

University of Arkansas for Medical Sciences

Part I - Safety Management Plan

FY20

I. MISSION STATEMENT

The mission of UAMS is to improve the health, health care and well-being of Arkansans and of others in the region, nation and the world by:

- Educating current and future health professionals and the public;
- Providing high-quality, innovative, patient- and family-centered health care and also providing specialty expertise not routinely available in community settings; and
- Advancing knowledge in areas of human health and disease translating, and accelerating discoveries into health improvements.

Consistent with the UAMS mission, values and philosophy, the Safety Coordinating Committee, Medical Staff, and Administration has established and provides ongoing support for the Safety Management Program described in this plan.

The purpose of the Safety Management Plan is to define methods/processes for the identification and management/minimization of the inherent safety risks associated with our healthcare operations. The plan establishes the parameters within which a safe environment of care is developed, maintained and improved. This plan also addresses specific responsibilities and employee education programs.

II. SCOPE

The Safety Management Plan addresses specific responsibilities and employee education programs. These and other elements of the Safety Management Plan are all directed toward managing the activities of the employees so the risk of injuries to patients, visitors and employees are reduced, and employees can respond appropriately in emergencies.

III. AUTHORITY / REPORTING RELATIONSHIPS

The Safety Coordinating Committee (SCC), its members and Chairman are appointed by the Chancellor, and shall act as the administrative body for coordination and/or implementation of the Safety Management Program campus wide. Four sub-committees to the SCC are also appointed by the Chancellor to facilitate the activities of the Safety Committee. (Appendix I) One of the most critical functions of the SCC is the coordination of the programs involved with Joint Commission Environment of Care (EC) compliance. The Safety Coordinating Committee shall meet at least quarterly or by call of the Safety Coordinating Committee chairman appointed by the Chancellor. The Safety Coordinating Committee shall evaluate recommendations of the four sub-committees and act as the recommending body through the Chancellor to the University Of Arkansas Systems Board Of Trustees for final approval.

The standing members of the SCC shall consist of the chairman of each Safety sub-committee or a representative, the Director of Occupational Health and Safety and a representative of each of the campus colleges. Other members serve as permanently invited guests. The Safety Coordinating Committee shall be multidisciplinary in that the colleges and hospital shall have representation on the committee.

The written Safety Management Plan is maintained and updated as needed with the approval of the SCC. The Plan's purpose is to effectively manage the environmental safety of patients, staff, and other people coming to the UAMS Hospital and campus.

The Occupational Health and Safety Director has been appointed by the Chancellor as Safety Officer (Appendix II) and in that capacity has the authority to inspect, review, and recommend for correction any discrepancies noted in the safety and health codes and standards as set forth by the authorities having jurisdiction. (UAMS Medical Center Policy A.4.01). As per that policy the Director or his or her designee may take appropriate action, including evacuation of facilities and terminating hazardous operations, whenever conditions pose an immediate threat to life or health or threaten damage to equipment or buildings. The Safety Officer participates on the three Emergency Preparedness Committees for the campus.

SAFETY SUB-COMMITTEES AND FUNCTIONS

A. RADIATION SAFETY COMMITTEE

1. PURPOSE AND FUNCTION

The Radiation Safety Committee meets quarterly and is charged with the responsibility of evaluating, approving, monitoring, and correcting hazards associated with the use of ionizing radiation from any source.

2. ORGANIZATION AND RESPONSIBILITY

The Chancellor, in conformity with the requirements specified in Arkansas radiation control regulations, appoints at least three members. The Committee membership represents an authorized user of each type of radioactivity as well as representatives from administration and nursing.

The Radiation Safety Officer (RSO) derives authority from the Chancellor and is directed by actions taken by the Radiation Safety Committee. The RSO reports within the Department of Occupational Health and Safety.

