



ANNUAL EVALUATION OF THE ENVIRONMENT OF CARE MANAGEMENT PLANS

ENVIRONMENTAL SAFETY MANAGEMENT

SECURITY MANAGEMENT

FIRE SAFETY MANAGEMENT

UTILITY SYSTEMS MANAGEMENT

HAZARDOUS MATERIALS AND WASTE MANAGEMENT

MEDICAL AND DENTAL EQUIPMENT MANAGEMENT

ENVIRONMENTAL HEALTH AND SAFETY (EHS) COMMITTEE

MARCH 2025

The Joint Commission (TJC) developed Environment of Care standards to help improve patient safety, decrease risks, and improve quality of care. Risks are inherent in the environment because of the types of care provided and the equipment and materials that are necessary to provide that care. The best way to manage these risks is through a systematic approach that involves the proactive evaluation of the harm that could occur.

Risks in the environment include safety and security for people, equipment, and other material; the handling of hazardous materials and waste; the potential for fire; the use of medical equipment; and utility systems. The LCHD/CHC EOC Plan describes the context used to manage these risks; and provides a framework for providing a safe and healthy environment for staff, patients, clients, and visitors at LCHD/CHC by mitigating risk and preventing injury.

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

A review of the Environment of Care plan is done annually. 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 planned objectives for 2024 and projected goals for each EOC management plan for 2025.

ENVIRONMENTAL SAFETY

ROUTINE ACTIVITIES

- New Safety Officers (SO) for each location are recruited as needed and all SOs are provided with education and training regarding the elimination of hazards and minimizing risks within the workplace, safety equipment, how to respond to an emergency, and how to report safety hazards.
- Safety Officers conduct and document routine safety inspections and periodic assessments to identify and prioritize safety and health hazards requiring corrective action.
- The Facilities department maintains all grounds, equipment, and facilities in proper working order.
- Product notices and recalls are monitored and communicated as applicable.
- Safety officers monitor how safety processes are carried out during emergency response exercises.
- Data collected through routine monitoring and incidents reported in the Healthcare SafetyZone® portal are analyzed to identify and resolve safety issues during the Environmental Health and Safety (EHS) Committee meetings.

- An annual Hazard Vulnerability Assessment is 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

- Safety Officer inspection reports are monitored for completion.
- Deficiencies noted during Safety Officer inspections are regularly reviewed, action plans are created as applicable and monitored through resolution.
- Incident reports entered in the Healthcare SafetyZone® portal are regularly reviewed, action plans are created as applicable and monitored through resolution.
- Safety Suggestions entered by staff in the Healthcare SafetyZone® portal are reviewed and addressed as applicable.

PERFORMANCE IMPROVEMENT OBJECTIVES FOR 2024

Planned Objectives	Actions/Outcome	Status
Collaborate with Crisis Prevention Institute (CPI) to plan for recertification of current instructors and recruit at least 5 more staff for certification.	Clinical Education and Training (CET) manager in collaboration with Clinical Compliance manager, and applicable leadership recruited 2 staff from BH, 2 staff from PH, and 1 staff from Clinical Compliance to become certified. CPI was engaged to discuss scheduling certification training in 2025.	Partially Complete/ In-Progress
Develop a plan to resume de-escalation training for all staff who directly interact with clients and begin offering training to staff with direct patient care.	A training calendar will be developed in Relias once staff are certified.	In-Progress
Reimplement multidisciplinary environment of care (EOC) rounds; applying environment of care standards in the physical environment.	EOC rounds are being coordinated by the Accreditation Regulatory Specialist for physical health. EOC rounds have been conducted at all FQHCs and will be scheduled for select behavioral health facilities in 2025. EOC rounds will be conducted on a routine basis throughout the year.	Complete
Create a digital tracking process for routine facilities monitoring.	Digital scorecards were created and are completed quarterly for ease of reporting and tracking progress or deficiencies.	Complete
Cross train maintenance staff to assist with the monitoring of environment of care safety measures.	All Maintenance Staff are being cross trained to assist with the environment of care safety measures LCHD/CHC is undertaking.	Complete

PROJECTED PERFORMANCE IMPROVEMENT OBJECTIVES FOR 2025

- Recruit for safety position; update job description and title of the Safety Coordinator position to more closely reflect the duties and responsibilities of the safety position. The new title for the safety position is Occupational Health and Safety Specialist.
- Secure funding for CPI certification, plan for recertification of current and newly identified instructors, create schedule and execute training for LCHD/CHC staff members.

- Schedule and conduct multidisciplinary EOC rounds in select behavioral health programs.

SECURITY MANAGEMENT

ROUTINE ACTIVITIES

- Maintain 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.
- All staff are provided with training on the standardized emergency codes.
- Access to security sensitive areas is restricted to those with necessity and controlled with badge access.
- Clear access for emergency vehicles is maintained near entrance areas.
- Staff are required to wear identification badges at all times within the facility.
- Two patient/client identifiers are used during appointments to verify patient/client identity as well as the use of photo ID or picture entered into the electronic health record.
- Staff are trained to report all security incidents using the Healthcare SafetyZone® portal.

