



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Facility Management and Safety		
Document:	Plan		
Title:	Safety of Building Management Plan		
Applies To:	All MCH Staff		
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1. PURPOSE:

- 1.1 To provide Maternity and Children Hospital patients, personal and visitor with 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. OBJECTIVE:

- 2.1 The objective of the safety management program is to control known and potential safety hazards to our patients, visitor and personal.

3. GOAL:

- 3.1 To provide education to all personal on the elements of the safety management program.
- 3.2 To ensure safe work practices and conditions.
- 3.3 To reduce the risk safety related incidents by pro-actively evaluating system in place and making necessary changes through the safety committee, administration and department participation.
- 3.4 To ensure compliance with various international standard like CBAHI.

4. DEFINITION:

- 4.1 **LSO:** laboratory safety officer
- 4.2 **ER:** emergency room
- 4.3 **MSDS:** material safety data sheet
- 4.4 **PPE** personal protective equipment (Biomedical department)
- 4.5 **OVR:** occurrence report
- 4.6 **FMS:** facility management system facility management and safety standards are listed and defined by CBAHI and are endorsed in this program and its supplements.
- 4.7 **FMS programs are:**
 - 4.7.1 Safety
 - 4.7.2 Security
 - 4.7.3 Hazardous materials and waste
 - 4.7.4 Emergencies:
 - 4.7.4.1 External emergency preparedness
 - 4.7.4.2 Internal emergency preparedness
 - 4.7.5 Fire safety
 - 4.7.6 Medical equipment and devices
 - 4.7.7 Utility systems
- 4.8 Environmental rounds are hospital wide round to ensure the safety of staff , patients and visitor through the level of their education and implementation of their knowledge which will be reflected on their performance.

- 4.9 Facility tour is hospital –wide tour inspection for the potential life safety hazards and the physical presentation of the service delivered to the end user.

5. POLICIES:

- 5.1 The safety management program shall be used initially , and referred to , in conjunction with existing department maintenance program
- 5.2 The principles of the safety management program shall be practiced and adhered to by all members of the staff, volunteers patients, visitors and contract service personal.
- 5.3 The safety committee chairperson /security and safety director have the authority to intervene whenever conditions pose an immediate threat to life, health or property.
- 5.4 **Upon full and continued implementation of the safety management program elements, it is anticipated that:**
- 5.4.1 Teamwork and allocation of resources shall be maximized.
- 5.4.2 Use of computer system shall be maximized.
- 5.4.3 Areas for improvement and cost saving shall be identified an included in the annual summary reports and plans for improvement.
- 5.4.4 Serious occurrences shall be minimized, reduced, or eliminated.
- 5.5 **Hazard Identification:** Hazard identification will be an on – going process carried out through the following formal mechanisms.
- 5.5.1 Immediate reporting of hazard by employees to supervisors.
- 5.5.2 Employees suggestion submitted at the unite level.
- 5.5.3 Quarterly inspections conducted by supervisors /safety liaison officer.
- 5.5.4 Scheduled environmental rounds conducted by the safety and security teams as follows:
- 5.5.4.1 Every 3 months for inpatient care areas by the following representatives:
- 5.5.4.1.1 Infecting control team leader
- 5.5.4.1.2 Security representative
- 5.5.4.1.3 Safety representative
- 5.5.4.1.4 Nursing service representative
- 5.5.4.1.5 Biomedical engineering representative
- 5.5.4.1.6 Maintenance department representative
- 5.5.4.1.7 Housekeeping service unite representative
- 5.5.4.1.8 TQM representative
- 5.5.4.1.9 NOTE: area supervisor / safety liaison officer should be available during rounds.
- 5.5.4.2 Every 6 months for outpatient care areas by the following representatives:
- 5.5.4.2.1 Infection control team leader
- 5.5.4.2.2 Security representative
- 5.5.4.2.3 Safety representative
- 5.5.4.2.4 Nursing service representative
- 5.5.4.2.5 Biomedical engineering representative
- 5.5.4.2.6 Maintenance department representative
- 5.5.4.2.7 Housekeeping service unite representative
- 5.5.4.2.8 TQM representative
- 5.5.4.2.9 NOTE: area supervisor / safety liaison officer should be available during rounds.
- 5.5.4.3 Annually in non-patient care areas by:
- 5.5.4.3.1 Infection control team leader
- 5.5.4.3.2 Security representative
- 5.5.4.3.3 Safety representative
- 5.5.4.3.4 Nursing service representative
- 5.5.4.3.5 Biomedical engineering representative
- 5.5.4.3.6 Maintenance department representative
- 5.5.4.3.7 Housekeeping service unite representative

