

DSH Injury and Illness Prevention Program **COALINGA**



Safety Handbook

REVISED MAY 15, 2015

DEPARTMENT OF STATE HOSPITALS-COALINGA INJURY AND ILLNESS PREVENTION PROGRAM

RESPONSIBLE PERSONS

Signature indicates that a copy of the program has been provided and responsibility to implement the program is understood


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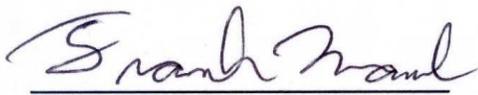
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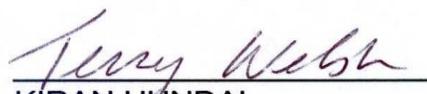
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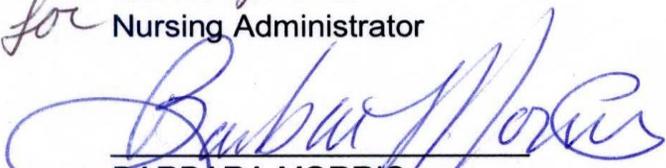
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I. INTRODUCTION

This handbook contains the safety policies and procedures for managers, supervisors, and rank-and-file employees with the California Department of State Hospitals (DSH)-Coalinga. It is established according to the Injury and Illness Prevention Program (IIPP) regulations set forth in the [California Code of Regulations](#)¹. The IIPP may also be referred to as 'Safety Program'. It is the responsibility of all employees to understand and adhere to the standards contained within this handbook.

This handbook recognizes that DSH-Coalinga is a high hazard environment due to the forensic patient population we serve and their propensity for violence against staff and other patients.

While DSH cannot eliminate all risk of violence, the safety of our employees is our number one priority. The policies and procedures contained within are designed to prevent injuries and illnesses and guide employee response when injuries and illnesses occur.

A. SAFETY PROGRAM GOALS

The hospital's IIPP is designed to:

1. Protect the life and physical well-being of employees;
2. Provide a safe and healthy work environment for employees;
3. Provide a safe and healthy environment conducive to the provision of care and treatment of our patients;
4. Identify potential work hazards and initiate reasonable actions to eliminate or control them before they contribute to violence, accidents, injury, or illness;
5. Respond to employee reports of unsafe practices in a timely and effective manner;
6. Make safety a normal part of all work practices and procedures;
7. Develop safe employee attitudes and behavior;
8. Investigate work related violence, accidents, injuries, and illnesses promptly and implement improved prevention methods;
9. Maintain employee well-being and minimize the loss of productivity due to injury;
10. Reduce the frequency and severity of occupational violence, accidents, injuries, and illnesses;
11. Reduce the monetary cost of accidents;
12. Comply with applicable safety-related laws, regulations, and policies.

B. SAFETY PROGRAM EFFECTIVENESS

The primary purpose for reviewing occupational injuries and illnesses is to determine the cause and contributory factors so that appropriate prevention measures can be taken to reduce the frequency and severity of work related violence, accidents, injuries, illnesses,

¹ For further information see California Code of Regulations (CCR) Title 8, Section 3203; Welfare and Institutions Code 4141; and Labor Code Section 6401.7.

and exposures in the future. The success of the department's safety program depends upon the following:

- 1) Accurate assessment of needs in order to best direct safety efforts;
- 2) Integration of injury and illness prevention efforts into all ongoing operations of the department;
- 3) Action by supervisors and managers to implement and enforce various safety guidelines, policies, and procedures of the department;
- 4) The accountability of managers and supervisors for implementation and enforcement of safety regulations, policies, procedures, and protocols;
- 5) Action to set and adjust standards and procedures, train employees, provide safety equipment, identify and correct unsafe practices, and use corrective measures to enforce safety regulations, policies, procedures, and protocols.

There must be a high level of management concern for, and involvement in, safety. A safety program cannot be successful without managerial commitment. All managers must have a personal involvement in the safety program on a continuing basis. First line supervisors are a focal point for worksite safety, and their involvement is critical to an effective program. The visible interest by managers and supervisors in the safety program provides a positive example to all employees.

Employee participation at all levels is equally important for a successful safety program. The chances for a successful program increase as employee support is solicited and encouraged. If employees have a genuine part in the program, they are more likely to be committed to its success.

II. SAFETY PROGRAM RESPONSIBILITY

The IIPP-Administrator for DSH-Coalinga is the Health & Safety Officer and can be reached at (559) 935-4046 (The current Health and Safety Officer can be found on the signature page of the IIPP.)

Safety Program authority: The Health & Safety Officer as the Safety Program Administrator has the authority and responsibility for implementing the provisions of this plan for DSH-Coalinga

Program Location: The IIPP is located on the DSH-Coalinga Intranet/Quick Links/IIPP Manual, and hard copies are located in the offices of all Administrators, Departmental and Program Supervisors/Managers, and Nursing Stations of every operational unit.

A. RESPONSIBILITY OF EMPLOYEES

DSH-Coalinga employees are responsible to always act safely and to promptly report all work related violence, accidents, injuries, illnesses, and exposures to a supervisor. Employees will adhere to the Code of Safe Practices for their location (Section III-A), which

identifies conduct expected of employees that is designed to ensure a safe work environment.

To maintain a safe work environment, all employees shall:

- 1) Adhere to the DSH Code of Safe Practices;
- 2) Immediately communicate all safety concerns to their immediate supervisors;
- 3) Conduct all work with safety as a primary concern.

B. RESPONSIBILITY OF SUPERVISORS/MANAGERS

Each Program Director/Department Head has authority and total responsibility for maintaining safe and healthful working conditions within their jurisdiction. Although employee exposure to hazards varies widely in the work activities, it is expected that an unrelenting effort will be directed toward training, injury control, and prevention of collisions, liabilities, and wasted materials.

A Supervisor has full responsibility for the safe actions of the employees and the safe performance of machines and equipment within the operating area. The Supervisor has full authority to enforce the provisions of the safety policy to keep losses at an absolute minimum. Directors, Managers and Supervisors work collaboratively with the Health & Safety Office to minimize risks and hazards to staff, including environmental factors and patient aggression.

