

DEPARTMENTAL SAFETY PROGRAM

This section is provided to assist you in maintaining a safe environment for patients, visitors and staff.

The following two safety survey programs (pages 95 through 100) require departmental cooperation and response:

1. Operational and Facility Survey

Each on-campus facility is surveyed twice per year for compliance with all applicable VCUHS Safety Policies and Procedures.

These surveys include a physical inspection and observation of both facilities and operations, documentation of staff training, and query/evaluation of staff knowledge of safety policies and procedures. Recommendations resulting from these surveys are sent to managers and/or directors of the units/departments surveyed. A response to all recommendations must be sent to the VCUHS Safety Office within 30 days.

Summary results of these surveys are submitted to the Environment of Care Committee in a written report. A copy of the completed survey should remain in the department's copy of this manual.

2. Self-Survey and Review Procedures and Documentation

All departments must complete an annual Department Self-Safety Audit. The VCUHS Safety Office will notify each department manager/supervisor when the audit is due. The audit consists of two parts:

- a. **Questionnaire** - consists of six sections designed to identify the required staff knowledge, training and recordkeeping.
- b. **Safety Audit Checklist** - consists of 62 questions to define physical conditions and department specific emergency procedures.

These two documents are the minimal information required. Survey and review procedures may require different approaches by different departments. Departments of varying size and operations may require more sophisticated survey instruments than those provided in this manual. Some departments may need to perform self-surveys much more frequently than annually to assure compliance. These documents are meant to be instructive, but may be altered to meet the needs of individual departments.

Policy and Procedure Review

In addition, all department staff are required to review all applicable VCUHS policies and procedures. All relevant safety policies and procedures must be available to staff.

Department/Unit "Self-Safety Audit" QUESTIONNAIRE

A Self-Safety Audit must be completed in your unit/department annually.

INSTRUCTIONS TO COMPLETE:

1. Complete the following 3-page "Self-Safety Audit Questionnaire" and the attached 3-page "Safety Audit Checklist" form.
2. All "NO" answers require an explanation on the "Attachment Pages" provided.
Initiating Work Orders (when applicable) is the responsibility of the area manager.
3. The completed **Questionnaire** and **Checklist** should be submitted to the Hospital Safety & Security Department, Box 980320, or faxed to 828-4299.
4. A copy of the completed survey should remain in your unit/department's copy of the Safety Manual.

Department/Unit Name: _____

Location: _____
(Building – Floor - Wing)

Department/Unit Supervisor/Manager: _____

Date Survey Conducted: ____ / ____ / ____ Surveyor(s) Name(s) & Box
Number(s): _____

STAFF TRAINING:

A. Number of Staff? _____

B. Number of staff who have completed annual Safety Training, i.e., *Essential Education Blitz* or *New Employee Safety Awareness*:

New Employees:	#Current: _____	#Out of Date: _____
Existing Employees:	#Current: _____	#Out of Date: _____

C. Do all staff know the location and have access to the Safety Manual and Emergency Preparedness Plans?
Yes _____ No _____

D. If Applicable, Describe Corrective Action Taken on the Attachment Page.

WORKER'S RIGHT-TO-KNOW STATEMENT:

All employees must have a completed Worker's Right-To-Know Statement on file (NOTE: This statement is available on Page 26 in the December 1999 Safety Manual). The Worker's Right-To-Know Statement should be updated to coincide with any change in an employee's position or duties that result in new hazardous conditions or exposures.

A. # of Staff **with** Statements on File: _____

B. # of Staff **without** Statements on File: _____

C. If Applicable, Describe Corrective Action Taken on the Attachment Page.

HAZARDOUS COMMUNICATION:

All employees must know the location (and how to use) Material Safety Data Sheets (MSDS).

- A. Departmental MSDS are located: _____
- B. Number of staff **with** documentation of MSDS instruction: _____
- C. Number of staff **without** documentation of MSDS instruction: _____
- D. Departmental **CHEMICAL INVENTORY** up-to-date? (Annual review is required)
Yes _____ No _____
- E. Can staff identify hazardous materials in their work areas? Yes _____ No _____
(Record the number of staff surveyed as yes or no): Yes # _____ No# _____
- F. If Applicable, Describe Corrective Action Taken on the Attachment Page.

EMERGENCY PROCEDURES:

- A. Do Employees have R.A.C.E.R. Cards?
(Record the number of staff surveyed as yes or no) Yes # _____ No# _____
- B. **Can Employees Identify the Following?**
 - 1. Patient Relocation/Evacuation Areas:
(Record the number of staff surveyed as yes or no) Yes # _____ No# _____
 - 2. Oxygen and Medical Gas Cut-Off Locations and Procedures (where applicable):
(Record the number of staff surveyed as yes or no) Yes # _____ No# _____
NOTE: Each Dept./Unit must develop and implement specific Oxygen and Medical Gas procedures to specify who and when valves are closed.
 - 3. Procedures to be followed in an Internal or External Disaster:
(Record the number of staff surveyed as yes or no) Yes # _____ No# _____
- C. If Applicable, Describe Corrective Action Taken on the Attachment Page.

RADIATION SAFETY:

- A. Number of Staff that Work (or are Exposed) to Radiation: (#) _____
- B. Can these Staff identify Radiation Safety Procedures?
(Record the number of staff surveyed as yes or no) Yes # _____ No# _____
- C. If Applicable, Describe Corrective Action Taken on the Attachment Page.

DEPARTMENTAL SAFETY POLICIES AND PROCEDURES:

- A. Are work area inspections conducted? Yes _____ No _____ Frequency _____
- B. If yes, who conducts these inspections? _____
- C. To whom are deficiencies reported? _____
- D. Who is responsible to ensure corrective action is taken? _____
- E. Are staff Occurrence Reports reviewed to ensure accident prevention steps have been implemented to prevent similar injuries? Yes (# past 12 months) _____ No _____
- F. Are patient Occurrence Reports reviewed to ensure accident prevention steps have been implemented to prevent similar occurrences? Yes (# past 12 months) _____
No _____
- G. Are there departmental safety policies and procedures in place, in addition to the Safety Manual? Yes (#) _____ No _____
If yes, are they attached to or referenced in the "Departmental Safety Section" of your department's copy of the VCUHS Safety Manual? Yes (#) _____ No _____
- G. If Applicable, Describe Corrective Action Taken on the Attachment Page.