All MRI operations fall under the purview of the Department of Radiology and their policies. The Department of Radiology's procedures define how the hospital manages magnetic resonance imaging (MRI) safety risks associated with patients. These safety risk may include: patients who may experience claustrophobia, anxiety, or emotional distress, patients who may require urgent or emergent medical care, patients with medical implants, devices, or imbedded metallic foreign objects (such as shrapnel), ferromagnetic objects entering the MRI environment, and acoustic noise. The Department of Radiology also ensures that the hospital manages the magnetic resonance imaging (MRI) safety risks by restricting access of everyone not trained in MRI safety or screened by staff trained in MRI safety. Controlled areas, i.e., scanner room and the area that immediately precedes the entrance to the MRI scanner room, are by and under the direct supervision of staff trained in MRI safety, and signage is posted at the entrance to the MRI scanner room that conveys that potentially dangerous magnetic fields are present in the room. The signage indicates that the magnet is always on except in cases where the MRI system, by its design, can have its magnetic field routinely turned on and off by the operator.

The responsibilities of the Radiation Safety Committee are:

- Review and grant or deny permission for the use of radiation sources within this institution from the standpoint of radiological health and safety of patients, personnel and other factors, which the committee may wish to establish.

- Prescribe special conditions that will be required during a proposed use of radiation sources such as requirements for bioassays and physical examinations of users, and minimum level of training and experience of users.
- Receive and review records and/or reports from the Radiation Safety Officer or other individuals delegated responsibility for health physics practices.
- Recommend remedial action to correct safety infractions.
- Formulate and review the institutional training programs for the safe use of radiation sources.
- Maintain written record of actions taken by the committee.
- Inform the Director of Radiological Health Division of the Arkansas State Board of Health of any changes in committee membership.

The responsibilities of the Radiation Safety Officer are:

- Provide consulting services on all aspects of radiation protection.
- Maintain radiation exposures at the lowest possible level by the supervision or operation of an effective and appropriate radiation safety and control program.
- Develop and maintain a procedure for personnel and area monitoring, and maintain the records attending these actions.
- Conduct educational programs for instruct employees and students in the proper procedures and the type of equipment necessary for the safe use of radiation sources.
- Establish and maintain procedures for the safe disposal of radioactive materials.
- Supervise periodic leak testing of sealed radioactive sources.
- Furnish all authorized users of radioactive materials a copy of the Radiation Safety Manual and inform them of relevant sections of the State regulations as well as periodic changes.
- Review all safety incidents in MRI with the Department of Radiology.

B. INSTITUTIONAL BIOSAFETY COMMITTEE

1. PURPOSE AND FUNCTION

The committee shall meet at least quarterly or as called to review and evaluate investigator-generated safety protocols for the proposed use of bio-hazardous agents. Based on this review, the Institutional Biosafety Committee (IBC) shall approve or disapprove the safety protocols with periodic reports to the Safety Coordinating Committee. In addition, the Biosafety Committee shall make recommendations to the Safety Coordinating Committee regarding biohazards that may exist or arise on the UAMS campus.

2. ORGANIZATION AND RESPONSIBILITY

The IBC shall be composed primarily of research personnel with appropriate expertise in infectious agents, toxicology, recombinant DNA, animals, and/or human gene therapy. In accordance with NIH/CDC guidelines, membership of the IBC should also include the Institutional Safety Officer and two members who represent the interests of the community at large. The committee members and its chairman shall be appointed by the Chancellor. The committee chairman, or his/her designee, shall be empowered to sign for the committee to approve biohazard safety protocols on appropriate institutional forms.

Bio-hazardous agents shall include:

- Infectious agents at biosafety level-2 (BL-2) or higher, including bacteria, viruses, mycotic agents, parasites, prions, and virus-shedding tumor cells
- Highly toxic compounds
- DNA recombination involving BL-2 or higher organisms or genes
- Gene therapy of humans (whether or not the rDNA reagent is generated at UAMS)

Responsibilities of the principal Investigator include:

- Principal investigators proposing the use of bio-hazardous agents shall formulate safety protocols, as requested by the Biosafety Committee, detailing special procedures for the safe handling, storage, and disposal of such agents and other requested information.
- It is the responsibility of the principal investigator to ensure that laboratory personnel, including animal research facility personnel, if appropriate, are so informed.

C. CLINICAL LASER COMMITTEE

1. PURPOSE AND FUNCTION

The Clinical Laser Committee has joint responsibility to the UAMS Medical Board and the UAMS Safety Coordinating Committee, and is charged with the responsibility of evaluating, approving, monitoring, and correcting hazards associated with the use of all lasers on campus. The LSC meets as needed and reports activities to the SCC.