Supervisors, Managers, and Directors should:

- 1) Conduct frequent and thorough reviews of work areas to maintain employee safety;
- 2) Encourage and reward safe practices exhibited by employees;
- 3) Discipline workers for failure to comply with safe and healthful work practices;
- 4) Immediately correct all safety issues when made aware;
- 5) Report all issues to the Health and Safety Office that cannot be immediately corrected;

The immediate supervisor of the injured or ill employee is to take the following actions:

- 1) Ensure that injured workers receive necessary medical care;
- 2) Make every effort to ensure that any cause of the injury or illness is no longer a danger (See Section IX-A for Risk Mitigation);
- 3) Conduct a thorough review of the circumstances to determine the root cause and memorialize the event in writing; make a report using Self-Report of Minor Injury/Illness (DSH-Coalinga 014) and deliver to the Health & Safety Office within 24 hours. Complete and document all investigation processes and findings on the reverse side (page 2), Illness/Injury Investigation, and deliver the completed form to the Health & Safety Office within 48 hours. If the injury resulted from patient aggression, additional information will be requested, including a Post-Assault Questionnaire;
- 4) A "Worker's Compensation Claim" Form (DWC1/SCIF 3301) shall be presented to an employee no more than one working day from employer's date of knowledge of injury when, as a result of a work-related illness/injury, the employee requires outside medical

evaluation/treatment and/or an employee misses any time from work. The Supervisor will then complete the "Employer's Report of Occupational Injury or Illness" (SCIF 3067) and deliver the report to the Return-to-Work Coordinator within 72 hours;

- 5) In the case of death or serious injury of employees, visitors, or volunteers, the supervisor must **IMMEDIATELY** notify by telephone:
 - a. Normal business hours: The Health and Safety Officer/designee;
 - b. Off-hours, holidays, or weekends: The Nurse of the Day (NOD) Office shall be notified who in turn shall notify the Executive Officer of the Day (EOD)

C. RESPONSIBILITY OF THE HEALTH AND SAFETY OFFICE

The Health and Safety Officer shall be responsible for the overall coordination of all phases of the Safety Program and the Health and Safety Office (H&SO). The H&SO acts in an advisory capacity on all matters pertaining to safety. Through the cooperation of all treatment, support services, and management staff, unsafe work practices and conditions shall be identified and corrected. The H&SO works collaboratively with Directors, Managers, and Supervisors to assist in eliminating, minimizing and/or mitigating hazards within the work environment.

- 1) Develop, in cooperation with all treatment and support services, a facility-wide Environment of Care Inspection Team to identify and help correct unsafe work practices and conditions. Review results of surveys, recommend actions to correct deficiencies, and maintain appropriate records;
- 2) Maintain administrative liaison with the Occupational Health Clinic and offsite Industrial Medicine Clinics;
- 3) Investigate and analyze injuries reported to the H&SO and determine whether appropriate corrective action has been taken;
- 4) Whenever there is a case involving suspected, reported, or otherwise reasonable belief that acts of fraud have been committed or involved, a follow-up investigation by State Compensation Insurance Fund will be initiated;
- 5) Participate in the following health and safety-related committees:
 - a. Health & Safety Committee
 - b. Workplace Security Committee
 - c. Emergency Preparedness Meetings
 - d. Infection Control Meetings
 - e. Joint Contraband Committee
 - f. Return-to-Work Meetings
- 6) Initiate safety corrections through contact with supervisory personnel, unless expense or change of policy is involved, in which event the subject is to be presented to the Health and Safety Committee for recommendation and possible approval by the Executive Policy Team;
- 7) Perform detailed periodic inspection of buildings and equipment for the purpose of eliminating potential causes of injury. This includes work practices, housekeeping, fire and evacuation protocol, construction, and building alterations;

- 8) Maintain liaison and cooperate with public agencies in matters of safety, including inspections;
- 9) Act as a liaison with Sacramento Enterprise Risk Management Branch;
- 10) Keep written records of injury prevention activities and report to the Safety Committee on all actions taken and findings and recommendations made;
- 11) Maintain Cal/OSHA records for job-related ill or injured employees. Record keeping includes *Cal/OSHA Form No. 300 (Log and Summary of Occupational Injuries and Illnesses)*;
- 12) Establish an injury reporting system that includes a mechanism for investigating and evaluating all employee injury and illnesses and for documenting the review of all such reports and actions taken. Investigate and analyze injury reports to seek causes, establish trends, and determine whether appropriate corrective action has been taken;
- 13) Coordinate activities with the Training Department to provide safety education and training as required. Present Safety Orientation to all new employees;
- 14) Coordinate activities necessary for providing disability compensation to employees who qualify;
- 15) Meet with Program Directors and Department Heads, as requested, to review the status of employees on Worker's Compensation and to discuss concerns regarding identified patterns of recorded employee injuries, causes of injuries attributed to poor safety practices in the Programs or Departments;
- 16) Meet with the Hospital Administrator, Assistant Hospital Administrator, Human Resources Director, and Employment Relations Officer as needed to conduct pre-settlement reviews of key cases;
- 17) Meet as needed with appropriate managers to address urgent safety matters that require immediate attention;
- 18) Maintain communication with the State Compensation Insurance Fund and attend Worker's Compensation Appeals Board conferences, hearings, and Vocational Rehabilitation conferences as needed;
- 19) Represent Coalinga State Hospital during planning and strategy meetings concerning safety and regulatory agencies, such as: The Joint Commission, Cal/OSHA, California Department of Public Health, Emergency Medical Services Authority, Office of Emergency Services, State Fire Marshal, etc.
- 20) Coordinate and monitor compliance with various licensing and accrediting agencies. Act as a consultant to facility staff on matters concerning safety, maintains knowledge of local, state, federal regulations and safety publications;
- 21) Intervene whenever conditions exist that pose an immediate threat to life or health, or pose a threat of damage to equipment or property.

D. RESPONSIBILITY OF EXECUTIVE TEAM

The Executive Team is responsible for policy formation, decision making, and enforcement of rules and regulations at DSH-Coalinga. The Executive Team shall provide management, communication, and administrative services in a manner that ensures an effective operational environment conducive to the health, safety, and

security of employees and patients. The current members of the Executive Team (consisting of the Executive Director, Medical Director, Clinical Administrator, Hospital Administrator, and Nursing Coordinator) can be found on the signature page of the IIPP. The Executive Team can be contacted at (559) 935-4364.

