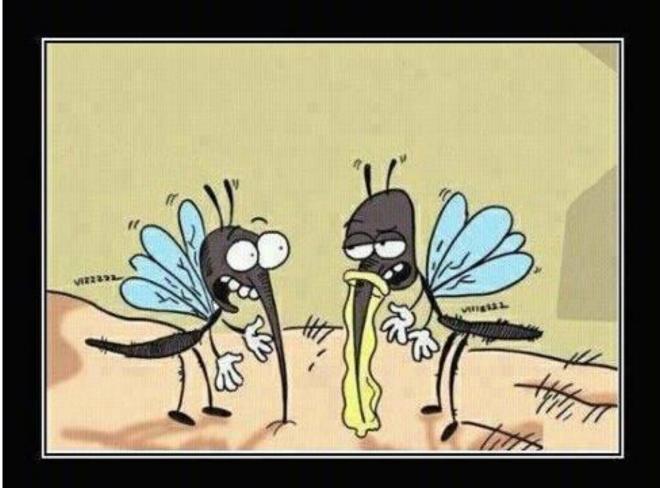


The Importance of Having a Safety Officer

FAWN ESSER LIPP, BSN, MBA, CNOR, CASC



Safety first

Objectives

- 1. Explain why a safety officer is important in an ASC.
- 2. Describe the role of the safety officer.
- 3. Discuss different strategies in supporting the role.

Why do you need a Safety Officer in your ASC?









PLAY A TO **SIGNIFICANT COMPLIMENT PART IN** YOUR SAFETY PLAN AND HELP YOUR TO REDUCE RISK. FACILITY'S

OBLIGATION TO MAINTAIN **A SAFE**

ENVIRON-

MENT FOR

PATIENTS,

STAFF, AND

VISITORS.

ASSIST IN SAFETY EDUCATION TO STAFF, HELP **MONITOR THE ENVIRONMENT,** AND REPORTING REQUIREMENTS.

ADHERE TO CMS/OSHA AND **FACILITY'S** ACCREDITATION.

Joint Commission Standards

JC Environment of Care Chapter: The standards address the need to identify someone to manage environmental risks as well as to intervene when situations threaten people or property; both responsibilities may be assigned to one person.

There is no Joint Commission standard with a stated requirement for the position of Safety Officer.

EC.01.01.01 requires the organization to identify an individual or individuals to perform specified risk reduction activities and threat intervention responsibilities.

Standard LD.04.04.05 (which focuses on having an organization wide, integrated patient safety program within performance improvement activities).

AAAHC STANDARDS

Subchapter II

- The governing body designates responsibility of the centers Safety Program to an identified individual or committee.
- Documented education in the safety program to all within 30 days of hire, annually, and as needed

AAAHC Facilities and Environment Chapter: The facility must provide a safe environment and have written polices and procedures in place to address safety and security

CMS and OSHA Regulations

CMS Conditions for coverage

CMS Emergency Preparedness Program

CMS Life Safety Codes

OSHA Bloodborne pathogens, sharp safety, SDS,

The Safety Officers role is to support The Center's Safety Plan

THROUGH SURVEILLANCE, REPORTING, AND EDUCATION

The Safety Program

The safety program will be implemented within the QUALITY PLAN and will include hazard surveillance in the following areas, but not limited to, where applicable:

- 1. Biomedical and equipment maintenance
- 2. CPR drills
- 3. Physical plant monitoring and maintenance
- 4. Pharmacy and record reviews
- 5. In-service education
- 6. Imaging
- 7. Fire and disaster drills

Safety Program continued

- 1. Laboratory/pathology services
- 2. Incident investigation and analysis
- 3. QA audits and risk identification
- 4. Security services
- 5. Anesthesiology
- 6. Infection control program/aseptic technique



Supporting The Role

OSHA Checklist

Safety Audit

Sharps Safety

Orientation and annual competencies for staff

Your Safety Officer is:
OS HA MANUAL LOCATED
SDS LOCATED
SPILL KITS
STILL KITS
EYEWASH STATIONS
BIOHAZARDOUS WASTE PICK UP
SHARPS CONTAINERS LOCATION
PPE

SAFETY

Products that have an incorporated safety mechanism, ensuring compliance while protecting you, the user.



CONTAIN

Products that will securely contain the risk, therefore reducing the possibility of a sharps-related injury.



NEUTRAL

Products that will maximise the neutral zone, allowing you to safely pass sharps without compromising safety.



DISPOSE

Products that will facilitate easy and safe disposal of contaminated product.



Morning Rounds Checklist (Environmental, OSHA, NFPA)

• Ceiling tiles are not stained, missing, or broken

Doors are not propped open

• Elevator Areas, Corridors, and Egress routes are free of equipment and any obstructions.

- Staff, Doctors, Volunteers, and Students wearing ID at all times YES NO
- Staff is familiar with the location of fire extinguishers, medical gas shut-off valves (if applicable), fire alarm pull stations (if applicable) and notification procedures if there was an Emergency situation in the department.

 YES

Items are not being stored on the floor.

 Staff knows how to access MSDS information (now Safety Data Sheets)
 YES
 NO

 If eyewash stations are in the department, they are inspected and operated weekly to verify working order and are unobstructed.

• Emergency pull cords are 4 inches from the floor and free hanging.

PACU PRE-OP BATHROOMS

 Sharps Containers are labeled and appropriately stored, no more than ¾ full

YES

TASK	PARTIAL	MEETS	NON
Medical waste storage			
secured			
Loading dock			
Supplies contained			
Gas storage room			
Empty, full, in-use tags applied			
Portable Fire Extinguishers			
Alcohol based hand rubs			
Means of Egress			
Self-closing doors			
Combustible decorations			
Documented maintenance on facility LS			

TASK	PARTIAL	MEETS	INCOMPLETE
Pt nurse call remotes are within reach			
Exits signs visible			
Spilled liquids wiped			
Electrical cords contained			
Clinical equipment checked by biomed			
Soiled lined in hampers			
Sharps container not over fill line			
Nothing stored in hallway			
Emergency procedures guide by phones			
Emergency pull cords within reach (bathroom)			

RESOURCES

https://www.osha.gov/dte/library/materials library.html

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html

https://www.osha.gov/Publications/OSHA3514.html (SDS)

https://safetyskills.com/

https://www.dhs.gov/sites/default/files/publications/active shooter pocket card 508.pdf

https://www.osha.gov/SLTC/healthcarefacilities/index.html

Re-cap

Important role that plays significant part in many areas....

- Staff education and safety; patient safety
- Monitoring, Evaluating, Implementing

Develop the role to compliment your Safety Plan

Questions?

Fesser-lipp@thesurgerycenter-llc.com