

## **PARTIAL HOSPITAL AND INTENSIVE OUTPATIENT PROGRAM (PHP & IOP) SAFETY PLAN**

### **I. INTRODUCTION**

The Department of Psychiatry strives to assure a safe environment for patients, personnel and visitors through implementation of the John Dempsey Hospital and Unit-Specific Safety Plans. The PHP/IOP safety plan is designed to provide a safe physical environment and provide for staff activities to reduce the risk of human injury, through prompt identification, reporting and monitoring of health, safety and environmental concerns.

### **II. PURPOSE**

The purpose of safety management is to optimize safety, effectiveness and efficiency in all phases of patient care and management activities and in the maintenance and operation of the Hospital's physical facility.

### **III. GOALS**

- A. To prevent work related accidents and illnesses to employees, patients and visitors.
- B. To insure the participation of all staff in safety activities.
- C. To reduce the potential for professional liability through identification and communication of safety issues and patient injuries to the Safety Officer and the Risk Manager.
- D. To disseminate appropriate information on the results of safety program activities to departments, services, units and disciplines.
- E. To insure that effective corrective action is implemented to resolve problems.

### **IV. AUTHORITY AND RESPONSIBILITY**

Unit Safety/Quality Representatives along with unit managers coordinate unit safety management activities. Immediate safety concerns are handled by the appropriate manager. Coordination of data reporting and development of long range safety plans and procedures are the domain of the Safety Officer. Safety training is conducted by a designated Unit Safety Trainer.

### **V. ORGANIZATION**

#### **A. Safety/Quality Committee**

The Safety/Quality Committee is established to coordinate the implementation of the safety management program along with the Nursing Quality Program and is assigned the principal responsibility for overseeing effectiveness of the monitoring, evaluating and problem solving activities. Members are appointed by the Nursing Patient Care Council.

B. Unit Safety/Quality Representative:

The Unit Safety/Quality Representative:

1. Works with the manager and staff to implement the unit safety management program.
2. Attends the monthly Quality Committee meetings.
3. Is responsible for bringing the requirements and recommendations of the Quality Committee back to the manager and nursing staff.
4. Reviews and analyzes unit safety indicators on a monthly basis.
5. Identifies trends and implements appropriate action to improve unity safety.
6. Reports unit safety activities through the existing Quality Committee.

C. Unit Safety Trainer

The Unit Safety Trainer:

1. Validates staff members in all required components of the mandatory inservice for their positions.
2. Completes appropriate documentation of staff completion of the mandatory inservice.

D. PHP/IOP Manager

The PHP/IOP Manager:

1. Is responsible for handing immediate safety concerns on the unit.
2. Facilitates implementation of the unity safety management program.
3. Assure that safety/quality indicators and issues are discussed monthly at staff meetings and documented in minutes.
4. Assures that appropriate follow-up action is taken to deal with identified safety problems.
5. Assures compliance to safety policies.

E. PHP/IOP Staff:

The PHP/IOP Staff:

1. Maintain an awareness of the unit safety management program.

2. Report immediate safety concerns to PHP/IOP Manager
3. Attend annual mandatory safety inservice.
4. Comply with safety policies.

## VI. SCOPE OF THE SAFETY MANAGEMENT PROGRAM

All activities/services within the PHP/IOP are addressed by the Unit Safety Management Program.

## VII. COMPONENTS

A. The PHP/IOP Safety Program will include the following:

1. Patient Safety Indicators
  - a. Falls
  - b. Medication errors
  - c. Suicide Attempts
  - d. Administrative Discharges – Administrative Protocol  
Protocol for: Administrative Discharges
2. Employee Safety Indicators
  - a. Back injuries
  - b. Needlestick injuries
3. Review of all safety related incidents.
4. New Employee Orientation and Safety Training Activities
  - a. Unit orientation activities include a review of the following unit specific safety hazards:
    - 1.) Bomb threats – Administrative Procedure
    - 2.) Management of a violent patient – Procedures
    - 3.) Universal Precautions – Protocol: Infectious Disease Management.
    - 4.) Food handling to ensure staff/patient safety – Administrative Protocols: Kitchen Safety

- 5.) AWOL (Elopement Policy) – Administrative Procedure
- 6.) Administrative Discharge – Administrative Protocol

5. Proper Utilization/Operation of Equipment

- a. In accordance with the Safe Medical Devices Act of 2000, the reporting of adverse medication device incidents is accomplished by following Policy #11-032 in the Hospital Administrative Manual.
- b. Policies exist to prevent the use of unauthorized equipment and to specify action to be taken with defective equipment.
- c. The following specialized equipment is used on this unit.

- 1.) Microwave oven - Administrative Protocol: Kitchen Safety

6. Unit Accident Prevention Procedures

- a. Periodic educational activities are held to review appropriate accident prevention procedures. In addition, appropriate management staff ensure that safety policies are adhered to. Changes in nursing practice are assessed for safety implications and appropriate actions are instituted as necessary.
- b. General safety of patients is provided according to Administrative Policy #11-013.
- c. Patients at risk for fall are managed according to the Nursing Fall Prevention Protocol.
- d. Patient's allergies are identified.
- e. Patients at risk for violent behavior are managed according to Procedure: Violent Patient, Management of.
- f. Emergency phone coverage after hours is provided for according to Administrative Procedure: Emergency Phone Coverage.
- g. Access to the Emergency Room during a crisis is provided for according to Administrative Procedure: Transportation to the Emergency Department.

B. Hazardous Materials Management Procedure

- 1. Strict observance of universal precautions procedures is required. The John Dempsey Hospital Infection Control Manual is located on each unit and is available to all staff.
- 2. Red Bad Waste commonly encountered in the Nursing Department include:
  - a. Blood and the flowing body fluids: N/A
- 3. Recall Warning Alerts are communicated by the clinical pharmacist.
- 4. Nurses are instructed to report incidents involving hazardous materials and waste.
- 5. Radiation emergencies are handled according to Hospital Administrative Policy (ACID Acronym)

### C. Emergency Preparedness Program

#### 1. Departmental Disaster Plan

The Department of Psychiatry Disaster Plan is located in the unit Safety Manual. The disaster plan outlines provisions for the management of staff during emergencies (e.g., Code Red, Code Yellow Emergencies, Bomb Threats), including distribution and assignment of responsibilities and functions.

#### 2. Disaster Plan Call Tree

A current copy of the Unit's Disaster Plan Call Tree is located in the Unit Safety Manual.

#### 3. Departmental Evacuation Route

Primary and secondary unit evacuation routes are posted in the department and hallways, as well as the Unit Safety Manual. These are reviewed on an annual basis.

### VIII. REPORTING

- A. Unit safety indicators and safety issues will be discussed monthly at staff meetings and will be documented in the meeting minutes. Copies of staff meeting minutes addressing safety/quality issues will be forwarded to the Nursing Safety Officer on a monthly basis.

### IX. SAFETY PLAN REVIEW AND EVALUATION

The PHP/IOP Safety Plan will be reviewed and evaluated annually for their effectiveness by the unit Quality/Safety Representative and the PHP/IOP Manager and are updated as necessary.