III. SAFETY COMPLIANCE PROGRAM

California Department of State Hospitals (DSH)-Coalinga will provide every employee with a safe, healthy, and secure work environment.

To maintain a safe work environment, DSH must ensure that employees comply with the policies and procedures designed to promote safety, as described in this document. Enforcement of safe work practices plays a vital role in prevention of work related injuries/illnesses. Managers and supervisors are in charge of ensuring compliance with established safety rules and practices. Corrective action of unsafe acts is necessary and may involve progressive disciplinary action.

Our system of ensuring that all workers comply with the rules and maintain a safe work environment includes:

- 1) Informing workers of the provisions of our IIPP Program;
- 2) Evaluating the safety performance of all workers;
- 3) Recognizing employees who perform safe and healthful work practices;
- 4) Providing training to workers whose safety performance is deficient;
- 5) Disciplining workers for failure to comply with safe and healthful work practices.

A. CODE OF SAFE PRACTICES

Department of State Hospitals-Coalinga (DSH-C) strives to protect employees from accidents, injuries and/or occupational disease while on the job. Safety is a cooperative undertaking requiring employees be safety conscious at all times. If an employee is injured, prompt action is taken to see that the employee receives treatment. No one likes to see a co-worker injured by a preventable accident; therefore, plan all work operations to help prevent accidents. To carry out this policy, the following rules will apply:

- 1) All employees shall follow the DSH Code of Safe Practices and rules contained in this manual and such other rules and practices communicated on the job. All employees shall report all unsafe conditions or practices to their supervisor;
- 2) The Health & Safety Officer shall be responsible for monitoring the implementation of these policies by insisting that employees observe and obey all rules and regulations necessary to maintain a safe workplace and safe work habits and practices;
- 3) All employees will practice good housekeeping at all times in the work area;
- 4) Employees shall wear suitable clothing and footwear at all times;
- 5) All employees will participate in monthly Work-Site Safety Meetings;
- 6) Anyone under the influence of intoxicating alcohol or drugs, including prescription drugs, shall not be allowed on the job;

- 7) Horseplay and other acts that tend to have an adverse influence on safety are prohibited;
- 8) Employees are not permitted to work while their ability/alertness is so impaired by fatigue, illness, or other causes that it might expose the employee or others to injury;
- 9) Employees shall ensure all guards and other protective devices are in place and adjusted. Employees shall report deficiencies promptly to their supervisor;
- 10) Employees shall not handle or tamper with any electrical equipment, machinery, air or water lines in a manner not within the scope of their duties, unless they have received specific training;
- 11) Report all injuries to your supervisor and annotate on a Self-Report of Minor Injury;
- 12) When lifting heavy objects, bend at the knees not at the waist;
- 13) Report any physical hazards or unsafe acts to the supervisor immediately;
- 14) Do not throw objects;
- 15) Ample rest and good health are a necessity for a safe work environment;
- 16) Employees with any type of infectious illness should stay home and rest;
- 17) Approach swinging doors with caution. Use vision panels to check for clearance before opening doors. If there are no vision panels, open doors with caution;
- 18) Post warning signs in areas as needed;
- 19) Employees performing a task should be well-acquainted with safe work procedures. Do not take shortcuts;
- 20) Never block aisles or exits with furniture or other solid objects, even temporarily.
- 21) Close drawers and file cabinets immediately after use;
- 22) New or transferred employees should be oriented to hazards specific to the work-site;
- 23) All employees should know the Fire Safety Plan and be acquainted with the locations of fire alarms and extinguishers in their work areas;
- 24) Filing cabinets over 5' tall should be anchored to the wall or floor. Evenly distribute items from bottom to top to prevent tipping. Secure items that could present a hazard during an earthquake, such as large heavy items;
- 25) Inventory and mark tools in accordance with Tool Control Inside Security. To establish a uniform and consistent method for controlling and accounting of any and all tools used, either temporarily or permanently stored in the secured perimeter of DSH-Coalinga;
- 26) Floors should be even and in good repair. Submit work orders and notify the supervisor of torn carpet, loose tile, etc.;
- 27) All electrical equipment shall meet UL standards;
- 28) Employees shall not bring in electrical equipment without requesting it through their supervisor and until it is checked by Plant Operations. When it is absolutely necessary to do so, prior approval of the employee's Department Head shall be obtained by memorandum with appropriate approval/disapproval methods and shall not contain any contraband;
- 29) Position electrical cords and cables under desks or along walls to prevent slip/trip/fall hazards;
- 30) Use step stools or ladders for objects that are out of reach;
- 31) Do not use chairs to propel yourself around;

- 32) Use Standard Universal Precautions (refer to Infection Control Manual);
- 33) Read the Safety Data Sheet before handling all chemicals;
- 34) Use Lock - Out Tag procedures when repairing or cleaning equipment;
- 35) Training shall be provided before employees are assigned a new task or allowed to work with equipment for the first time.

Given our forensic patient population, the following rules apply to all staff involved in patient interactions:

- 1) Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients during escorts, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them;
- 2) Make sure your Personal Duress Alarm System (PDAS) tag is charged, activated, and performs prior to your shift;
- 3) If possible, have two employees assigned to work projects in patient areas. If working independently, inform other employees about location and expected duration of work and attempt to remain in areas visible to other staff members;
- 4) Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms;
- 5) Attend daily change of shift meetings to inquire about the status of patients and report any observations indicative of potential risk;
- 6) When a patient's behavior suggests that they may imminently assault you or a fellow staff member, activate your personal alarm. These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members;
- 7) When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, attempt de-escalation techniques. Specifically, offer a chance to talk to a trusted staff member, spend time in the side room or courtyard, or offer a dose of medication;
- 8) When a patient's behavior suggests that they are at risk of becoming physically aggressive in the near future, document the observations in the patient's chart, and notify the other members of the treatment team of these observations. Concerning behaviors can include an increase in the frequency or severity of psychiatric symptoms or paranoia about certain staff members;
- 9) Attend yearly trainings on Therapeutic Strategies and Interventions (TSI) to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally defuse the situation;
- 10) In the event of physical containment of a patient, use proper TSI techniques and utilize any necessary protective equipment, such as gloves, spit guard, or containment blanket;
- 11) When there are tensions between multiple patients and concerns about fights that may put staff members at risk for assault, call Hospital Police Department Officers or staff from a nearby unit to come to the unit;
- 12) If working in a patient housing or treatment area, alert unit-based staff members of the location and nature of the work;

- 13) Ensure that all tools, utensils, and instruments are safeguarded using departmental tool count procedures. When possible, restrict patient access to areas where work involving tools or instruments is occurring;
- 14) Communicate with fellow staff members about leaving the unit and how long you may be gone.