2. ORGANIZATION AND RESPONSIBILITY

The committee members are appointed by the Chairman of the Clinical Laser Committee. The UAMS Laser Safety Officer (LSO) is a member of both the Clinical Laser Committee and the Safety Coordinating Committee, and reports at least quarterly to the SCC on activities. The Laser Safety Officer (LSO) derives authority from the Chairman of the Clinical Laser Committee, who is appointed by the Chancellor, and is directed by actions taken by the Interventional Services Committee.

The responsibilities of the Laser Safety Committee are:

- Advise the credentialing committee when questions arise regarding applications for laser credentialing within this institution from the standpoint of health and safety of patients and personnel.
- Prescribe special conditions that will be required during a proposed use of a laser source such as requirements for protective equipment and minimum level of training and experience of users.
- Receive and review records and reports from the Laser Safety Officer or other individuals delegated responsibility for laser safety practices.
- Recommend remedial action to correct safety infractions.
- Formulate and review the institutional training programs for the safe use of laser sources.
- Maintain written records of actions taken by the committee.
- Review requests for new lasers.

The responsibilities of the Laser Safety Officer are:

- Provide consulting services on all aspects of laser protection.
- Acts as liaison to SCC and reports laser related activities quarterly to SCC.

D. MEDICAL EQUIPMENT MANAGEMENT COMMITTEE

1. PURPOSE AND FUNCTION

The Medical Equipment Management Committee is a multi-disciplinary group that oversees the maintenance and acquisition of medical equipment.

Duties include:

- Review the medical equipment management plan
- Review and Approve all new medical equipment purchases

- Discuss any new technology's, EMR integrations, and vulnerabilities
- Provide strategic planning
- Reviews medical equipment maintenance report
- Discuss any medical equipment related issues

2. ORGANIZATION AND RESPONSIBILITY

The committee is comprised of the following representatives:

- Clinical Engineering "Committee Chair"
- Nursing
- IT
- Procurement
- Finance
- Supply chain
- Campus Ops
- Value Analysis
- Nursing Education

Each new item approved for purchase is verified against the approved list of UAMS capital. New items are also approved by committee reps to insure that all affected departments are aware and can provide input if additional needs are required.

E. WORKER SAFETY COMMITTEE

1. PURPOSE AND FUNCTION

The committee reviews incident /injury reports to look for trends and root cause of incidents and injuries. The functions of the Committee include:

- Developing or updating policies and providing required reports to the SCC regarding specific worker safety issues.
- Evaluating unsafe job-related equipment or processes and recommending solutions to eliminate potentially unsafe work conditions for UAMS employees.
- Recommending replacement of unsafe equipment with safer equipment.
- Assessing worker-training needs.

2. ORGANIZATION AND RESPONSIBILITY

Committee membership is composed of representatives from Occupational Health & Safety, Human Resources, Materials Management, Nursing, Employee Health/Student Preventive Health Services and various other representatives as appropriate. The committee will meet as often as necessary, but at least quarterly with reports presented to the Environment of Care and Safety Coordinating committees.

F. ENVIRONMENT OF CARE COMMITTEE

1. PURPOSE AND FUNCTION

This committee is charged with the responsibility of evaluating, approving, monitoring, and correcting hazards associated with the environment of care for patients, staff members and other individuals.

2. ORGANIZATION AND RESPONSIBILITIES

Committee membership will be composed of the Directors and/or their representatives of each area in the environment of care and other critical areas: Safety, Engineering & Operations, Clinical Engineering, Design and Construction, Clinical Environmental Services, Technology Services and Support and the Police. The committee chairman will be appointed by the Chancellor. The committee will meet as often as necessary, but at least quarterly, and will report all pertinent indicators through the Safety Coordinating Committee structure.

