

OREGON STATE HOSPITAL

POLICY

SECTION 8: Safety, Security, Emergency Management **POLICY: 8.009**

SUBJECT: OSH Safety Programs

POINT PERSON: Director of Safety

APPROVED: Dolores Matteucci **DATE: JUNE 7, 2023**
Superintendent

SELECT ONE: New policy Minor/technical revision of existing policy
 Reaffirmation of existing policy Major revision of existing policy

I. PURPOSE AND APPLICABILITY

- A. Oregon State Hospital (OSH) strives to provide a safe and healthy work environment for staff, patients, and visitors to enhance productivity and quality of patient care. To support this goal, this policy describes the OSH Safety Program and staff safety training requirements.
- B. This policy applies to all staff.

II. POLICY

- A. The OSH Safety department is responsible for a comprehensive safety program at OSH (OSH Safety Program), which includes but is not limited to:
 - 1. Safety-related staff training requirements,
 - a. The OSH Safety department provides staff safety-related training to ensure compliance with federal and state regulatory statues.
 - 2. Safety consultation for staff and patients,
 - a. The OSH Safety department provides assistance and consultations on issues related to workplace safety and health.
 - 3. Safety inspections and consultation for external partners,
 - a. The OSH Safety department serves as a liaison to State Accident Insurance Fund (SAIF) Corporation, Occupational Safety and Health Administration (OSHA), and other applicable regulatory agencies during

inspections, consultations, and correspondence related to safety and health.

4. Safety-related policy enforcement,
 - a. The OSH Safety department must verify hospital-wide compliance with safety and health regulations required by OSH policy, state and federal law, and other applicable regulatory agencies, such as The Joint Commission and Centers for Medicare and Medicaid.
 - b. For fire and fire drill response, refer to OSH policy 8.022, "Fire and Fire Drill Response."
 - c. For workplace violence prevention and response, refer to OSH policy 8.033, "Workplace Violence Response."
5. Safety data analysis and reporting, and
 - a. The OSH Safety department manages, coordinates, and maintains fire and life safety training, worker's compensation, and occupational health programs, including collection and analysis of injury or illness data. The OSH Safety department maintains documentation related to these programs, and records are made available upon request.
 - b. The OSH Safety department must report required safety data to the OSH Safety Committee, OSH Environment of Care Committee, OSH Cross-Functional Work Team, and other committees as needed.
6. Promoting safety and health for staff and patients at OSH.
 - a. Among other safety-related functions, the OSH Safety department manages and coordinates staff ergonomic assessments, job hazard analysis, product risk assessments, and OSH safety environmental risk assessments.
 - b. The OSH Safety Program includes identified room risk levels as follows:
 - i. Level 1: Areas where patients are not allowed, such as staff and service areas.
 - ii. Level 2: Areas where patients are under constant supervision and are not left alone.
 - iii. Level 3: Areas where patients may spend time with minimal supervision.
 - iv. Level 4: Areas where patient spend a great deal of time alone with minimal or no supervision.

- v. Level 5: Areas where staff interact with newly admitted patients who present potential unknown risks or where patients may be in a highly agitated condition. Due to these conditions, these areas fall outside the parameters of the risk map and require special considerations for patient and staff safety.
- B. Staff are responsible to work in a safe manner. Staff must follow safety regulations established by OSH Safety department and eliminate and/or report any safety hazards, unsafe conditions, or unsafe practices to their supervisor or the OSH Safety department.
- 1. Reportable incidents as designated in OSH policy 1.003, "Incident reporting," must be reported per OSH policy 1.003.
 - 2. To maintain a safe environment, staff may perform environment checks, such as a Patient Environment Safety Surveillance (PESS), infection control, or sanitation check, without patient notification or involvement prior to conducting the check.
 - a. Staff are required to complete a Patient Environment Safety Surveillance (PESS) of the physical environment per Procedures A. The PESS is used to identify staff and patient safety hazards in the physical environment. Other environment checks are performed per Procedures B and department protocols.
 - b. If a personal search of a patient is considered necessary during an environment check, staff must follow OSH policy 8.041, "Patient Personal Searches," and OSH policy 6.061, "Transgender and Gender Non-Conforming Treatment."
 - c. Searches related to contraband or reasonable suspicion of contraband, missing items, and security or other treatment risk identification and mitigation are subject to OSH policy 8.014, "Room, Unit, Treatment Mall Searches."
 - d. If contraband is found or staff have reasonable suspicion of the presence of contraband or missing items during an environmental check, staff must follow OSH policy 8.014, "Room, Unit, Treatment Mall Searches," to gain the proper permissions for a room search and OSH policy 8.044, "Contraband," to handle the contraband item.
- NOTE: Food found during an environmental check may or may not be classified as contraband, depending on the circumstance. Food that is not classified as contraband is handled per this policy, OSH policy 6.047, "Patient Food," and applicable department protocols.
- C. Staff must be trained in safety-related topics per OSH policy 9.002, "Training for Staff."
 - D. Supervisors must promote a safe work environment, safe work practices, and the

prevention of accidents and injuries within the assigned work area.