A special supplement to the Code of Safe Practices, *Keeping you Safe in the Workplace*, can be found in the Addendum Section, starting on the last page of this IIPP.

B. WORKPLACE SECURITY POLICY

Any employee who intimidates, threatens, or takes violent actions against others will be subject to adverse action up to and including termination. If necessary, the Department will refer additional action to internal, local, or state law enforcement agencies.

Any patient who intimidates, threatens, or takes violent action against employees and/or peers may be subject to any or all of the following: intervention by the Treatment Team, enhanced observation, Hospital Access System level review, and other therapeutic actions as deemed necessary. Any action taken shall be corrective, not punitive. If a crime is committed or weapon utilized, DPS will investigate the crime and submit the case to the District Attorney's Office for prosecution.

All employees receive training on the overview of the Special Incident Report (SIR) process and related policies during New Employee Orientation (NEO).

New employees receive training on awareness of violence prevention, risk factors, reduction, and management, as well as response strategies to patients in crisis. All employees are trained in Therapeutic Strategies and Interventions (TSI) during NEO and annually thereafter in Annual Review Training (ART). TSI is a measure taken for prevention of assaultive acts. The protection of staff and patients is the highest priority.

In the event that a crime is occurring or a weapon is being brandished, the Department of Police Services (DPS) officers will assume primary responsibility for taking control of the crime scene and disarming the patient or patients involved. All other staff will be responsible for crowd control and provide assistance upon the request of DPS officers.

As part of the ongoing process to mitigate potential hazards, a Post-Incident Review is conducted and a Post Incident Review Form (DSH-Coalinga 230) is completed for each incident involving TSI physical intervention and for each incident involving team formation into crisis intervention mode when physical intervention is avoided. The goal of this review process is to help team members work together safely in an assaultive or crisis incidents, to discuss actions and choices made during the incident, and to suggest and rehearse identified opportunities for improvement as.

The H&SO IIPP Analyst will review and gather information, investigate the incident (as indicated) for environmental factors or other information that may be beneficial to the clinical treatment teams to mitigate the reoccurrence of violence.

Given the complexity of assaults in a psychiatric environment, staff response will vary widely. All staff members are advised to complete a Post Assault Questionnaire, which may help DSH-Coalinga prevent future assaults. DPS will launch their own investigation and provide staff with information regarding victim rights and resources.

Critical Incident Debriefing will be provided to employees of the DSH-Coalinga following critical incidents where the Executive Director believes the emotional response may compromise the well-being of employees, patients, and/or hospital operations. Employees are advised to take advantage of Employee Assistance Program services.

C. Health & Safety Policy

There shall be an effective safety management program that is designed to provide a physical environment free of hazards and manage activities to reduce the risk of injury and illness to employees, patients, and visitors at the Department of State Hospitals-Coalinga (DSH-C). Staff and patients are responsible for actively participating in all aspects of the hospital's Health and Safety Program. Please see Administrative Directives #979, Hospital Health and Safety Program.

IV. SAFETY COMMUNICATION PROGRAM

The purpose of this section is to identify channels of communication for receiving and disseminating safety information. DSH-Coalinga's system of communication includes:

1. Safety Tailgate/Briefing Meetings;
2. Staff Meetings;
3. Safety Committee Meetings;
4. DSH-Coalinga Intranet;
5. Safety Bulletins;
6. Required Postings;
7. Posters, Inserts, News Letters, and Mailings.

Employees are encouraged to submit ideas for improving safety in the workplace. Employees may submit observations and ideas through the following communication channels:

1. Employee's immediate supervisor/manager;
2. Monthly worksite safety meetings;
3. DSH-Coalinga Employee Suggestion Form (DSH-Coalinga 021) is located in various worksites and on the DSH-Coalinga Intranet;
4. DSH-Coalinga Intranet-Suggestion Box;
5. Safety Liaisons;
6. Union Stewards;

7. The Health and Safety Officer;
8. Health & Safety Staff;
9. Annual review of our IIP Program;
10. Regular safety meetings (See SAFETY COMMITTEES).

Program Directors, Unit Supervisors, and Department Managers/Supervisors are encouraged to conduct weekly safety topic tailgate/briefings, separate from or as a part of regular staff meetings and above required monthly tailgate/briefing meetings. These informal discussions will encourage positive accident and injury prevention communication and present an opportunity for employees to report unsafe conditions they have discovered.

A. SAFETY COMMITTEES

Safety committees are established to assist supervisors/managers in meeting the objectives of the safety program. Regular committee meetings encourage discussion about safety at all levels. These committees are responsible for consistently and regularly improving and updating safety standards.

Each state hospital and Sacramento shall establish an Injury and Illness Prevention Committee, hereafter referred to as the Safety Committee, comprised of hospital management and employees designated by the hospital's Executive Director in consultation with the employee bargaining units. The committee shall be responsible for providing recommendations to the Hospital Director for updates to the Injury and Illness Prevention plan. The committee will meet monthly, but shall not meet less than four times per year.

The Safety Committee will be responsible for:

- 1) Developing hospital safety program goals and objectives;
- 2) Analyzing the effectiveness of the Illness and Injury Prevention program by regularly evaluating all relevant safety and violence reports;
- 3) Reporting its findings to the Executive Director along with a recommended course of action;
- 4) Making recommendations for safety education and training;
- 5) Ensuring checklists and techniques for safety compliance are current;
- 6) Sharing information through regular meetings as a means of building a responsive and coordinated solution to problems;
- 7) Identifying matters of statewide interest and reporting them to the Statewide Safety Committee;
- 8) Safety Committee minutes will be distributed monthly to all DSH-Coalinga Supervisors/Manager, Committee members and attendees, and Quality Improvement Department.