ROUTINE PERFORMANCE MONITORING

- Security Guards complete rounding of physical facilities and grounds during each shift.
- Spot checks are performed by Materials Management on security guard rounds to confirm their activity meets contractual objectives.
- All security incidents are reviewed with the affected program/department leadership. Action plans are created and communicated as applicable and monitored to completion.

PERFORMANCE IMPROVEMENT OBJECTIVES FOR 2024

Planned Objectives	Actions/Outcome	Status
Assess wearable and hardwired panic buttons to include location and functionality.	Wearable and hardwired panic buttons were assessed to include location and functionality. Findings were used to correct gaps in functionality and workflow for obtaining and using wearable panic buttons. Hardwired panic buttons have been assessed in most locations and will continue to be assessed in 2025 with a plan for routine monitoring.	Partially Complete/ In-Progress
Develop a process for routine monitoring of wearable and hard wired panic buttons.	The assessment performed on wearable panic buttons served as a baseline for conducting routine monitoring which will continue every other month or quarterly depending on the program. Hardwired panic buttons will be routinely monitored once assessment is completed.	Partially Complete/ In-Progress
Develop an Emergency Communications workgroup to assess the current state of emergency communications and identify the agency's current needs as well as opportunities for improvement regarding Alertus and	A multidisciplinary Emergency Communications workgroup led by the Clinical Compliance Manager began meeting in November of 2024. This group received training from an Alertus training representative on 1/29/25 on the Alertus Console management system. Future meetings will focus on our current Alertus assets	Partially Complete/ In-Progress

other emergency communication devices and technology.	and capabilities, including where to place Alertus Beacons and text to talk speakers.	
Develop a plan to address access control for staff and visitors ensuring safety is a priority for staff and clients.	Additional cameras were added to ensure that safety is a priority for staff and clients. Improvements to the process of issuing access control to badges and physical keys have been made to ensure safety. Facility contractors that perform work on site are now branded so that staff and clients are aware of who is in the building.	Complete

PROJECTED PERFORMANCE IMPROVEMENT FOR 2025

- Continue Emergency Communications workgroup to make decisions about installing beacons and text to talk speakers throughout the LCHD/CHC.
- Collaborate with IT and Facilities to install Beacons and text to talk speakers at a designated location for a trial period before rolling out to all designated locations.
- Relaunch Alertus and emergency communication protocols including reeducating staff on Alertus desktop app, Beacons and text to talk speakers.
- Complete assessment of hardwired panic buttons and begin routine monitoring.

FIRE SAFETY

ROUTINE ACTIVITIES

- Provide training and education through both annual *Safety-First* training as well as through the Safety Officers to train staff on 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.
- Service and Inspect all fire safety equipment according to required frequency by a licensed fire safety vendor.
- Emergency and exit lights are assessed and tested by the Safety Officers monthly.
- Fire drills are performed, evaluated, and documented. Fire Drills held per National Fire Prevention Association (NFPA) Life Safety Code for both business and residential unit settings.

ROUTINE PERFORMANCE MONITORING

- Fire safety equipment is inventoried on a routine basis by Facilities staff and by Safety Officers.
- Fire safety inspections are completed routinely by Safety Officers and annually by vendor.
- Fire drill performance is monitored monthly to ensure program compliance.
- Staff completion of the *Safety-First* training is monitored during onboarding and annually.

PERFORMANCE IMPROVEMENT FOR 2024

Planned Objectives	Actions/Outcome	Status
Develop a process to include facilities staff during fire drills to ensure fire alarm are activated during drills.	Site leadership now enters a workorder before a fire drill to ensure facilities staff are present.	Complete

Safety Coordinator and Behavioral Health leadership meet monthly to ensure fire drills are being accomplished as needed.	BH/Safety meetings occurring monthly to review fire drill compliance.	Complete
Address fire safety at apartment programs.	Fire extinguishers were placed in the hallways at the apartment complexes and are recertified annually.	Complete
Address interior evacuation routes and signage at all LCHD/CHC sites to ensure accuracy and update signage as needed.	New signage will be created and posted for any evacuation routes that have changed due to renovation or construction.	Partially Complete/ In-Progress
Create exterior evacuation rally point signage for the outside of buildings to ensure head count accuracy.	Signage was designed to mark the evacuation locations at all campuses and will be installed in spring 2025.	Partially Complete/ In-Progress

PROJECTED PERFORMANCE IMPROVEMENT FOR 2025

- Continue to address interior evacuation routes and signage at all LCHD/CHC sites to ensure accuracy and update signage as needed.
- Complete installation of exterior evacuation signage at all locations across LCHD/CHC.
- Improve monitoring of fire safety form in Healthcare SafetyZone® portal by making the form separate from the general Safety Officer form.