Effective management of the environment of care includes using processes and activities to:

- Reduce and control environmental hazards and risks
- Prevent accidents and injuries
- Maintain safe conditions for patients, visitors and staff
- Maintain an environment which is sensitive to patient needs for comfort, social interaction, positive distraction, and self-control; and
- Maintain an environment which minimizes unnecessary environmental stresses for patients, visitors and staff

IV. OBJECTIVES

1. Develop and implement department specific safety policies and education.
2. Monitor, track and trend employee injuries throughout the medical center and campus.
3. Effectively utilize building and laboratory audits and environmental tour data to maintain a safe working environment for staff, students, patients and visitors.
4. Develop and implement employee and contractor knowledge of the Safety Management Program.

V. INTENT PROCESSES

A. Risk Assessments - UAMS pro-actively performs risk assessments to evaluate the impact of proposed changes to new or existing areas of the organization. The goal of performing risk assessments is to reduce the likelihood of future incidents or other negative experiences that have the potential to result in injury, an accident, or other loss to patients, employees, or hospital assets. Potential safety issues are reported and discussed in the Safety Committee meetings, along with all-pertinent data and alternatives. Based on the committee's evaluation of the situation, a decision by management of the issue is reached.

Results of the risk assessment process are used to create new or revise existing safety policies and procedures, environmental tour elements in the area affected, safety orientation and education programs, or safety performance improvement standards.

B. Incident Reporting and Investigation- The Safety Management Program documents patient and visitor incidents, employee incidents, and property damage. Patient and visitor incidents are reported in the UHC Safety Intelligence Electronic Reporting System powered by Datix. Reports of patient and visitor incidents are directed to the Department of Patient Safety and are reported through the Adverse Event Review and Evaluation Committee and the Quality, Experience, Safety Team (QUEST) Committee. Reports of employee injuries and incidents are directed to the Occupational Health & Safety Department and the Workers Compensation Department in Human Resources. Reports of property damage are directed to the Chief of Police and Occupational Health & Safety.

Occupational Health & Safety and/or the Police Department perform an analysis of these incidents. The findings of this analysis are reported to the Safety Committee. The incident analysis is intended to provide an opportunity to identify trends or patterns that can then be used to identify necessary changes to the Safety Management Program in order to control or prevent future occurrences.

- C. Environmental Tours-** The Safety Officer or his/her designee actively participates in the management of the environmental tour process. Environmental Tours are conducted to evaluate employee knowledge and skill, observe current practice, and evaluate environmental conditions. Results from environmental tour activities serve as a tool for improving safety policies and procedures, orientation and education programs, and employee performance. The Safety Officer or his/her designee provides the SCC Committee through the Environment of Care Committee with summary reports on activities related to the environmental tour process.

Environmental Tours at UAMS are conducted every six months in all areas where patients are served and at least annually in all areas where patients are not served.

Individual department managers are responsible for initiating appropriate action to address findings of the environmental tour process. Environmental Tours are used to monitor employee knowledge of safety. Answers provided during random questioning of employees during the survey, are analyzed and reports submitted to the Environment of Care Committee (EOC), and as appropriate to the SCC Committee.

- D. Product/Medication/Equipment Safety Recalls-** Information regarding a recalled product, medications or equipment is distributed to all user departments in a timely manner. It is the responsibility of the Environment of Care Committee and SCC to review recall and alert compliance.
- E. Examining Safety Issues-** The SCC membership consists of the chairman of each Safety sub-committee or a representative, the Director of Occupational Health and Safety and a representative of each of the campus colleges. Other members serve as permanently invited guests. The SCC is multidisciplinary in that the colleges and hospital shall have representation on the committee to share progress, ideas and successes and evaluate/plan improvements in the program.
- F. Policies and Procedures-** The Safety Officer is responsible for coordinating the development of general safety policies and procedures. Individual department managers are responsible for managing the development of departmental specific safety policies and procedures. Departmental specific safety policies and procedures address safe operations, use of hazardous equipment, and use of personal protective equipment. The Safety Officer assists department managers in the development of new department safety policies and procedures.

System-wide safety policies and procedures are distributed to all departments. Department Directors and/or Managers are responsible for distribution of department level policies and procedures to their employees. The Safety Officer and department managers are responsible for ensuring enforcement of safety policies and procedures. Each employee is responsible for following safety policies and procedures.