The Statewide Safety Committee is designed to improve effectiveness of communication between all DSH locations. The committee will meet monthly, at a minimum. It will include Health and Safety representatives from each DSH location. The Enterprise Risk Management Branch in Sacramento is responsible for the organization and coordination of this committee's schedule and agenda.

B. OTHER COMMITTEES

Committees are a valuable management tool for addressing issues by gathering information, investigating options, and offering recommendations from a broad-based membership. These recommendations assist management in decision-making and formulating policy². All required hospital committees are identified in AD #202.

DSH-Coalinga has established Monthly Work-Site Safety Tailgate/Briefing Meetings for each Program/Department. Program/Department Heads are responsible for developing and implementing an employee meeting structured to analyze safety incident trends, identify environmental hazards, discuss necessary training, and recommend actions to alleviate hazards. Monthly minutes are forwarded to Health & Safety no later than the 10th of the following month for review and/or possible action. The following areas will be addressed:

- 1) Accident/Injury review
- 2) Safety security/environmental rounds inspections
- 3) Safety training
- 4) Safety suggestion/concerns

As a component of the departmental safety program, DSH conducts various levels of review. The primary purpose of reviewing serious accidents/incidents is to gather and distribute information which may be useful in preventing a similar occurrence, to detect design, procedural training, and enforcement deficiencies; to detect and document departmental liabilities; to mitigate risk of patient violence and aggression; and to comply with state and federal regulations.

C. SAFETY SUGGESTIONS

Safety Suggestion forms and submissions to the Anonymous Tip Box are designed to report non-urgent, non-life-threatening safety issues.

Employees will immediately report all safety problems or concerns to their supervisor as soon as they are observed or discovered. Unsafe conditions, work practices, procedures, and/or equipment will be documented by the employee on the employee Safety Suggestion Form. Employees will submit this form to their supervisor for corrective action. Supervisors will take necessary action to correct the hazard. If the hazard is not within the supervisor's immediate control to correct, they will submit a work order, if applicable, and forward the Safety Suggestion Form to the HSO. The Supervisor will respond to the reporting employee within 3 business days, identifying the corrective action that will be taken. The HSO is responsible to verify the hazard has been corrected. Safety Suggestion Forms will be kept on file in the reporting unit's safety file. If forwarded to the HSO, the HSO will maintain a safety file for that unit to monitor safety performance.

- 1) **Employee Safety Suggestion Form**: Employees may use the Employee Safety Suggestion Form (DSH-Coalinga 021) to communicate occupational health safety

² For further information see Administrative Directive #202, Hospital Committees

matters. The form is available on the DSH-Coalinga Intranet Home Page under Quick Links/Approved Forms/Health & Safety, as well as individual worksites. The form is to be completed and routed through the appropriate chain of command (employees may route anonymously):

- a. **Level of Care Staff**: Shift Lead, Unit Supervisor, Nursing Coordinator, Program Director or Department Head.
 - b. **Non-Level of Care Staff**: Immediate Supervisor, Program Director or Department Head.
- 2) **The Employee Safety Suggestion Form** requests the following information:
- a. The problem or concern
 - b. The suggestion for resolution
 - c. Benefits expected

Employees may remain anonymous if they desire; however, this will make it difficult to provide the employee with special recognition if their suggestion is put into action. Forms can also be deposited in one of the following locations:

- 1) California Department of Corrections and Rehabilitation Sallyport
- 2) Administration Building Lobby
- 3) DSH-Coalinga Intranet - Online Suggestion Box
- 4) DSH-Coalinga Intranet - Anonymous Tip Line

D. SAFETY NOTICES

Safety notices provide timely distribution of safety information that can potentially reduce the number and severity of work related violence, accidents, injuries, illnesses, and exposures.

These notices will be generated from several sources such as but not limited to California Occupational Safety and Health Administration, California Governor's Office of Emergency Services, California Department of Public Health, and the Safety Committees. Ideas and recommendations for advisories, bulletins, and suggestions should be submitted to the Health and Safety Officer. Safety information can and will be distributed through a variety of methods. DSH-Coalinga's primary means of disseminating information as quickly and widely as possible will be via DSH-Coalinga All Staff E-mail. The following notification e-mails will begin with the below red lettering in all caps.

**THIS IS A DSH – COALINGA ALL STAFF E-MAIL NOTIFICATION – PLEASE DO NOT RESPOND
MANAGERS AND SUPERVISORS – PLEASE PRINT, POST AND SHARE WITH ALL STAFF**

- 1) **Safety Alert** - Alert messages should be reserved for critically important information where loss of property and/or life is potentially imminent. Alert messages are time-sensitive and require you to take immediate actions (e.g., Severe Weather Warning, Gas Leak, Wild Land Fire, Unauthorized Absence, Security Threat)

- a. Issued by the Executive Director, Hospital Administrator, Health and Safety Office, or Enterprise Risk Management Branch - Sacramento.
 - b. Format will include the words, "SAFETY ALERT", in the subject line of the e-mail, paper distribution, or combination.
- 2) **Safety Advisory** - Advisory messages are intended to communicate important, need-to-know information. Advisories should be considered less time-critical than alerts and require a heightened awareness from employees.
- a. Issued by the Executive Policy Team, Health and Safety Office, or Enterprise Risk Management Branch -Sacramento.
 - b. Used to raise awareness in specific areas, to specific identified hazards. (e.g., Allergy Warnings, broken equipment, unsafe conditions, etc.)
 - c. Format will include the words SAFETY ADVISORY in the Subject Line.
- 3) **Safety Suggestion**
- a. Suggested safety information impacting employees. Personal safety tips, holiday, daylight savings, safety tips, and local safety information with potential impact to DSH employees.
 - b. Issued by the Health and Safety or Enterprise Risk Management Branch - Sacramento.
 - c. Format used can include email, paper posting, paper distribution, or a combination.

D. SAFETY TAILGATES/BRIEFINGS

These short and informal meetings are designed to improve local communication about safety. Supervisors and managers are encouraged to conduct, once a month (at the very minimum), safety tailgate/briefing meetings as a part of normal staff meetings or as a separate meeting. Topics can include those discussed in recent safety committee meetings, those suggested by employees, and any risks or hazards observed since the previous meeting. However, topics should be relevant to the tasks and environment in which the employees work.

