Hazardous Materials and Waste Management Plan
EC 01.01.01 EP 5; EC 02.02.01; EC 04.01.01

I PURPOSE

MCG Health, Inc. (MCGHI) is a leader in health care for the state of Georgia and provides a full spectrum of medical and health care to meet the needs of the citizens of Georgia. The hospital and clinics are dedicated to (1) the development of professional and technical knowledge and skills through the provision of an environment in which students and practitioners gain exemplary clinical experience, and (2) the support of organized programs of teaching medicine, nursing, dentistry and the allied health professions.

MCGHI Hazardous Materials and Waste Management Plan describes the process and mechanisms by which MCGHI’s manages hazardous materials and waste in a manner that protects the health, safety, and environment of patients, staff, and the community.

II SCOPE

The Hazardous Materials and Waste Management process involves the Management of Chemical, Biological, and Radiological Hazardous Waste.

New employee and annual refresher training is provided to ensure that all employees receive training in the management of hazardous materials and waste.

The procurement, use, storage, and disposal of hazardous materials and waste is managed by assigning responsibilities, maintaining inventories, providing access to hazardous chemical information, and performing regular audits of areas were hazardous materials and waste are used or generated.

Hazardous gases and vapors are managed according to MCGHI policy and regulatory requirements.

Emergency procedures for incidents involving hazardous materials and waste have been established and published in applicable emergency procedures and emergency response guidelines.

III FUNDAMENTALS

A. The Hazardous Materials and Waste Management Plan at MCGHI is designed to safely control hazardous chemicals, radioactive materials, biological hazards, hazardous waste to include radioactive waste, and biomedical waste. The structure of the program incorporates general organizational policies and procedures further
refined by department specific management policies and procedures.

B. The MCGHI Safety Department is responsible for developing, implementing, managing and monitoring this plan. The MCG, Radiation Safety Office is responsible for the radiation safety components of the plan. The plan is based on monitoring and evaluation of organizational experience, applicable law and regulation, and accepted practice. The management process involves a continuous cycle of assessment utilizing a design, teach, implement, measure/evaluate, and improvement that encompasses the identification, analysis, resolution, and monitoring and evaluation of hazardous material and waste management related issues within the environment of care.

C. Protection from hazards requires all staff who use or are exposed to hazardous materials and wastes, to understand the nature of the hazards and to use equipment provided for safe handling, use storage, transport, and disposal when working with or around hazardous materials and wastes.

D. Monitoring of chemical purchasing activities is an effective means for ensuring that employees are made aware of hazards associated with chemicals and to ensure that appropriate protective measures are known for handling, transporting, using, storing, and disposing of the chemical prior to being received.

E. Proper chemical storage is strictly observed to minimize or prevent unnecessary exposure and accidents.

F. Rapid effective response is required if a spill, release or exposure to a hazardous material and waste occurs.

G. Segregation of hazardous wastes at the point of generation is an effective means of controlling potential for exposures or spills during collection, transport, storage and disposal.

H. Special monitoring processes or systems are often required to manage certain gases, vapors, or radiation, as they are often undetectable by humans.

IV GOAL

To provide guidance in hazardous materials management, engineering controls, and work practices that will ensure a safe and healthful environment for MCGHI’s patients, staff and visitors and to protect the environment. The program will ensure that no one is exposed above safety and healthful limits prescribed by law.

V ORGANIZATION AND RESPONSIBILITY

A. The Board of Directors receives regular reports on the activities of the Hazardous Materials and Waste Management Program from the Safety Committee via the Performance Improvement Council. The Board of Directors reviews reports and, as appropriate, communicates concerns about identified issues and regulatory
compliance. The Board of Directors provides support to facilitate the ongoing activities of the Hazardous Materials and Waste Program.

B. The Vice President of Facilities receives regular reports of the current status of the Hazardous Materials and Waste Management Program through the Safety Committee. The Vice President of Facilities reviews the report and, as necessary, communicates concerns about key issues and regulatory compliance to the Chair of the Safety Committee.

C. The Safety Committee is responsible for monitoring all aspects of the Hazardous Materials and Waste Management Program.

D. Department Directors and Managers are responsible for implementing the Hazardous Materials and Waste Management Plan in their area of responsibility.