HAZARDOUS MATERIALS AND WASTE

ROUTINE ACTIVITIES

- Provide *Safety-First* training during initial orientation and annually which covers important aspects of hazardous materials and waste training such as the exposure control plan, use of spill kits to clean up chemical or blood borne pathogen spills, hazard communication labeling, Safety Data Sheets (SDS) forms and regulated waste handling and disposal.
- Maintain contract for handling and disposal of hazardous materials and waste including pharmaceutical waste, regulated bio-hazardous waste including sharps disposal, and infectious waste.
- Routinely assess risk of hazardous materials and waste during environment of care rounding.
- Routinely monitor Healthcare SafetyZone® portal for hazardous materials/waste spills and/or exposures.
- Hazardous waste management manifests are maintained by program management at each site.
- SDS are monitored and maintained by Safety Coordinator in collaboration with Safety Officers.

ROUTINE PERFORMANCE MONITORING

- Review Healthcare SafetyZone® portal for reports related to hazardous materials and/or waste management issues.
- Monitor staff ability to locate and utilize SDS and/or spill kits during routine environment of care rounding.
- Monitor initial and annual staff completion of the *Safety-First* training.

PERFORMANCE IMPROVEMENT FOR 2024

Planned Objectives	Actions/Outcomes	Status
Finalize contract with Stericycle for pharmaceutical waste pickup to include all necessary locations and required pharmaceutical waste bins.	Contract finalized for Pharmaceutical waste pickup.	Complete
Continue to train staff and housekeeping vendor to ensure that hazardous waste is disposed of correctly in accordance with contract and OSHA Bloodborne Pathogen standard.	Biohazardous waste including sharps disposal training included in <i>Safety-First</i> . Staff need more training in pharmaceutical waste disposal.	Partially Complete/ In-Progress

PROJECTED PERFORMANCE IMPROVEMENT FOR 2025

- Assess pharmaceutical waste disposal practices at LCHD/CHC locations to ensure compliance and identify gaps.
- Create pharmaceutical waste disposal training and assign it to applicable staff.

UTILITY SYSTEMS

ROUTINE ACTIVITIES

- Continual education of maintenance staff on the methods for eliminating hazards and minimizing risks related to utility systems within the workplace.
- An annual inspection of utility systems is completed by the LCHD/CHC Facilities department in conjunction with licensed contractors.
- Maintain contracts with utilities service providers.
- Utility systems deficiencies are reported to and investigated by Facilities.

ROUTINE PERFORMANCE MONITORING

- The Facilities Manager monitors preventative maintenance requests and completion trends.
- Utility incidents are reported to the Environmental Health and Safety Committee.

PERFORMANCE IMPROVEMENT FOR 2024

Planned Objectives	Actions/Outcomes	Status
Investigate wi-fi capability for helping to monitor generators ensuring they run as scheduled and during emergencies.	Investigation of wi-fi capability completed. Installation of wi-fi adaptors planned for Q2 2025.	Partially Complete/ In-Progress
Cross train all Maintenance staff to understand where utilities are located and how to engage them safely.	Cross training in-progress.	In-Progress

PROJECTED PERFORMANCE IMPROVEMENT FOR 2025

- Install wi-fi adapters and monitor all generators for functionality.
- Continue training Maintenance staff on utility systems and include training for Safety Officers on identifying and reporting utility systems failure.

MEDICAL/DENTAL EQUIPMENT MANAGEMENT

ROUTINE ACTIVITIES

- Educate and train staff to identify, respond to, and report on medical/dental equipment safety concerns and failures.
- Review new equipment manufacturers instructions for use (IFUs) to evaluate potential risk as well as safety and/or infection control implications for staff and/or patients/clients.
- Respond to all medical/dental equipment and supply recalls and/or notices.
- Contract with vendor to perform initial and routine preventive maintenance.

ROUTINE PERFORMANCE MONITORING

- Contracted preventive maintenance vendor reports are routinely monitored to ensure equipment checks are completed on time for the right equipment and to ensure failures and/or malfunctions have been corrected.
- Healthcare SafetyZone® portal is routinely reviewed for equipment malfunction and failure incidents and used to identify trends and resolve equipment issues.

PERFORMANCE IMPROVEMENT FOR 2024

Planned Objectives	Actions/Outcomes	Status
Work with Health Informatics and Technology to update and migrate sterilization equipment cycle and maintenance logs to SharePoint Online.	Logs created and/or updated in SharePoint Online to monitor new dental equipment and autoclave cycles. All logs created and implemented and are currently being refined for accuracy.	Partially Complete/ In-Progress

PERFORMANCE IMPROVEMENT FOR 2025

- Continue monitoring new equipment logs for accuracy and update as needed to meet sterilization monitoring requirements as defined by The Joint Commission standards.
- Update sterilization equipment training and assign to all applicable dental and podiatry staff.