E. REQUIRED POSTINGS

- 1) Cal/OSHA Injury/Illness Summary:
Copies of the Cal/OSHA Injury/Illness Log Summary for DSH-Coalinga are posted in the Health & Safety Office and outside the Personnel Office located in the Administration Building and in the CDCR Entrance during the months of February, March, and April each year.
- 2) Safety Posters:
Cal/OSHA required posters are displayed:
- a. Staff Lounges and/or Work Rooms;
 - b. Staff Library;
 - c. Employee Bulletin Boards.

3) Other posting as required:

Occasionally H&S will have to post non-annual information (OSHA citations, asbestos notifications, etc.) This information will be posted in the Health & Safety Office, outside the Personnel Office located in the Administration Building, and in the CDCR Entrance, or the area affected area.

4) Asbestos Notifications/Screening Program:

As required by law, upon receiving notification of asbestos containing material being present at identified locations, the facility shall provide notification to all employees within 15 days. In addition, all new employees will be notified at the time of hire. Employees will receive asbestos notifications on an annual basis.

Asbestos handling procedures are specified in the Plant Operations Manual³. Employees assigned to work with asbestos shall receive proper training and be required to follow the procedures as outlined.

When any construction, maintenance, or remodeling is conducted in an area of a building where there is the potential for persons to come into contact with, or to release or disturb any asbestos containing material, a warning notice shall be posted in that area, and evacuation of that area may be required.

Employees assigned to work with asbestos shall be provided, at no cost to the employee, a comprehensive medical examination. The asbestos medical screening includes chest x-rays and pulmonary function studies. These tests shall be repeated annually for workers who are over 40 years of age and who have worked in a risk area of possible exposure for 10 years or more. Those workers under 40 years of age or who have worked less than 10 years with asbestos will only need to receive these tests every three years.

The buildings of this facility have been surveyed for asbestos containing materials. Results of the survey will be kept on file in Plant Operations and will be made available for review upon the employee's request. Upon receiving such notification, this facility shall comply with Legislation (AB3713) as stated above. Further information on asbestos notification, procedures, screening, etc., may be obtained from Plant Operations.

V. RISK ASSESSMENT AND SAFETY INSPECTION PROGRAM

Hazard assessments of the EOC are made up of three basic elements; 1) The building or space, including how it is arranged and special features that protect patients, visitors and

³ For further information see California Code of Regulations, Title 8, Section 5208

staff; 2) Equipment used to support patient care or to safely operate the building or space; 3) People, including those who work within the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing tasks. This section describes all DSH inspections and efforts designed to reduce risk in these three elements.

It is the policy of the DSH to conduct proactive Hazard Assessments of the work environment on at least an annual basis. The Hazard Assessment is used to evaluate the impact of the environment of care on safety. Impact may include disruption of normal functions or injury to individuals. The Hazard Assessments will be used to identify the need for performance improvement in order to mitigate the risk.

Periodic scheduled and un-scheduled Hazard Assessments shall be required. Hazard Assessments shall include a process for setting deadlines and priorities for the correction of safety and security deficiencies, and for informing management that Hazard Assessments and corrections have been completed. Hazard Assessments help keep management informed of the types of security, facility, equipment, and worker safety problems that are occurring.

Hazard Assessments shall include but are not limited to the following:

A. SAFETY INSPECTIONS

1) EOC Inspections identify risk associated with the environment of care.

The HSO or designee shall be assigned to the EOC Inspections Team. The HSOs primary role is to focus on potential and actual risks related to physical safety hazards and safety engineering controls. Physical safety risks include any physical plant hazards that may contribute to accidents, injuries, illnesses, and exposures inherent to a health care setting. The EOC within DSH facilities includes and increased risk of violence upon staff by patients. The EOC inspection will examine for physical plant contributors to these potential risks.

EOC inspections shall include an evaluation of the impact of the environment of care on safety, and will be used to identify the need for performance and/or process improvements in order to mitigate the risk associated with violence and safety hazards.

EOC inspections shall be conducted:

- a. Every 6 months in living units;
- b. Once a year in all other support areas;
- c. As needed in the interior and exterior of the workplace for adequacy of health, safety, and security;
- d. When new units, facilities, or equipment become operational;
- e. When significant changes or modifications to units, facilities, or equipment are undertaken.

2) EOC inspections must include assessment for:

- a. Risk posed by physical plant operations, machines, and equipment. Examples include:

1. Lighting controls and coverage, unit visibility control, availability of emergency escape routes, vegetation control, and physical barriers including perimeter fencing, barricades, patient out-of-bounds controls, etc.;
 2. Controlling access to the workplace and freedom of movement within it, consistent with patient care and the appropriate emergency response plan (See EMERGENCY ACTION PLANS);
 3. Ensuring adequacy of workplace security systems such as alarm and notification systems, door locks, restraint systems, security windows and bars, patient out-of-bounds barricades and signage, perimeter fencing of the Secure Treatment Area (STA), cameras, metal detectors, key controls, etc.;
 4. Reviewing and revising patient grounds access policies and status as needed, but no less than annually
- b. Risk posed by work tasks, procedures, and protocols. Examples include:
1. Monitoring patients on secured treatment area access, maintaining coverage while staff responds to alarms and emergencies in other areas of the facility, etc.;
 2. Implementing interim safety measures when a hazard exists, which cannot be immediately corrected or repaired. These measures may include: distributing safety whistles, screamer alarms, unit radios, and scanners; and/or a temporary change to standard protocol(s), and are the responsibility of the supervisor of impacted staff, to determine;
 3. Having effective grounds policies;
 4. Ensuring emergency response assignments been made for unit staff, at the beginning of each shift.
- c. Identifying and sharing information about heightened hazards from patients;
1. Disseminating information about any changes on individual living units.
 2. Observation for unsafe work practices;
 3. Potential risks associated with patient violence (SEE SECTION V- PATIENT VIOLENCE).
- 3) Environment Safety Surveillance Program
- The surveillance shall include an EOC Inspection Team member and safety representatives from each Program/Department. It is the policy of DSH-Coalinga to identify, evaluate, and correct physical plant issues and unsafe practices that present unacceptable risk to patients, employees, visitors, and volunteers.
- a. **Employees**
All employees are responsible to correct or report unsafe conditions to the appropriate supervisory personnel.
 - b. **Safety Representatives**
Safety Representatives or assigned personnel shall conduct monthly inspections of the work area in their Department/Program. The representatives shall report

immediately to supervisory and/or management any unsafe condition(s) or practices seen during inspection or at any other time.