E. All employees are responsible for learning and following job and task specific procedures for hazardous materials and waste management.

VI PROCESSES OF THE HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN

The intent of this plan is to design and implement a management process that includes all materials and waste that require special handling in order to address identified occupational and environmental hazards.

A. Orientation and Education (HR 01.02.01, HR 01.04.01, HR 01.05.03)

The Organizational Development and Professional Learning Center has overall responsibility for coordinating the orientation and education program for each of the seven functions associated with Management of the Environment of Care.

General orientation is conducted by the Human Resources Department twice monthly. Each staff member must complete the general orientation during the first thirty days of employment. The Organizational Development and Professional Learning Center tracks attendance to ensure compliance. Human Resources maintains permanent records of participation and performance during orientation.

Each new staff member also participates in a department and job specific orientation. Department managers are responsible for providing new personnel with a department specific orientation to the Hazardous Materials and Waste Management Plan. The goal of the department specific orientation is to provide new personnel with current information on hazardous materials and waste found at the specific worksite. New staff is expected to complete departmental orientation within two weeks of employment.

The staff of MCGHi is required to participate in an annual mandatory training program. The annual training includes material addressing hazardous material and waste management. Completing a self-study packet or attending a regularly scheduled continuing education program can meet the requirement for annual
education. The Organizational Development and Professional Learning Center tracks participation.

The members of the Safety Committee collaborate with the Organizational Development and Professional Learning Center and individual department managers to develop content and materials for general and departmental orientation and for the annual mandatory program. The educational materials are reviewed at least annually and are updated as needed.

The MCG EH & S Radiation Safety Office is responsible for the administration of all training related to radioactive substances as outlined in their Radiation Safety Guide on Training Requirements.

B. Procurement, Use, Storage, and Disposal of Hazardous Materials and Waste (EC 02.02.01)

Each Department Manager or Supervisor who uses hazardous materials is responsible for the product from the time it enters the department until the product is disposed of as waste.

The Radiation Safety Office reviews the procurement, use, storage, and disposal of radioactive materials and provides approval in accordance with the MCGHI Radioactive Material License.

Hazardous Chemical Information is available to all employees in either hardcopy at each worksite, via the MCGHI intranet

Laboratory life safety audits are done monthly. EOC Rounds are conducted annually. Based on surveys, managers, supervisors and employees are provided with recommendations for laboratory safety and Personal Protective Equipment (PPE) as required. Active chemical fume hoods are inspected and certified on an annual basis, and re-evaluated when moved or structural modifications are done.

C. Inventory (EC 02.02.01, EP 1)

The EH&S Radiation Safety Office maintains an inventory of all radioactive materials used or stored at MCG and MCGHI. A computerized database system is used for a “cradle to grave” tracking of all radioactive materials and waste. This is reviewed by the MCGHI Radiation Safety Committee on a quarterly basis.

MCGHI Safety Department maintains a computerized Electronic Chemical Tracking System. Quantity and name of chemical waste is recorded from attached Waste Tags on receipt.

D. Waste Handling (EC 02.02.01, EP 5- EP 10)

Each department manager or supervisor who generates waste is responsible for ensuring that the waste is properly disposed of as general, hazardous, biomedical, or radioactive waste. Departmental managers and supervisors review Material Safety Data Sheets, the MCGHI chemical information database, and/or confer with the MCGHI Safety Department to determine proper segregation and disposal methods.
for all hazardous materials and waste. Disposal methods must be in compliance with all federal, state, and local regulations.

Pharmacy Department manages drug waste, which includes chemotherapeutic drug waste. Drugs classified as hazardous waste are collected by MCGHI Safety Department for disposal as hazardous waste. Controlled drugs are disposed of in accordance with applicable laws and regulations.

Facilities Planning manages asbestos containing material. This department samples, tests and contracts the abatement process overseeing each project. Included is the coordination of final air testing, material disposal and tracking. Contractors remove asbestos waste material for proper disposal.