System-wide and departmental safety policies and procedures are reviewed at least every three years or as necessary. Some policies/procedures will be reviewed more often if driven by a requirement of a regulatory standard (i.e., BBP, TB Control Plan, Hazard Communication, etc.). Additional interim reviews may be performed on an as needed basis.

- G. Safety Officer Appointment-** The Chancellor at UAMS is responsible for managing the Safety Officer appointment process.

If the Safety Officer position should become vacant, the Chancellor is responsible for selecting a qualified individual capable of overseeing the development, implementation, and monitoring of the Safety Management Program. By appointment, the incumbent Safety Officer is assigned overall operational responsibility for the Safety Management Program. The Safety Officer performs those functions normally associated with a Safety Officer and is guided by a written job description.

- H. Intervention Authority-** The SCC Chairperson and Safety Officer or their designee has been given authority by the Chancellor to intervene whenever conditions exist that pose an immediate threat to life or health or pose a threat of damage to equipment or buildings. Any suspension of activity shall immediately be reported to the Chancellor or his representative.

- I. Grounds and Equipment-** The Operational Support Services and Engineering and Operations Departments are responsible for scheduling and performing maintenance of hospital grounds and external equipment. Policies and procedures for this function are located in the respective department.

VI. EMPLOYEE HEALTH AND WELFARE

- A.** Department Directors and Managers are responsible for implementing and enforcing employee workplace safety. Directors and Managers are provided with appropriate safety program guidelines and are directed to maintain a current awareness of the Safety Program, and to ensure its effective implementation within their department. Each employee is responsible for attending safety education programs and for understanding how the material relates to his or her specific job requirements. Employees are responsible for following the safety guidelines set forth in the Safety Program.
- B.** Employees complete the Incidence and Injury report. Reports of employee incidents are directed to the Occupational Health and Safety and the Human Resources Worker Compensation Department for trending and reporting to the SCC.
- C.** Historical data will allow UAMS to review and analyze the following indicators:
1. Number of OSHA recordable injuries.
 2. Injuries by cause.
 3. Injuries by body part.
 4. Needlestick and body fluid exposures.

VII. ORIENTATION AND EDUCATION

- A. New Employee Orientation:** The Safety Education/Orientation and Training program begins with the New Employee Orientation program for all new employees, and continues on an ongoing basis with departmental-specific safety training, job-specific safety training, and a series of programs required for all employees on an annual basis.
- B. Annual Continuing Education:** The Annual Continuing Education Program for UAMS includes self-directed computer based learning modules and departmental specific in-service training sessions. These modules contain learning materials and tests. These modules can be used by individual employees or as a guide for group presentations. Directors or Managers determine the most appropriate method of instruction for employees in their department or unit. Modules are reviewed and/or revised as necessary. New modules are developed when the need is identified.

C. Department Specific Training: Directors/Managers are responsible for ensuring that new employees are oriented to departmental specific safety policies and procedures and specific job related hazards

D. Contract Employees: Assessment and education is done at the time of assignment regarding safety management.

VIII. INFORMATION COLLECTION & EVALUATION (ICES) - Performance Monitoring

A. At UAMS, ongoing performance monitoring is conducted. The following performance monitors have been established as follows:

1. Measure compliance identified during environmental tour inspections. The goal for FY19/20 is 90% compliance on environmental rounds audit. This is an ongoing measure of environmental tours.
2. Measure compliance for annual safety education for employees and staff. The goal for compliance will be 90%.
3. Reduce the number of reported sprains/sprains due to patient lifting/manipulation by 2.5% of the reported 2017 data.

B. The Safety Officer oversees the development of performance monitors for the Safety Coordinating Committee. Data from these performance monitors are reported at least quarterly to the SCC. Performance Indicators are reported annually to the Chancellor, Vice Chancellor for Clinical Programs, Board of Trustees, Medical Director and other department managers as appropriate. Annually, the data from all the environment of care performance monitors are analyzed and prioritized to select at least one recommendation to be made to the leadership of UAMS for a performance improvement activity in the environment of care.

IX. ANNUAL EVALUATION

A. The Safety Officer has overall responsibility for coordinating the annual evaluation process with each of the five functions associated with managing the Environment of Care. The annual evaluation examines the objectives, scope, performance, and effectiveness of the Safety Management Program.