- 5.5.4.3.8 TQM representative
- 5.5.5 Scheduled facility tour for fire protection, and life safety potential hazard as follows:
 - 5.5.5.1 Every 3 months for inpatient care areas by the following representatives:
 - 5.5.5.1.1 Facility management director team leader
 - 5.5.5.1.2 Security representative
 - 5.5.5.1.3 Safety representative
 - 5.5.5.1.4 Maintenance department representative
 - 5.5.5.1.5 Biomedical engineering representative
 - 5.5.5.1.6 Infection control representative
 - 5.5.5.1.7 Area supervisor / safety liaison officer
 - 5.5.5.1.8 Housekeeping service unite representative
 - 5.5.5.2 Annually in non-patient care areas by :
 - 5.5.5.2.1 Facility management director team leader
 - 5.5.5.2.2 Security representative
 - 5.5.5.2.3 Safety representative
 - 5.5.5.2.4 Maintenance department representative
 - 5.5.5.2.5 Biomedical engineering representative
 - 5.5.5.2.6 Infection control representative
 - 5.5.5.2.7 Area supervisor / safety liaison officer
 - 5.5.5.2.8 Housekeeping service unite representative

6. PROCEDURES:

6.1 New projects:

- 6.1.1 All designs for new construction, renovation and remodelling will be thoroughly reviewed for the protection, safety, health, infection control, and environmental criteria to element, control or reduce hazard in the design phase. Each user will always be involved in the review process prior to letting of constricts and will review the 100% design package to include drawing, specification and equipment lists.

6.2 All new projects shall consider the following:

- 6.2.1 Primary and alternative exist provide unobstructed egress.
- 6.2.2 Personal receive training if alternative exist must be used.
- 6.2.3 Escape facilities are maintained for construction workers.
- 6.2.4 Means of egress in construction areas are inspected daily.
- 6.2.5 There is free and unobstructed access to the emergency room.
- 6.2.6 Fire alarm detection and suppression system are not impaired. And if so a temporary but equivalent system is provided when any fire system is impaired. Temporary system are inspected and tested monthly.
- 6.2.7 Smoking is prohibited in accordance with the hospital smoking policy and in or adjacent to all construction areas.
- 6.2.8 Continues fire training and drill are conducted for each shift.
- 6.2.9 New construction provides for safe and convenient use of buildings and grounds by the disable patients or visitor such as parking entrance bathrooms and water fountains.
- 6.2.10 The area of construction, renovation should be isolated before starting.
- 6.2.11 All person work with sub-contractor in construction, renovation should take permission from the main contractor in Maternity And Children Hospital.
- 6.2.12 If any person with sub-contractor not has permission from main contractor the security prevents him from entrance.
- 6.2.13 All material used with sub-contractor in renovation should be reviewed by infection control.
- 6.2.14 If any sub-contractor dissent this policy. We applied penalties to him.

6.3 Control of hazard:

- 6.3.1 Hazards which pose an immediate threat to life or health or threat damage to equipment, building, or the environment will be immediately reported by whatever means available to the department head, safety manger, safety committee chairperson, or TQM director.

- 6.3.2 Support will be requested from the safety committee when hazards cannot be corrected at the units or department level.
- 6.3.3 Equipment or facilities requiring maintenance or repair, and unsafe conditions requiring repair for correction are reported.
- 6.4 **Workplace accidents, injuries and illness:**
 - 6.4.1 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 or the emergency room.
 - 6.4.2 Accident which meet the definition of an occurrence (formally called incident) involving patient, visitor, or staff will be reported using the occurrence variance report from as instructed in OVR.

7. RESPONSIBILITIES:

- 7.1 **Chief executive officer shall:**
 - 7.1.1 Review and approve safety program.
 - 7.1.2 Appoint in writing the chairperson to the safety committee.
 - 7.1.3 Review the reports provided by the chairperson, safety committee, when necessary direct the allocation of resources our emphasis to fulfil program requirement.
 - 7.1.4 Report annually, or as frequently as necessary the hospital executive committee on the activity of the safety committee.
- 7.2 **Chairperson Safety Committee shall:**
 - 7.2.1 Direct the formation of each supporting team with the approval of director and manager supporting team leader and member and assign a task to each member to ensure compliance with the respective FMS standard.
 - 7.2.2 Approve, monitor and review for each of the safety standard.
 - 7.2.3 Examine safety management issues.
 - 7.2.4 Report annually or as frequently as necessary, the safety program status to hospital director and quality management.
- 7.3 **Safety and Security Director shall:**
 - 7.3.1 Direct a facility –wide access to collect information on deficiencies and opportunity for improvement in the healthcare environment through the following:
 - 7.3.1.1 Occurrence report
 - 7.3.1.2 Minutes of the unit safety communications meeting
 - 7.3.1.3 Environment rounds
 - 7.3.1.4 Facility tour
 - 7.3.1.5 Quarterly environment of care executive summary report
 - 7.3.2 Review summaries of occurrences, deficiencies, problem, failures and user errors related to the FMS standard and report finding and trends, if any, to the safety committee.
 - 7.3.3 Coordinate with the appropriate staff to implement recommendation and monitor their effectiveness.
 - 7.3.4 Report to the safety committee on finding, recommendation, action taken and results of measurement.
- 7.4 **Total Quality Management (TQM) Director shall:**
 - 7.4.1 Designate a TQM representative to monitor the implementation of the safety program elements of compliance CBAHI standards.
 - 7.4.2 Submit monthly report (confidentiality ensure) of all occurrence to the security and safety director
 - 7.4.3 Designate member of TQM to organize, control and review all environmental rounds program.
 - 7.4.4 Call the security & safety director, immediately upon notification of an occurrence E.G. fire, smoke, hazardous material spill, medical device or equipment failure , major ,utility system failure , etc.

