



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Facility Management and Safety (FMS)		
Document:	Planning		
Title:	Safety Management Plan		
Applies To:	All MCH Staff		
Preparation Date:	January 08, 2025	Index No:	FMS-PLAN-021
Approval Date:	January 22, 2025	Version :	2
Effective Date:	February 22, 2025	Replacement No.:	FMS-PLAN-021(1)
Review Date:	February 22, 2028	No. of Pages:	07

1. PURPOSE:

- 1.1 Provide our patients, personnel and visitors a physical environment that is free from hazards and to manage activities pro-actively through risk assessment in order to reduce the risk of injuries.

2. DEFINITIONS:

- 2.1 **LSO:** Laboratory Safety Officer
- 2.2 **ERTL:** Environmental Round Team Leader
- 2.3 **MSDS:** Material Safety Data Sheet
- 2.4 **PPE:** Personal Protective Equipment
- 2.5 **OVR:** Occurrence Variance Report
- 2.6 **TAG:** Technical Advisory Group
- 2.7 **FMS:** Facility Management and Safety Standards are listed and defined by the CBAHI and are endorsed in this Program and its supplements.
 - 2.7.1 Safety
 - 2.7.2 Security
 - 2.7.3 Hazardous Materials and Waste
 - 2.7.4 Emergencies
 - 2.7.4.1 Internal emergency preparedness
 - 2.7.5 Fire Safety
 - 2.7.6 Medical Equipment and Devices
 - 2.7.7 Utility Systems
- 2.8 **Performance Improvement Standards (PIS)** are recognized standards that the safety committee has identified as a high priority program element that will be monitored for implementation.
- 2.9 **Technical advisory group (TAG)** is multidisciplinary group that replaces a subcommittee. There are eight groups, one for each of the FMS standards.
- 2.10 **Environmental Rounds** are center rounds to ensure the safety of staff, patients and visitors through the level of their education, awareness, and implementation of their knowledge, which will be reflected on their performance.
- 2.11 **Facility Tour** is a center wide tour inspecting for the potential life safety hazards and the physical presentation of the services delivered to the end user.

3. POLICIES:

- 3.1 The Safety Management Program shall be used initially, and referred to, in conjunction with existing department maintenance programs.
Note: Forms shown in Attachment D of this program may be photocopied for use in each department's Safety Program.
 - 3.1.1 The principles of the Safety Management Program shall be practiced and adhered to by all members of the staff, volunteers, patients, visitors and contract services personnel.

- 3.1.2 The safety committee chairperson/ security and safety director have the authority to intervene whenever conditions pose an immediate threat to life, health or property.
- 3.1.3 Upon full and continued implementation of the Safety Management Program elements, it is anticipated that:
 - 3.1.3.1 Effectiveness of the Program shall be measured through Performance Improvement Standards marked as (PIS) in this program and its supplements (see Attachment A).
 - 3.1.3.2 The Safety Committee shall monitor the implementation and attainment of Performance Improvement Standards (PIS).
 - 3.1.3.3 Teamwork and allocation of resources shall be maximized.
 - 3.1.3.4 Use of computer systems shall be maximized.
 - 3.1.3.5 Areas for improvement and cost savings shall be identified and included in annual summary reports and plans for improvement.
 - 3.1.3.6 Serious occurrences shall be minimized, reduced or eliminated.

4. PROCEDURES:

4.1 New Projects:

- 4.4.1 All designs for new construction, renovation and remodelling will be thoroughly reviewed for fire protection, safety, health, infection control and environmental criteria to eliminate, control or reduce hazards in the design phase. End users will always be involved in the review process prior to letting of contracts and will review the 100% Design Package to include drawings, specifications and equipment lists.

4.2 Hazard Identification:

- 4.2.1 Hazard identification will be an on-going process carried out through the following formal mechanisms.
 - 4.2.1.1 Immediate reporting of hazards by employees to supervisors.
 - 4.2.1.2 Employee suggestions submitted at unit level.
 - 4.2.1.3 Quarterly inspections conducted by supervisors / safety liaison officers.
 - 4.2.1.4 Scheduled Environmental Rounds conducted by the Environmental Team (ET) as follows:
 - 4.2.1.4.1 Every 3 months inpatient care areas by the following representatives:
 - 4.2.1.4.1.1 Infection Control Team Leader (ERTL)
 - 4.2.1.4.1.2 Security Representative
 - 4.2.1.4.1.3 Safety Representative
 - 4.2.1.4.1.4 Nursing Services Representative
 - 4.2.1.4.1.5 Biomedical Engineering Representative
 - 4.2.1.4.1.6 Maintenance Department Representative
 - 4.2.1.4.1.7 Housekeeping Services Unit Representative
 - 4.2.1.4.1.8 TQM Representative.
 - 4.2.1.4.2 Note: Area Supervisor/ Safety Liaison Officer should be available during the rounds.
 - 4.2.1.4.3 Annually in non-patient care areas by:
 - 4.2.1.4.3.1 Infection Control Team Leader (ERTL)
 - 4.2.1.4.3.2 Security Representative
 - 4.2.1.4.3.3 Safety Representative
 - 4.2.1.4.3.4 Area Supervisor/ Safety Liaison Officer
 - 4.2.1.4.3.5 Biomedical Engineering Representative
 - 4.2.1.4.3.6 Maintenance Department Representative
 - 4.2.1.4.3.7 Housekeeping Services Unit Representative
 - 4.2.1.4.3.8 TQM Representative