B. The annual evaluation is presented to the SCC by the end of the first quarter of each year. The SCC reviews and approves the report. The deliberations, actions, and recommendations of the SCC Committee are documented in the minutes. The annual evaluation is distributed to the Chancellor, Vice Chancellor for Clinical Programs, Board of Trustees, Medical Director and other department managers as appropriate. This finalizes the evaluation process.

X. SMOKING POLICIES-

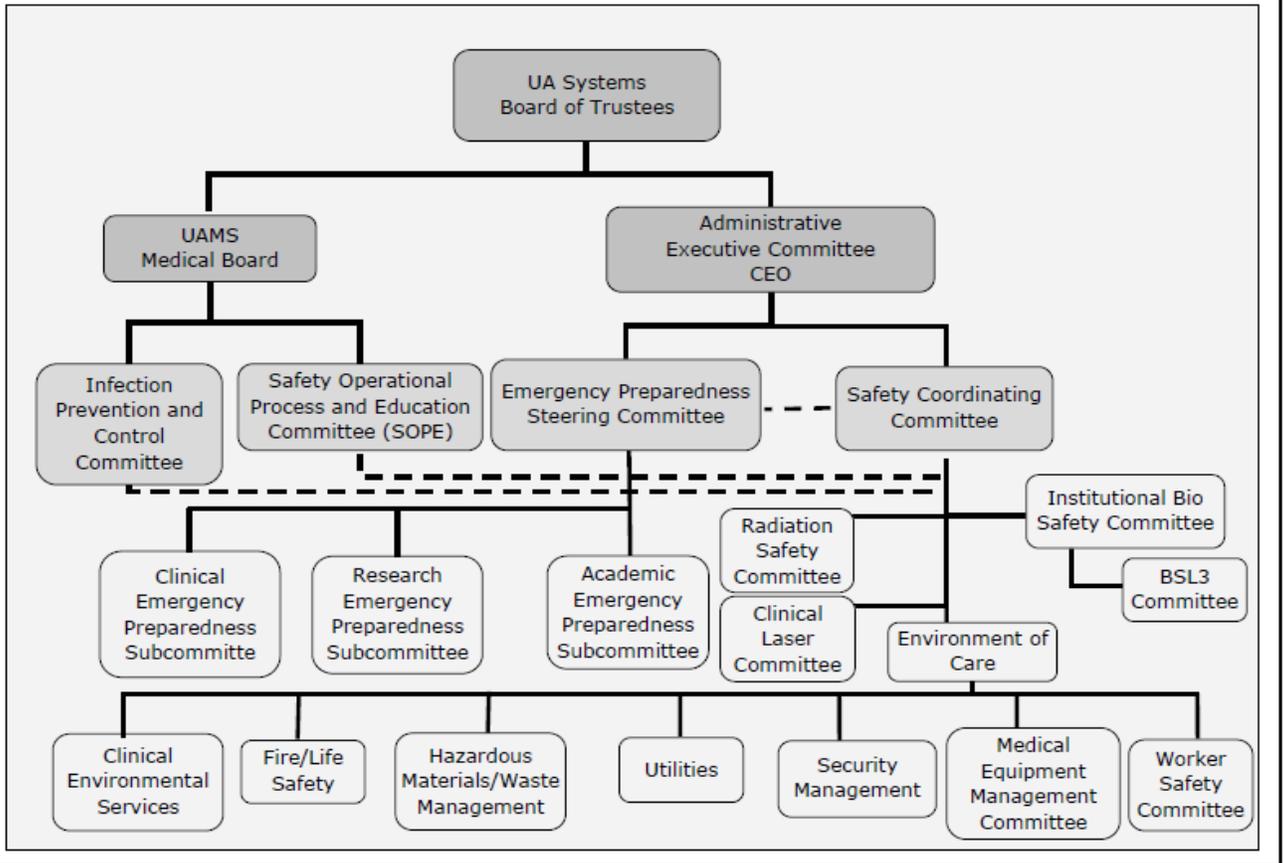
Administrative Guide, Policy Number: 3.1.01, Policy Title: Smoking/Tobacco Use
UAMS Medical Center Policies and Procedures, Policy Number: PS.1.09, Policy Title: Patient Smoking and Tobacco Use

The University of Arkansas for Medical Sciences (UAMS) is committed to promoting health, wellness, prevention and the treatment of diseases within the community as well as to providing a safe, clean and healthy environment for our patients, visitors, employees and students. It is UAMS's policy to provide a totally tobacco free work environment. UAMS is committed to providing helpful intervention strategies and treatment resources in addressing

this issue and to offering programs to assist patients, students, current employees to reduce their dependence on tobacco products.