E. Hazardous Gases and Volatile Materials (EP 02.02.01 EP 10)

Areas identified for potential exposure to hazardous gases or volatile materials are monitored according to MCGHI policy and regulatory requirements. Policies for hazardous gases and volatile materials are set by the Department of Anesthesiology to control anesthetic gases in the facility. Physical management of these gases, including oxygen and Nitrous Oxide, are handled under contract through the Anesthesiology Department and Supply Administration. Ethylene oxide, in the Central Supply Area, is monitored by a built in system.

F. Space Management (EP 02.02.01, EP 5-9)

MCGHI Facilities Services is responsible for appropriating space for handling and storage of hazardous materials and waste for the hospital and clinic areas.

Space appropriations are evaluated by each departmental manager on an as needed basis. Findings of an evaluation are communicated to the proper managing facility.

The space appropriations for handling and storage of hazardous materials and waste is also evaluated as part of the hazard surveillance program. The intent of evaluating these issues during hazard surveillance is to determine if current conditions and practices support safe handling and storage of hazardous materials and waste. A variety of data collection documents are utilized to record observations and other information related to space appropriations during hazard surveillance surveys.

Departmental Managers and Supervisors are responsible for initiating action on findings related to the space appropriations that are applicable to their scope of responsibility.

G. Incident Reporting (EC 01.01.01 EP 1, EP 8)

The Hazardous Materials and Waste Management Program utilizes the Employees Report of Accident/Injury Form for reporting and documentation of different types of accidents or injury. In the even of an exposure and/or injury, the employee’s supervisor is to be notified immediately. The employee’s immediate supervisor must
fill out and Employees Report of Accident/Injury Report Form. If immediate
treatment is required, the employee may seek treatment and complete the form later.
The employee may seek non-emergency treatment at the MCGHI Emergency Room,
or through MCGHI’s Employee Health Department. Copies of these reports are
distributed to Personnel Services Division, Public Safety Division, and Employee
Health to support employee health and treatment needs and for tracking purposes.
The employee’s supervisor must also fill out the Supervisor’s Follow Up Form within
72 hours.

H. Emergency Procedures (EC 02.02.01 EP 3; EC 04.01.01 EP 8)

The MCGHI Safety Department is responsible for coordinating activities related to
establishing emergency response procedures for Hazardous Materials and Waste
Management operations. Each departmental manager or laboratory supervisor is
responsible for developing area specific emergency procedures, which incorporate
institutional procedures, in conjunction wit the needs of their patients and other
departmental managers.

The Safety Committee has final responsibility for reviewing emergency procedures
related to the operation of processes involving hazardous materials. An Emergency
Response flip chart has been produced and distributed to all departments. Included
in this chart are emergency telephone numbers, instructions on how to activate the
emergency response systems, and instructions on how to respond in the event of a
Medical Emergency, Fire, Radiation Spill, Chemical Spill, Biological Spill, Personal
Injury, and Indoor Environmental Quality problems. Each Manager or supervisor is
responsible for maintaining copies of emergency procedures in a location where their
personnel have ready access and can refer to the procedure during an emergency.
This can be accomplished by displaying the Emergency Response flip chart in all
work areas and near all main line phones. Managers are responsible for providing
their departmental personnel with an orientation to emergency procedures that relate
to their job responsibilities.

Radiation Safety Procedures are available and widely disseminated in a published
MCGHI Radiation Safety Guide. Equipment and kits for significant spills are readily
available, pre-packaged, and located on vehicles ready to be taken to a point of
need. All individuals that work with radioactive materials are trained in spill
procedures before they begin work.

Hazardous material spill procedures are given in the MCGHI Emergency Response
Flipchart. In the event that MCGHI resources are exceeded, the Augusta Fire
Department HAZMAT Team will be contacted. Mercury spills are the responsibility of
the specifically trained technicians in the MCGHI Safety Department. Mercury spills
on patients or patient’s beds will be cleaned up by trained personnel.

Trained personnel following written procedures in the MCGHI Nursing Manual will
clean all spills of chemotherapeutic drugs on the hospital wards. Trained Pharmacy
staff will clean up spills in the Pharmacy areas following written procedures. All other
areas will be directed to Environmental Services to either clean or provide vendor
resource to clean.
All spills of body fluids, blood, urine excretions, and vomits are cleaned by trained MCGHI Environmental Services personnel following written procedures.