- 7.5 **Environmental rounds and facility tour teams shall:**
 - 7.5.1 Conduct scheduled environmental rounds and facility tour inspection of inpatient care areas every 3 month, 6 months, in outpatient area and annually in non-patient care areas.
 - 7.5.2 Environmental rounds issued directly to the concerned unite and copy to the head of the department and safety committee.
 - 7.5.3 Facility tour inspection report issued directly to concerned section /department with a copy to the safety committee.
- 7.6 **Safety Committee Chairman shall:**
 - 7.6.1 Designate a member to the committee to be team leader of environmental rounds.
- 7.7 **Individual Units safety and Liaison officer shall:**
 - 7.7.1 Accompany staff from safety and security team during environmental round and take necessary action to correct noted deficiencies on inspection report.
 - 7.7.2 Monitor correction of any deficiencies noted during environmental rounds.
 - 7.7.3 Monitor contractual maintenance work or other activities in his unite to ensure compliance with safe procedure and report any remarks to the safety.
- 7.8 **Director shall:**
 - 7.8.1 Require that, at minimum, a unit safety communication meeting convene at least 10 times per year with member from the unite level.
 - 7.8.2 Maintain detailed safety program.
 - 7.8.3 Ensure that each department head/ supervisor is evaluated on safety performance.
 - 7.8.4 Review projects in their areas for new construction, renovation to ensure that fire protection, safety health, infection control and environmental features are addressed.
 - 7.8.5 Enforce FMS standard, CBAHI, standard. Job procedures, standard safe practices, and safety rules.
- 7.9 **Department Head shall:**
 - 7.9.1 Enforce the unit safety communication meeting and forward minutes after approval to the department director.
 - 7.9.2 Attend at least one safety communication meeting each month.
 - 7.9.3 Review summaries of minutes of safety communication meeting and report significant finding to the department director on quarterly basis.
 - 7.9.4 Review projects in their areas for new construction, renovation to ensure that fire protection, safety health, infection control and environmental features are addressed.
 - 7.9.5 Enforce FMS standard, CBAHI, standard. Job procedures, standard safe practices, and safety rules.
- 7.10 **Supervisors/Safety Liaison Officer shall:**
 - 7.10.1 Report immediately hazards judged to be serious to the department head, security and safety directors, safety committee chairperson or TQM director.
 - 7.10.2 Report accidents involving patients, staff or visitor and direct employees to the family medicine or emergency room.
 - 7.10.3 Coordinate with department head on environmental safety issues.
 - 7.10.4 Train new employee on safety program element, workplace hazards, emergency procedures and location of material safety data sheet within 15 days and ensure that new employee attend the new hire orientation within 30 days of employment.
 - 7.10.5 Assign the roles and duties of their staff in the event of fire or disaster as specified within the unite level fire plans.
 - 7.10.6 Ensure all department employees attend PASS for fire safety training annually, and show them the location of fire alarm station, fire extinguishers, evacuation routes and oxygen valve location.
 - 7.10.7 Issue formal writing to employees who have repeated poor safety performance or who deliberated disregard the safety of others termination should be considered to those who fail to respond.
- 7.11 **Employee shall:**
 - 7.11.1 Report immediately all unsafe condition (hazard) , injuries or illness, to their supervisor.
 - 7.11.2 Observe and practice all safety procedure and use assigned personal protective equipment.

- 7.11.3 Attend all required fire safety, safety, hazardous material, and environmental care (safety) related training sessions.


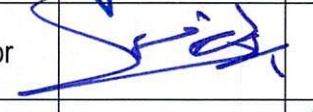
8. APPENDICES:

8.1 N/A

9. REFERENCES:

9.1 Prince Fahd Bin Sultan Hospital Policy and Procedure Kingdom Of Saudi Arabia

10 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 Hezam AlShammari	Hospital Director		January 22, 2025