Appendix I

Safety Committee Data Information Flow



University of Arkansas for Medical Sciences
Environment of Care Committee Dashboard FY 2019-2020

Performance Measure	Objective	18/19 Avg.	Qtr 1 Jul-Sep	Qtr 2 Oct-Dec	Qtr 3 Jan-Mar	Qtr 4 Apr-Jun	19/20 Avg.	Significant Findings
I. Safety Management								
Safety Education – CLP/ICE Fire & Life Safety	>=90%	95.7%						
– Radiation Safety	>=90%	97.9%						
– Laboratory Safety	>=90%	93.4%						
– Annual Safety	>=90%	94.2%						
II. Security Management								
Assaults	<=4	3.00						
Thefts/Larceny	<=40/qt	36.22						
Workplace Violence	<=2	16.75						
III. Hazardous Materials								
Evidence of Education Based on Biohazardous Waste Disposal Per Adjusted Patient Day	<=1.5 lbs.	1.4						
Number of Chemical Spills on Campus	<=1	2.00						
IV. Life Safety								
Emergency Preparedness	>=90%	80.85%	n/a	n/a	n/a	n/a	n/a	
Corridor Clutter	>=90%	74.83%						
Door Gaps	>=90%	32.33%						
Expired Supplies	>=90%	72.65%						
Smoke/Fire wall damage	>=90%	92.63%	n/a	n/a	n/a	n/a	n/a	
Increased Cleanliness	>=90%	91.60%	n/a	n/a	n/a	n/a	n/a	
Air Pressure Relationships	>=90%	94.35%						
Door Compliance	>=90%	92.23%	n/a	n/a	n/a	n/a	n/a	
V. Medical Equipment								
Life Support Equipment PMS completion	100%	100.00%						
Non-life support equipment PMS completion rate	100%	98.00%						
Clinical Engineering training competency	100%	100.00%						
Number of Hazardous Spills in Tube System	<=1	1.25						
Monitor Abuse/Misuse of equipment	<50	91.50						
Monitor Operator Errors	<25	68.75						
VI. Utilities								
Utility Failure Analysis- preliminary resolution within 1 week and final report within 1 month	>= 100%	100.00%						
Life Support Utilities preventative maintenance completions	>= 100%	91.68%						
Joint Commission Documentation	>= 100%	91.68%						
Generator runs to determine if testing meets requirements	>=100%	99.36%	n/a	n/a	n/a	n/a	n/a	

Did not meet benchmark
Benchmark missed by slight margin
Meets benchmark

Office of Chancellor
4301 W. Markham St., #541
Little Rock, AR 72205
MAIN: 501-686-5681
Fax: 501-686-8137



UAMShealth.com

Cam Patterson, M.D., M.B.A.
Chancellor

July 15, 2019

Carol Price, Director
Occupational Health & Safety
University of Arkansas for Medical Sciences
Little Rock, AR 72205

Dear Ms. Price,

On recommendation of Brian Cotten, Associate Vice Chancellor of Campus Operations and in your capacity as Director, Occupational Health & Safety, I am appointing you chair of the UAMS Safety Coordinating Committee (SCC). The Safety Coordinating Committee through its sub-committees has the authority to act as the administrative body for coordination and/or implementation of safety policies campus wide.

One of the most critical functions of the SCC is the coordination of the programs involved with the Joint Commission Environment of Care (EOC) compliance program. Marlon Joiner, Director of Engineering & Operations and Chairman of the EOC will be available to assist you in your duties as chair of the SCC

Sincerely,

A handwritten signature in black ink, appearing to read "Cam Patterson", is written over a light blue rectangular background.

Cam Patterson, M.D., MBA
Chancellor