I. Performance Standard (EC 04.01.01 EP 15; EC 04.01.03 EP 3)

The subcommittee chairs have overall responsibility for coordinating the performance improvement standard process for each of the seven functions associated with the Safety Committee.

The Safety committee report summarizes performance compared to the performance improvement standard. If deficiencies are identified, a plan of action is developed to address the deficiency. The Safety Committee is responsible for evaluating the relevance of performance improvement standards.

The performance improvement measurement process is one part of the evaluation of the effectiveness of the Hazardous Materials and Waste Management Program. A performance improvement standard has been established to measure one important aspect of the Hazardous Materials and Waste Management Program. Compliance with this standard is considered essential to meeting the overall objective of providing quality support of patient care. The current performance improvement standard for the Hazardous Materials and Waste Management Program is to decrease the quantity in pounds of Biomedical Waste generated by MCGHI.

J. Annual Evaluation (EC 04.01.01. EP 15)

The Safety Committee has overall responsibility for coordinating the annual evaluation process with each of the seven functions associated with Management of the Environment of Care.

The annual evaluation uses a variety of information sources including the reports from internal policy and procedure review, incident report summaries, meeting minutes, Safety Committee reports, and other summaries of activities. In addition, findings by outside agencies such as accrediting or licensing bodies, community agencies, or qualified consultants are used. The annual review examines the objectives, scope, performance, and effectiveness of the Hazardous Materials and Waste Management Program. The findings of the annual review are presented in a narrative report supported by relevant data. The report provides a summary of the Hazardous Materials and Waste Management Program over the preceding 12 months. Strengths are noted and deficiencies are evaluated to set goals for the next year or longer term future.

The annual review is presented to the Safety Committee by the end of the first quarter of each year. The Committee reviews and approves the report. The deliberations and actions and recommendations of the Committee are documented in the minutes. The annual evaluation is also distributed to the Board of Directors, the Chief Executive Officer, the Chief Operating Officer, the Quality Assurance and Improvement Committee, and other department managers as appropriate. Once the review is final, the Chair, Hazardous Materials and Waste Management Subcommittee are responsible for implementing the recommendations in the report as part of the performance improvement process.
Chemicals: Chemical materials are identified and ordered by department leadership. Appropriate storage space is maintained by each department, and reviewed as part of environmental tours in that area. Chemical materials are maintained in labeled containers, and staff is trained in understanding MSDS, and in the appropriate and safe handling of the chemicals they use.

Chemical waste is held in the generating department, until weekly pickup by the MCGHI Safety Department. The waste is stored in the MCGHI Hazardous Waste Storage Area until the arrival of the licensed waste contractor. The contractor lab packs the chemicals, completes the manifests, and removes the packaged waste. A disposal copy of the manifest is returned to verify legal disposal of the waste.

- **Chemotherapeutic materials:** Chemotherapeutic (antineoplastic) medications and the materials used to prepare, administer, and control these materials are controlled and the waste materials collected for special disposal. Staff using these materials is trained in the handling, and emergency response to spills or leaks.

  Chemotherapeutic residual waste is handled as part of the Regulated Medical Waste stream, with additional labeling to assure appropriate incineration as final destruction. Larger than residual volumes of chemotherapeutic waste (liquids) are handled as chemical waste, if not recyclable.

- **Radioactive materials:** These are handled subject to the Georgia State Radioactive Materials License, and their safety is managed by the Radiation Safety Officer. Materials are handled in accordance with the requirements of the facility license.

  Radioactive waste is held in a secured and posted room until decayed to background, then handled as the underlying hazard of the materials for disposal. The Radiation Safety Officer manages the waste and determines when it is no longer considered a radioactive hazard.

- **Infectious and regulated medical wastes, including sharps:** These materials are found throughout the facility. The program is designed to identify, separate, collect, and control potentially biohazardous materials, and to collect them for licensed disposal. Staff is trained about handling materials in the regulated medical wastes program. Labeled and specialized containers are used to collect and transport these wastes, and all waste removal is manifested.

  Regulated Medical Waste, including sharps are picked up by Environmental Services in patient care areas. The waste is packaged for disposal, and held for a licensed waste contractor pickup. The contractor assists in completing the manifests, and removes the waste, returning the disposal copy of the manifest after final disposal.