c. **Supervisors**

Supervisors and Managers of each work area are responsible for seeing that all identified unsafe conditions are corrected. Supervisors shall report unsafe conditions, which cannot be corrected immediately, to the appropriate department/program. If the unsafe condition is not corrected in a reasonable amount of time, the H&SO should be notified.

d. **Department Heads/Program Directors**

These administrators will receive a written report of any deficiencies and are responsible for providing a written Plan of Correction (POC) to the H&S Office within 7 days of notice. All POCs should be completed within 30 days. Upon notice of completion, the H&S Office will conduct on-site audits to verify completion. The H&S Office will provide compliance reports to the Executive team on a monthly basis.

4) **Security/Violence Hazard Inspection**

The Department of State Hospitals conducts pro-active risk assessments of the environment on a constant schedule which is essential for the safety and security the staff, patients, visitors, and the public.

- a. Daily outside inner and outer security perimeter checks are conducted by the DPS;
- b. Daily security inspections are conducted on each unit, by unit staff. The Unit Supervisor/Residential Recovery Unit (RRU) Sergeant is responsible for designating assignments by shift and ensuring compliance, with reports kept on file on the unit;
- c. Weekly random searches and inspections are conducted by unit staff. All patients' personal areas shall be thoroughly searched each week. Within every calendar month, all other areas of the unit shall be inspected as a result of a randomized system approved by the Unit Supervisor/RRU Sergeant;
- d. Close attention to employees and patient monitoring is essential for security operations within the facility. Monitoring is the responsibility of all staff behind security, including administrative staff, clinical personnel, DPS, maintenance, and housekeeping staff;
- e. CSH has established a Risk Management system that includes performance improvement processes to identify and reduce risk. Staff shall ensure that standardized procedures, utilizing a hierarchy of interventions, are used when addressing identified risk, behavioral and medical incidents;
- f. Every employee shall support the hospital's Relationship Security program through ongoing "caring watchfulness" of self and others to prevent boundary problems from becoming policy violations or serious security hazards.

5) **Law Enforcement**

Hospital Police Officers will respond to all alarms. A Law Enforcement Intervention will occur if a crime is being committed, is likely to be committed, or has been committed, if an arrest is necessary, or to ensure facility security. See [AD 868](#) for further details.

6) Title 19 Inspections

The Fire Department conducts annual Fire and Life safety inspections of all buildings and grounds as directed by the CCR Title 19, and every 6 months in patient living areas to safeguard life and property from the hazards of fire and eliminate conditions hazardous to life or property in the use of buildings and grounds.

7) Outside Agency Inspections

May include (but are not limited to): The Joint Commission, Department of Public Health, State Fire Marshal, Department of Industrial Relations-Cal/OSHA, Fresno County Department of Agriculture, and Air Pollution Control.

8) Ergonomic Evaluations

Identifies risk posed by work tasks, procedures, and equipment. Ergonomic Evaluations are conducted according to the Department's Ergonomics Program.

B. VIOLENCE REDUCTION AND MITIGATION PROGRAMS

- 1) Upon admission to DSH-C, each patient is screened for risk of violence. DSH-Coalinga uses the HCR-20 and the Short-Term Assessment of Risk and Treatability (START) to conduct and document violence risk assessments of patients. Psychologists administer, score, interpret, and document the results of these assessments and collaborate with the Treatment Plan Team (TxT) to develop interventions to manage or reduce incidents of violence. In addition to the admission assessment process, whenever personal, historical, contextual, or clinical factors for a patient change, the patient will be reassessed for violence risk using START. Psychologists receive ongoing training on assessing and managing the risk of violence.

C. SAFETY EQUIPMENT TESTING

- 1) Regular Alarm testing:
 - a. Fire Alarms: Testing and preventive maintenance is performed by Fire Services quarterly and certified annually by a contractor;
 - b. Duress Alarms: Red Duress buttons are located throughout the Administration building and can be used for emergency purposes;
 - c. Red Light Alarm: A red light alarm is activated when an employee depresses the large button on top of their Personal Alarm Device (PAD) or when they hit the central button on their Personal Duress Alarm System (PDAS);
 - d. Personal Alarm Devices: All employees shall test their PAD or PDAS every time they enter the pedestrian sallyport:
 1. Press the large button at the top of the alarm and look to see if the light on the testing sensor begins to flash. Employees not in possession of a functional PAD or PDAS will notify the Key Control Officer to obtain a temporary/loaner alarm;

2. California Department of Corrections and Rehabilitation (CDCR) will monitor staff to ensure that PADs or PDAS' are tested before entering the secured area. Signage is in place at the sallyport entrance to remind employees to test their PADs and PDAS';
 - e. Screamer Alarms: A battery operated alarm, are tested and documented on monthly basis by unit staff or designee to ensure batteries are in working order. The Unit Supervisor will be responsible for ensuring tests are completed monthly;
 - f. Unit/Off-Unit Alarm Sensors: With coordination from the Communications/Dispatch Center, all facility alarm sensors are tested bi-annually. DPS also conducts testing of all Unit/Off-Unit Alarm Sensors on a weekly basis;
 - g. Visual alarms (Flashing Lights and Strobe Lights): These lights are affixed to the fire alarm system and tested annually.
- 2) Regular Alarm Functionality Testing: The Department of Police Services and Plant Operations test all security alarm systems (Duress and Red Light) in the facility on a monthly basis and produce a report identifying all deficiencies.
 - a. For fixable repairs, a work order will be submitted. The Supervisor of the impacted area is responsible to ensure all repairs have been completed. The Health and Safety Office will be notified upon correction to visually verify the repair is complete.
 - b. For design flaw deficiencies, each hospital will implement interim safety procedures. Supervisors are responsible to ensure all impacted staff are trained in those procedures.