1. Supervisors must provide appropriate safety orientation on workplace hazards and mitigation of risks that staff may be exposed to in the workplace.
 2. Supervisors must review work section injury data provided by the OSH Safety department and recommend injury prevention and mitigation efforts to the OSH Central Safety Committee or OSH Safety department as needed.
- E. If a workplace injury or illness occurs, the injured or ill staff and staff supervisor must follow OSH policies 5.011, "Return to Work of Employees Injured on the Job", and 5.012, "Injury or Illness Reporting". A supervisor may request a staff member become a Unit Safety Representative (USR). Staff may decline an invitation to be a USR without penalty.
1. A supervisor must provide time during the staff's regular work schedule each month for the USR to complete assigned USR duties.
 2. After receiving training and certification from the OSH Safety department, the USR must conduct monthly safety inspections as directed by the OSH Safety department.
- F. Oregon State Hospital (OSH) follows all applicable regulations, including federal and state statutes and rules; Oregon Department of Administrative Services (DAS), Shared Services, and Oregon Health Authority (OHA) policies; and relevant accreditation standards. Such regulations supersede the provisions of this policy unless this policy is more restrictive.
- G. Staff who fail to comply with this policy or related policy attachments or protocols may be subject to disciplinary action, up to and including dismissal.

III. DEFINITIONS

- A. "Constant supervision" for the purposes of this policy means staff have eyes on the patient at all times and usually means staff are in the room with the patient (seclusion rooms/bathrooms are a notable exception).
- B. "Contraband" is as defined in OSH policy 8.044, "Contraband." Contraband is as defined in 28 CFR § 500.1 and 28 CFR § 553.12. Contraband means material prohibited by law, regulation or policy that can reasonably be expected to cause physical injury or adversely affect the safety, security, or good order of the facility or protection of the public. Items possessed by a patient ordinarily are not considered to be contraband if the patient was authorized to retain the item upon admission to the hospital, the item was issued by authorized staff, or the item was approved, purchased, and received for a patient through appropriate OSH-approved channels. For the purposes of this policy, contraband includes, but is not limited to:

1. Hard contraband,
 2. Nuisance contraband, and
 3. Any substance or article that violates facility infection control requirements. Such substances or articles may be classified as either hard contraband or nuisance contraband, depending on the circumstance.
- C. "Environment check" or "environmental check" means a check for the presence of environmental hazards, including, but not limited to, ligature risks; spoiled, expired, or unlabeled food; improperly stored food; unlabeled or expired sundry items; garbage; soiled bedding; dirty clothing; and other items or environmental factors that may contribute to a health risk or safety hazard for patients or staff. Environment checks are not considered searches of patient rooms, units, or treatment malls and are not subject to OSH policy 8.014, "Room, Unit, Treatment Mall Searches."
- D. "Minimal supervision" in this policy means staff are occasionally visualizing the patient or the room (e.g., unit activity room). Staff do not need to be in the room with the patient. Video surveillance does not meet this requirement.
- E. "Reasonable cause" is as defined in Oregon Administrative Rule (OAR) 309-108-0005. Reasonable cause means an OSH staff member has knowledge or notice of facts or circumstances and the rational inferences drawn therefrom that would lead a reasonable and experienced OSH staff member to come to a conclusion.
- F. "Staff" includes employees, volunteers, trainees, interns, contractors, vendors, and other state employees assigned to work at Oregon State Hospital (OSH).
- G. "Sundry item" means an item used for personal care or hygiene that may be medicated or non-medicated that:
1. OSH has determined does not require a practitioner's order to administer, and
 2. Is not required to be stored in the automated dispensing cabinets (ADC) or medication room.
 3. Examples of sundry items include, but are not limited to, shampoo including anti-dandruff shampoo, body wash, bar soap, toothpaste, moisturizing lotions, sunscreen, and other personal care items.
- H. "Unit Safety Representative (USR)" means a staff who has received additional training on the OSH Safety Program to assist in conducting inspections under the direction of the OSH Safety department.

IV. PROCEDURES

Procedures A Patient Environment Safety Surveillance (PESS) Process

Procedures B Environment Check

V. ATTACHMENTS

Attachment A Patient Environment Safety Surveillance (PESS) Survey Sheet
(Example Only)

Attachment B PESS Surveyor Process Map

VI. RELATED OSH POLICIES AND PROTOCOLS

1.003 Incident Reporting

2.006 Public Records Retention and Destruction

2.012 Patient Safety Events, Including Sentinel Events

1.014 Data Governance

5.011 Return to Work of Employees Injured on the Job

5.012 Injury or Illness Reporting

7.005 Patient Rights

8.019 Staff Response to Alleged Criminal Acts

8.022 Fire and Fire Drill Response

8.029 Distribution of Funds for Safety Grants

8.033 Workplace Violence Response

8.037 Patient Property and Valuables

8.041 Patient Personal Searches

8.044 Contraband

9.002 Training for Staff

Nursing protocol 2.042 Medical Treatment Supplies, Personal Care Products, and
Sundry Items

Nursing protocol 2.210 Handling Patient Food on Units

Nursing protocol 2.215 Unit Safety and Security Management (SSM)

Technology Services – PESS Survey Sheet [form – various]

VII. REFERENCES

20 C.F.R Chapter 1, Office of Workers' Compensation Programs, Department of Labor

42 C.F.R. §482.41

Joint Commission Resources, Inc. (2023). The joint commission comprehensive accreditation manual for hospitals. EC 01.01.01 ep1, ep 4, ep 7. Oakbrook Terrace, IL: Author.

Joint Commission Resources, Inc. (2023). The joint commission comprehensive accreditation manual for hospitals. EC 02.01.01 ep1, ep 3. Oakbrook Terrace, IL: Author.

National Fire Protection Association (2023).101, 19.1.1.1., Author.

Oregon Administrative Rule §166-300-0045.

Oregon Administrative Rule §§ 437-001-0001 – 437-002-2324.

Oregon Revised Statute §§ 654.001 – 654.991.