**Management of Hazardous Materials and Waste Storage Space (EC.02.02.01)**

The Safety Manager or delegate assesses the appropriateness of space for handling
and storage of hazardous materials and waste as part of the environmental tour program. The intent of evaluating these issues during environmental tours is to determine if current conditions and practices support safe handling and storage of hazardous materials and waste, and separation of the hazardous waste from clean and sterile goods and foodstuffs.

Department Heads are responsible for initiating corrective actions on findings related to the appropriate use of handling and storage spaces in their areas of responsibility.

The Safety Manager provides the Safety Committee with reports of findings and follow-up action related to appropriate use of space as determined through the environmental tours program.

Gas and Vapor Monitoring (EC 02.02.01 EP 9-10)

Department Heads are responsible for managing the program for monitoring gases and vapors. Air contaminants found in during normal use include formaldehyde, xylene, and gluteraldehyde (i.e., Cidex), ethylene oxide (ETO), and waste anesthetic gases. Results of current monitoring indicate that exposure levels are below the regulatory action level. If a monitor result were above the action level, corrective action and additional testing should be done to demonstrate a safe working environment.

Emergency Procedures (EC 02.02.01 EP 3)

The Safety Manager develops and maintains emergency procedures for the Hazardous Materials and Waste program.

MCGHI has organized a spill procedure that evaluates spills to determine if outside assistance is necessary. A minor (incidental) spill that can be cleaned up by the staff involved, with their training and personal equipment does not require additional response. A spill that requires use of spill kits kept in the department is documented, to assure replacement of the kit contents.

A spill that exceeds the capability of the immediate staff to neutralize and clean up requires a response from outside the facility. In these cases, the area is evacuated, ventilation controlled, and a vendor or the Fire Department HAZMAT Team is called. The Fire Department takes control of the site and cleanup, or arrange for it to be cleaned up. Once determined safe, hospital staff finish the cleanup and recovery. Staff, including housekeeping staff, is trained to recognize the potential for a spill that is not safe to handle, and to contact their manager, and/or the Safety Manager. During off-shifts, the Administrator on Duty will make the determination. Staff is cautioned to err on the side of safety, and not to handle chemical spills that exceed their training, or the personal protection they have available.

Incidents involving spill kits, or a response from any outside agency are documented on Incident Report Forms, for documentation of the incident.

Documentation of Permits, Licenses, and Manifests (EC 02.02.01 EP 11)
MCGHI has obtained, and maintains permits and licenses for handling and disposal of hazardous wastes, including chemical wastes, radioactive materials, and biohazardous (potentially infectious medical wastes) from the appropriate federal, state, and municipal agencies.

**Manifests (EC 02.02.01 EP 11)**

The Safety Office is responsible for record keeping. Each load of hazardous waste removed from the facility is documented by a manifest, as mandated by federal or state agencies. The manifests have multiple copies, and one is left at the time the hazardous wastes are removed. Another copy travels with the waste, and is returned to the hospital once the wastes have been legally disposed of, to document the completion of the activity. These copies are matched, to assure that no load has been lost or misplaced, and kept for the record. If a completed copy of the manifest is not returned within the deadline established by law and regulation, the appropriate governmental agency is notified, and the information is also shared with the Safety Committee.

**Waste Labeling (EC 02.02.01 EP 12)**

All hazardous wastes are labeled from generation to removal. Some wastes, such as biohazardous wastes (Potentially Infectious Medical Waste-PIMW) are labeled by placement in a red bag; other wastes are labeled with specific signs or with text labels.

**Biohazardous Waste:** These are placed in red bags, and then placed into cardboard boxes, or plastic bins with external labeling as biohazardous wastes, or in a labeled rollaway container provided by the vendor, also labeled with the OSHA Biohazardous labeling and DOC required placarding. The red bags are deemed to be labeled, as these bags are not used for any other purpose, and any material in a red bag is treated as biohazardous.

**Chemotherapeutic Waste:** Chemo wastes are placed into labeled containers (labeled with the OSHA and international symbol for carcinogenic wastes). These wastes are handled along with the red bag wastes. Bulk quantities are handled as chemical waste.