4.2.1.5 Scheduled Facility Tour (FT) for fire protection, and life safety potential hazards as follows:

- 4.2.1.5.1 Every 3 months inpatient care areas by the following representatives:
 - 4.2.1.5.1.1 Facility Management Director Team Leader (FT)
 - 4.2.1.5.1.2 Security Representative
 - 4.2.1.5.1.3 Safety Representative
 - 4.2.1.5.1.4 Maintenance Representative
 - 4.2.1.5.1.5 Biomedical Engineering Representative
 - 4.2.1.5.1.6 Infection Control Representative.
 - 4.2.1.5.1.7 Area Supervisor/ Safety Liaison Officer
 - 4.2.1.5.1.8 Housekeeping Services Unit Representative
- 4.2.1.5.2 Annually in non-patient care areas by:
 - 4.2.1.5.2.1 Facility Management Director Team Leader (FT)
 - 4.2.1.5.2.2 Security Representative
 - 4.2.1.5.2.3 Safety Representative
 - 4.2.1.5.2.4 Area Supervisor/ Safety Liaison Officer
 - 4.2.1.5.2.5 Biomedical Engineering Representative
 - 4.2.1.5.2.6 Housekeeping Services Unit Representative
 - 4.2.1.5.2.7 Infection Control Representative
 - 4.2.1.5.2.8 Maintenance Representative

4.3 Control of Hazards:

- 4.3.1 Hazards which pose an immediate threat to life or health, or threaten damage to equipment, buildings, or the environment, i.e., imminent danger will be immediately reported by whatever means available to the Department Head, Safety Manager, Safety Committee Chairperson, a TAG Leader, or TQM Director.
- 4.3.2 Support will be requested from the Safety Committee when hazards cannot be corrected at the unit or department level.
- 4.3.3 Equipment or facilities requiring maintenance or repair, and unsafe conditions requiring repair for correction are reported using the form as specified in Medical Equipment/Devices Management Program.

4.4 Workplace Accidents, Injuries and Illnesses:

- 4.4.1 Any staff member, sub-contractor, construction worker or visitor injured/involved in an accident or conceived to contact an infection or an illness should be directed to family medicine.
- 4.4.2 Accidents which meet the definition of an occurrence (formally called incident) involving patients, visitors or staff will be reported using the Occurrence Variance Report form as instructed in OVR-APP.

4.5 Operational Requirements:

- 4.5.1 Each TAG will specify, review and make recommendations for the approval of relevant recommendations at the department and unit levels, as applicable, to ensure full implementation of the Safety Management Programs and elements.

5. RESPONSIBILITIES:

5.1 Chief Executive Officer shall:

- 5.1.1 Review and approve the Safety Programs
- 5.1.2 Appoint in writing the Chairperson to the Safety Committee.
- 5.1.3 Review reports provided by the Chairperson, Safety Committee and, when necessary and appropriate, direct the allocation of resources or emphasis to fulfil program requirements.
- 5.1.4 Report annually, or as frequently as necessary the medical director on the activity of the safety committee.

5.2 Chairperson, Safety Committee shall:

- 5.2.1 (PIS) Convene the Safety Committee at least ten times a year.
- 5.2.2 Direct the formation of each TAG, designate (with the approval of Directors and Managers) TAG leaders and members, and assign a task to each TAG to ensure compliance with the respective FMS Standard.
- 5.2.3 Approve and monitor PIS for each of the Safety Standards.
- 5.2.4 Accept and approve periodic and annual summary reports from each TAG, to include the status of implementation and attainment of PIS.
- 5.2.5 Examine safety management issues, seek resolutions, and report findings (i.e. Minutes of Meetings, to relevant Department Head Directors. center
- 5.2.6 Report annually, or as frequently as necessary, the Safety Program status to the director center.

