WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)
SAFETY MANUAL

SUBJECT: REPORTING RISK IDENTIFICATION **NO: EOC 5**

EFFECTIVE DATE: 12/2/97 **PAGE: 1 OF 2**
REVIEWED/REVISED: 04/03; 04/01/04; 05/05; 01/06; 04/07; 03/08; 3/09; 3/10; 5/11; 6/12; 1/13; 1/14; 4/15; 1/17; 1/18; 1/21; 1/24

PURPOSE: To ensure that WCRH provides a healthy and safe environment. WCRH systematically monitors and evaluates all areas of the Hospital to provide a physical environment free of hazards and to minimize risk to patient, visitors, employees, physical plant and equipment.

POLICY: It is the practice at WCRH to identify actual and potential risks as part of a comprehensive approach to prevention and reduction of patient, visitor and employee injuries/incidents. WCRH maintains an accessible, healthy, safe and clean environment through ongoing safety monitoring and evaluation of the Hospital. WCRH has a personnel commitment that includes the Infection Control Practitioner, the Risk Manager and others as appropriate to the areas being self-inspected.

PROCEDURE:

1. The identification of actual and potential risks/observations and reporting of those concerns is the responsibility of the entire staff and is encouraged in a non-punitive environment. Visitors and patients as well as staff are encouraged to report perceived or actual risks in an anonymous, confidential or open manner.

2. Identified risk must be communicated and preferably documented by the person identifying the risk. If feedback is desired, the communication must be signed. Methods for documenting risk include:

    A. Accident-Incident reports
    B. Quality/Performance Improvement Reports
    C. Patient/Guardian complaints
    D. Security reports
    E. Medical record subpoenas/ attorney requests
    F. Physician communication
    G. DHSS, TJC or other regulatory agency surveys
    H. Property inspection reports
    I. Safety inspection reports
    J. Billing complaints
    K. Credentialing review
    L. Infection control reports
    M. Fire drill reports

N. Disaster drill reports
O. Employee grievance reports
P. Environmental Rounds Reports
Q. Safety and Security Risk Assessments
R. Hazard Vulnerability Analysis
S. Any other method – written or verbal.

3. The Safety Committee will meet at least quarterly for self-inspection to:
   A. Review safety surveillance and report to leadership. This report will identify the areas inspected. Deficiencies and assignment of personnel for corrective action will be noted.
   B. Review emergency plans for effectiveness and efficiency and make recommendation to leadership as necessary.
   C. Review evacuation routing charts.
   D. Perform annual review of the Safety Program and report to the Governing Board.
   E. Review all incident reports for trends or individual incidents that require or suggest corrective action is necessary.
   F. Review and citations, deficiencies, etc. from various operations inspections, surveys and regulatory agencies and perform corrective action as necessary.
   G. Review safety management programs in conjunction with Kessler Rehabilitation Hospital Environment of Care Team.
   H. Coordinate with all Departments, Human Resources, Infection Control and MRH as required in development of safety training to be included in orientation, annual mandatory education and as needed

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Safety Officer