**Chemical Materials and Waste:** Chemical materials are labeled throughout their use and handling in the facility. The label is on the container prior to receipt, or is placed on containers filled or mixed within the hospital. Labeling is evaluated during environmental tours, to assure the labels are maintained and legible.

Chemical wastes are labeled on the containers. In many cases the waste is labeled by the original chemical name, in other cases, where collection cans or containers are used, the container is labeled. These labels are required by the vendors of chemical disposal services to maintain the identity of the materials, and if the identity is lost, the materials are tested and analyzed to identify them for proper handling and disposal.

**Radioactive Materials and Waste:** Radioactive materials are marked with the
standard magenta and yellow labels having the radiation symbol and storage areas are appropriately posted. These materials are handled and stored in accordance with the Georgia State Radioactive Materials regulations and license provisions. Wastes are held to decay to background, when the labels are removed or covered, and wastes handled as the other hazards they may reflect.

**Separation of Waste Handling Areas (EC 02.02.01)**

MCGHI maintains appropriate handling and storage areas for hazardous wastes that are separated and maintained to minimize the possibility of contamination of food, clean and sterile goods, or contact with staff, visitors or patients.

Hazardous wastes are moved in covered or closed containers, from holding areas to the storage space designated for processing and handling those wastes. Those spaces are inspected periodically, to assure they are adequate for there intended use, that appropriate equipment and personal protection is available, and that they remain clean and orderly.

Routing of materials during transport is determined to minimize contact with patients and visitors, and to protect staff and the facility from contamination. Where food, clean and sterile materials, and staff are moved on the same transportation vehicle as wastes (e.g., elevators), scheduling and other practices minimize the potential for cross contamination.

Regular inspections of the storage areas and of behaviors in transport are included as part of environmental tours and problems are identified and documented as part of the environmental tours program.

**The organization monitors and improves conditions in the Environment of Care (EC 04.01.01; EC 04.01.03; EC 04.01.05)**

**Reporting of Environment of Care Issues (EC 04.01.01 EP 8)**

The Director of Safety/Security makes quarterly reports of problems, failures, and incidents to the Safety Committee. The reports summarize findings of incident reports, inspection activities and other information of interest.

**Collection, Analysis, and Dissemination of Information (EC04.04.01)**

The Safety Officer coordinates the collection and analysis of information about each of the Environment of Care management programs. The information is used to evaluate the effectiveness of the programs and to improve performance. The information collected includes deficiencies in the environment, staff knowledge and performance deficiencies, actions taken to address identified issues, and evidence of successful improvement activities.

**Performance Monitoring (EC 04.01.03 EP 1-3)**

The Chairperson of the Safety Committee coordinates the performance measurement and improvement process for each of the seven functions associated with management of the EC. The Safety Manager manages the Hazardous
Materials and Waste Program performance measurement process.

The Safety Manager is responsible for preparing quarterly reports of performance and experience for the Safety Committee. The reports include ongoing measurement of performance, and summary reports of incidents, including the results of any Root Cause Analysis (RCA) of Sentinel Events.

The Safety Manager establishes performance indicators to objectively measure the effectiveness of the Hazardous Materials and Waste Program. The Safety Manager determines appropriate data sources, data collection methods, data collection intervals, analysis techniques and report formats for the performance improvement standards. Human, equipment, and management performance are evaluated to identify opportunities to improve the Hazardous Materials and Waste Program.

The performance measurement process is one part of the evaluation of the effectiveness of the Hazardous Materials and Waste Program. A performance indicator has been established to measure at least one important aspect of the Hazardous Materials and Waste Program. The FY 2009 performance indicator for the Hazardous Materials and Waste Program is: "To reduce the total chemical waste stream by 3% (in alignment with census trends)."

**Annual Review of Management Plans (EC 04.01.01 EP 15)**

The Safety Officer and managers responsible for the design and implementation of the EC programs perform an annual review of each EC management plan. The review evaluates the content of the plan to determine if changes in organization structure, scope of services, or other changes create a need to update the plan.

**Annual Program Evaluation (EC.04.01.01 EP 15)**

The Chairperson of the Safety Committee is responsible for coordinating the annual evaluation of the seven functions associated with Management of the Environment of Care. The Safety Manager is responsible for performing the annual evaluation of the Hazardous Materials and Waste Program.

