordinators in medical/dental equipment preventive maintenance, reporting, follow-up, and inventory process.

Outcome: Due to organizational changes this was only completed in a broad scope. Will need to be extended to new managers.

PERFORMANCE IMPROVEMENT FOR 2023

- Re-education of Program Managers/Coordinators in medical/dental equipment preventive maintenance, reporting, follow-up, and inventory process.
- Evaluation of all new equipment through the Standards Committee

EMERGENCY MANAGEMENT

ACTIVITIES

- All employees to complete National Incident Management System (NIMS)100 and 700 courses.
- Orientation presentations for new staff on Preparedness and Mass dispensing operations completed quarterly.

ROUTINE PERFORMANCE MONITORING

- Tornado drill monitoring was put on hold due to COVID-19 and need to maintain social distancing.
- Annual Hazard Vulnerability analysis (HVA) was completed by the EHS Committee
- All staff complete *Safety-First* online training upon hire and annually thereafter.

PERFORMANCE IMPROVEMENT FOR 2022

- Identify new process to improve upon NIMS course assignment and tracking.

Outcome: Incorporation within the new learning management system was delayed due to delay of that system's implementation. Will be in process for 2023.

- Identify and implement alternative process for tornado drills to validate staff understanding of process and locations.

Outcome: Managers were encouraged to discuss topic of actions to be taken and location to go in the event of a tornado.

PERFORMANCE IMPROVEMENT FOR 2023

- Develop and implement medical emergency drills for all Physical Health and 24-hour Behavioral Health Programs.