5.3 TAG Leaders:

- 5.3.1 Write and submit to the Safety Committee, for approval, the Programs / APPs for respective center (safety) standards.
- 5.3.2 Write and submit for approval the APP Safety Committee.
- 5.3.3 Specify, review and make suggestions for the approval of recommendations that support the Programs/APPs developed by the TAG.
- 5.3.4 Take action on specific problem areas based on the approved recommendations and report to the Safety Committee.
- 5.3.5 Write and submit for approval, an Annual Summary Report and Plan for Improvement (PFI) to the Chairperson, Safety Committee.
- 5.3.6 Develop a training program for members of the Medical Management Department / Unit Safety Liaison Officers and designees as selected by Department Heads.
- 5.3.7 Present as a team, the center (Safety) PFI to the CBAHI survey team.
- 5.3.8 Maintain technical references and serve as technical advisors in respective areas of expertise to all operational areas of center.
- 5.3.9 Develop an overview of the Safety Program for new staff at the New Orientation sessions, as presented by the Safety Department.
- 5.3.10 (PIS) Meet when needed and issue a brief summary report of each meeting. The summary report will be submitted to the secretary of the Safety Committee one (1) week prior to the Safety Committee Meeting, for inclusion in the agenda.
- 5.3.11 Conduct project reviews to ensure that adequate fire protection, safety, health and environmental design and controls are addressed.

5.4 TAG members shall:

- 5.4.1 Assist TAG leaders in their assigned responsibilities.
- 5.4.2 Oversee development, implementation and monitoring of the Safety Programs and report to the TAG leader.
- 5.4.3 Advise the TAG leader on the development or maintenance of Safety Programs.

5.5 Security & Safety Director shall:

- 5.5.1 Direct a facility-wide process to collect information on deficiencies and opportunities for improvement in the healthcare environment through the following:
 - 5.5.1.1 Occurrence Reports
 - 5.5.1.2 Minutes of the Unit Safety Communications Meetings
 - 5.5.1.3 Environmental Rounds
 - 5.5.1.4 Facility Tour
 - 5.5.1.5 Quarterly Environment of Care Center Director Summary Reports
- 5.5.2 Review summaries of occurrences, deficiencies, problems, failures and user errors related to the FMS Standards and report findings and trends, if any, to the Safety Committee.
- 5.5.3 Coordinate with the appropriate staff to implement recommendations and monitor their effectiveness.

- 5.5.4 Intervene whenever conditions pose an immediate threat to life or health, or threaten damage to equipment, buildings or the environment.
- 5.5.5 Utilize the resources of published information on product hazards or recalled products..
- 5.5.6 Report to the Safety Committee on findings, recommendations, actions taken and results of measurement.
- 5.5.7 Safety Manager serves as leader, Internal Emergency Preparedness TAG.
- 5.5.8 Designate a member of the Safety Department to attend all Environmental Rounds.

5.6 **Total Quality Management (TQM) Director shall:**

- 5.6.1 Designate a TQM representative to monitor the implementation of the Safety Program elements of compliance with CBAHI Standards.
- 5.6.2 Submit a monthly report (confidentiality ensured) of all occurrences to the Security & safety Director.
- 5.6.3 Designate a member of TQM to lead, control and review all Environmental Rounds Programs.
- 5.6.4 Submit Environment of Care Annual Summary Reports and Plan for Improvement to the Safety Committee.
- 5.6.5 Call the Security & Safety Director, or a TAG Leader, immediately upon notification of an occurrence. E.g. fire, smoke, hazardous material spill, medical device or equipment failure, major utility system failure, etc.

5.7 **Environmental Rounds, and Facility Tour Teams shall:**

- 5.7.1 (PIS) Conduct scheduled environmental rounds and facility tour inspections of patient care areas every 3 months, and non-patient care areas and grounds every six months (minimum).
- 5.7.2 Environmental rounds reports issued directly to the concerned units and copy to the Head of the Department and Safety Committee.
- 5.7.3 Facility Tour inspection reports issued directly to concerned section/ department, with a copy to the Safety Committee.

5.8 **Safety Committee Chairman shall:**

- 5.8.1 Designate a member the committee to be a team leader of Environmental Rounds.