Annual evaluations examine the scope, objectives, performance, and effectiveness of the Hazardous Materials and Waste Program. The annual evaluation uses a variety of information sources including: internal policy and procedure review, incident report summaries, safety meeting minutes, Safety Committee reports, and summaries of other activities. In addition, findings by outside agencies such as accrediting or licensing bodies, or qualified consultants are used. The findings of the annual evaluation are presented in a narrative report supported by relevant data. The report provides a summary of the Hazardous Materials and Waste Program performance over the preceding 12 months. Strengths are noted and deficiencies are evaluated to set goals for the next year.

The annual evaluation is presented to the Safety Committee. The Committee reviews and approves the report. The deliberations, actions, and recommendations of the committee are documented in the minutes. The annual evaluation is distributed to the Chief Executive Officer, the Performance Improvement Committee, and other Department Heads as appropriate. Once the evaluation is finalized, the
Safety Manager is responsible for implementing the recommendations in the report as part of the performance improvement process.

Patient Safety (EC 01.01.01 EP 1-2) (EC 02.01.01 EP 1) (EC 04.01.01 EP 1)

The Safety Officer is responsible for working with the Patient Safety Officer who is responsible for patient safety to integrate EC monitoring and response activities into the patient safety program. The integration includes conducting risk assessments to identify environmental threats to patient safety, conducting environmental rounds to evaluate patient safety concerns on an ongoing basis, participating in the analysis of patient safety incidents, participating in the development of material for general and job-related orientation and ongoing education.

The Organization analyzes identified Environment of Care issues and develops recommendations for resolving them (EC. 04.01.03) (EC 04.01.01 EP 3-6)(EC 04.01.05)

The multidisciplinary Safety Committee considers reports of Environment of Care issues at regularly scheduled meetings. The committee evaluates the reports and approves actions to address identified issues.

The Safety Committee meets at least six times per year to address EC, risk management, patient safety, quality, and other business as appropriate.

Managers of each EC function and the Safety Committee collaborate to analyze EC issues. The analysis includes ongoing analysis of performance and aggregate analysis of environmental tours, incident reports, maintenance activities, and other issues.

The analysis is used to manage the stability of current programs, assess risks related to new programs, and to identify opportunities for improvement.

The Safety Committee publishes minutes of each meeting. The minutes summarize materials presented, issues identified, and actions to be taken. The minutes also include a tracking log designed to assure management of all activities until they are resolved.

Managers of each EC function are responsible for identifying important measures of environmental or patient safety or of program management. The measures are used to evaluate performance on an ongoing basis, to measure the success of implementation of performance improvement activities and to develop an understanding of processes that are not meeting expectations.

Minutes and relevant supporting materials are communicated to all EC and organization leaders. All managers are required to read the materials and respond as appropriate.

When EC managers and the Safety Committee identify performance improvement opportunities, a proposal for improvement is prepared and sent to leadership. The leadership reviews all improvement proposals and determines the priority and need for the proposed improvement.

When leadership approves a proposal for improvement, appropriate staff or a team is appointed to address the identified issues and to design a process improvement. The
staff or team appointed make regular reports to the Safety Committee and leadership. The reports address progress toward improvement, including measurement of changes to assure they are effective and sustainable.

The minutes of the Safety Committee are presented to the Performance Improvement Council at its regular meetings. Issues of interest to the Performance Improvement Council are presented for discussion and action as appropriate. The minutes of and issues identified by the Patient Safety Committee are handled in the same manner before the Safety Committee.

**Orientation, Training, and Education (HR 01.02.01) (HR 01.04.03) (HR 01.05.03)**

All staff must attend new employee orientation within 10 days of hire. New employee orientation addresses key issues and objectives of all seven areas of the EC including the role each area and staff play in the overall patient safety program.

Employees also receive departmental safety orientation at their respective work areas regarding hazards and their responsibilities to patients, visitors, and co-workers. In addition, all staff participates in periodic refresher training relative to the EC.

CC: Safety Committee *(Reviewed & Approved-)*
JCC to Board *(Reviewed & Approved-)*