5.9 **Environmental Rounds Team Leader shall:**

- 5.9.1 Ensure that the environmental round team has the following members:
 - 5.9.1.1 Infection Control Representative
 - 5.9.1.2 Security Representative
 - 5.9.1.3 Safety Representative
 - 5.9.1.4 Nursing Services Representative
 - 5.9.1.5 Biomedical Engineering Representative
 - 5.9.1.6 Maintenance Department Representative
 - 5.9.1.7 Housekeeping Services Unit Representative
 - 5.9.1.8 TQM Representative

5.10 **Individual Units Safety Liaison Officer shall:**

- 5.10.1 Accompany staff from the Environmental Team during Environmental Rounds, and take necessary actions to correct noted deficiencies on inspection reports. Submit a statement of compliance to Environmental Round Team Leader (ERTL).
- 5.10.2 Monitor corrections of any deficiencies noted during Environmental Rounds.
- 5.10.3 Monitor contractual maintenance work or other activities' in his unit to ensure compliance with safe operational procedures and report any remarks to the safety.

5.11 **Directors shall:**

- 5.11.1 (PIS) Require that, at a minimum, a Unit Safety Communication Meeting convene at least 10 times per year with members from the unit level.
- 5.11.2 Designate a department Safety Liaison Officer to present department concerns on safety issues.
- 5.11.3 Maintain detailed Safety Programs.
- 5.11.4 Ensure that each department head/supervisor is evaluated on safety performance.

- 5.11.5 Review projects in their areas for new construction, renovation and remodelling to ensure that fire protection, safety, health, infection control and environmental features are addressed.
- 5.11.6 Enforce FMS standards, CBAHI standards, job procedures, standard safe practices, and safety rules.

5.12 Department Head shall:

- 5.12.1 Enforce the Unit Safety Communication Meeting and forward minutes after approval to the Department Director.
- 5.12.2 Attend at least one Unit Safety Communication Meeting each month.
- 5.12.3 Review summaries of Minutes of Unit Safety Communication Meetings and report significant finding to the department director on quarterly basis.
- 5.12.4 Designate Safety Liaison Officer (SL) and alternate.
- 5.12.5 (PIS) Specify that Environment of Care Safety be a standing agenda item at the Unit Safety Communication Meeting, and Minutes will be forwarded to the Department Director.
- 5.12.6 Review projects in their areas for new construction, renovation and remodelling to ensure that fire protection, safety, health, infection control and environmental features are addressed.
- 5.12.7 Enforce FMS standards, CBAHI standards, job procedures, standard safe practices, and safety rules.

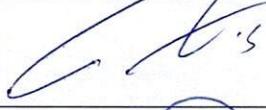
5.13 Supervisors/ Safety Liaison Officer shall:

- 5.13.1 Report immediately hazards judged to be serious to the Department Head, Security & safety Director, Safety Committee Chairperson, a TAG Leader, or TQM Director.
- 5.13.2 Report accidents involving patients, staff or visitors (see APP- Occurrence Variance Report), and direct employees to the Family Medicine or Emergency Room.
- 5.13.3 Coordinate with Department Head on center (Safety) issues.
- 5.13.4 Train new employees on Safety Program elements, workplace hazards, emergency procedures and the location of Material Safety Data Sheets (MSDS) within 15 days of assignment and ensure that new employees attend the New Hire Orientation within 30 days of employment.
- 5.13.5 Assign the roles and duties of their staff in the event of fire or disaster as specified within the unit level fire plans.
- 5.13.6 (PIS) Ensure that all department employees attend R.A.C.E. for Fire Safety training annually, and show them the locations of fire alarm stations, fire extinguishers, evacuation routes, and oxygen valve locations (if applicable).
- 5.13.7 Accompany staff from the Environmental Team during Environmental Rounds, and take necessary actions to correct noted deficiencies on inspection reports. Submit a statement of compliance to ERTL.
- 5.13.8 (PIS) Chair Unit Level Safety Communications meetings with center as a standing agenda item and forward a copy of Minutes to the Department Head. Items of consideration include training, safety letters, Hazard Alerts, Management Notification (MN), Awareness bulletins, published articles, posters, Fire and Safety bulletin boards, pamphlets, suggestions, problem areas, emergency procedures, reporting procedures, roles in emergencies, occurrences, etc.
- 5.13.9 Issue formal written warnings to employees who have repeated poor safety performances or who deliberately disregard the safety of others. Termination should be considered for those who fail to respond.

5.14 All personnel:

- 5.14.1 Report immediately all unsafe conditions (hazards), injuries, or illnesses, to their supervisor.
- 5.14.2 Observe and practice all safety procedures and use assigned personal protective equipment (PPE).
- 5.14.3 Attend all required fire safety, safety, hazardous materials, and center (Safety)-related training sessions.

6. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Mr. Mishari Fahad Al Mutairi	Facility Management Safety Manager		January 08, 2025
Reviewed by:	Mr. Thamer Nasser Al Anizi	Support Services & Maintenance Director		January 12, 2025
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 15, 2025
Approved by:	Mr. Fahad Hazam Alshammari	Hospital Director		January 22, 2025