VI. SAFETY HAZARD REPORTING

This section describes reporting of urgent, life-threatening safety hazards and active incidents. For information on reporting non-urgent, non-life-threatening safety hazards, please see section IV-D.

Employees must report unsafe conditions to their immediate supervisor (e.g. informal discussion, safety tailgates/briefings, work planning sessions, staff meetings, etc.) This is the first step the employee should take since the supervisor is in the best position to take immediate corrective action.

A. WORKPLACE VIOLENCE REPORTING

In conjunction with the State of California's "Zero-Tolerance" workplace violence policy, it shall be the policy of DSH-Coalinga to take appropriate action to protect, as fully as possible, employees, patients, and members of the public from acts of violence, threats, intimidation, and harassment which may occur on hospital grounds and during the performance of state duties. See [AD 925](#) for further information.

B. REPORTING

Where a Threat of Violence Has Occurred

- 1) The employee will inform their immediate supervisor of the incident;

- 2) The supervisor will address the immediate safety needs of that employee and others affected;
- 3) **If Staff-on-Staff violence:** The supervisor will communicate information regarding the incident of threat to his/her supervisor and/or management for further investigation and action, with results forwarded to the Workplace Security Incident Form (WSIRF) in a written summary.
- 4) **If Patient-on-Staff:** The employee shall enter the incident into the Incident Management module in WaRMSS. See [AD 830](#) for more details

Where a Violent Act Has Occurred

- 1) Staff shall **immediately dial 7119** or activate their PAD or PDAS, reporting what has occurred and where.
- 2) Hospital Police will immediately respond and assess the situation to determine what resources are needed to contain the crisis.
- 3) **If Staff-on-Staff violence:** The WSIRF will be reviewed by the immediate Administrator responsible who will direct the appropriate staff to follow up with any post-incident investigations and reports.
- 4) **If Patient-on-Staff:** The employee shall enter the incident into the Incident Management module in WaRMSS. See [AD 830](#) for more details

C. NEAR MISSES

Near misses should be reported using the Incident Management module in WaRMSS. The H+S IIPP Analyst will review the daily incident reports and conduct follow-up investigations on any near misses with inadequate details on requiring further corrective action.

D. EDUCATION/TRAINING

All employees shall receive education and/or training to promote awareness of workplace security. The focus of such education/training will be to recognize and respond appropriately to threats and acts of violence. Education/Training will occur annually, and as necessary.

VII. EMERGENCY RESPONSE AND ACTION PLAN:

The purpose of this section is to describe the procedures and protocols associated with responding to DSH-Coalinga emergencies. Emergency/Incident response must include but are not limited to the following:

- 1) Means of reporting assaults, fires, and other emergencies;
- 2) Emergency procedures and evacuation routes;
- 3) Procedures to be followed by employees;
- 4) Procedures to account for employees, non-employees, and patients;
- 5) Means of providing rescue and medical services during and after the emergency;
- 6) Recovery and return to normal operations;
- 7) Names and job title of responsible people;
- 8) Training – how training is provided initially and periodically in the emergency action plan.

When a serious and/or violent incident occurs, many are affected: the victim, witnesses, bystanders, as well as friends, relatives and co-workers. To avoid long-term difficulties following a serious and/or violent event, certain follow-up responses and interventions must take place.

A. WHAT TO DO IF SOMEONE GETS HURTS

1) INJURED/ILL EMPLOYEE MEDICAL TREATMENT

When an employee is injured and requires medical assessment and/or treatment, the following shall occur:

Supervisor:

- a. Have the employee complete the Self-Report of Minor Injury/Illness Form-page 1 (DSH-Coalinga 014);
- b. Complete Supervisor's Referral for Evaluation of Employee Injury/Illness;
- c. Send the injured employee to the OHC with a completed Self-Report of Minor Injury/Illness Form-page 1 (DSH-Coalinga 014) and completed Supervisor's Referral for Evaluation of Employee Injury/Illness (DSH-Coalinga 015);
- d. Complete page 2 of the Self-Report of Minor Injury/Illness Form (DSH-Coalinga 014), Supervisor's and Manager's review/investigation;
- e. Ensure the completed Self-Report of Minor Injury/Illness-page 1 is sent to the Health & Safety Office within 24 hours of the reported injury, and page 2 sent within 48 hours;
- f. Assist with transportation arrangements for injured employee to off-site Occupational Medical Clinic, if necessary.

Occupational Health Clinic:

- a. Perform First-Aid treatment as necessary;
- b. Complete Supervisor's Referral for Treatment of Employee Injury/Illness;
- c. Assess employee and recommend mode of transportation for off-site assessment/treatment if necessary;
- d. If employee needs to be seen at off-site the Occupational Medical Clinic will provide authorization to the provider, or refer employee to the Health & Safety Office for treatment authorization and referral.

Return to Work Coordinator:

- a. Assist employee with necessary forms for Workers' Compensation benefits;
- b. Schedule medical treatment appointment if necessary;
- c. Provide information to injured employee about potential benefits to which they may be entitled.

Off-site Occupational Medical Clinic:

- a. Provides prompt high-quality medical evaluation and treatment to injured employee;
- b. Provides medical care for work-related injury or illness;
- c. The physician also has the option to refer the employee to an outside specialist, for

- additional treatment if deemed necessary;
- d. Maintains open line of communication with the RTWC to discuss injured employees work status.

Employee:

- a. Notify supervisor of injury within 24 hours of knowledge of injury;
- b. Complete required documentation with supervisor and/or the RTWC in a timely manner;
- c. Notify supervisor and RTWC and supervisor immediately of work status and any subsequent changes.

Transportation:

- a. If an injured employee is unable to transport him/herself to the designated clinic, it is the responsibility of the supervisor to assure appropriate transportation is arranged;
- b. DSH-Coalinga will ensure transportation (by staff or ambulance) to the doctor or hospital for all pesticide exposure injuries;
- c. Supervisor may contact the DSH-Coalinga Police Chief for recommendations or possible transportation.

B. AFTER HOURS MEDICAL TREATMENT FOR WORK RELATED INJURIES

Supervisor:

- a. Have the employee complete the Self-Report of Minor Injury/Illness Form-page 1 (DSH-Coalinga 014);
- b. Complete Supervisor's Referral for Evaluation of Employee Injury/Illness;
- c. Send the injured employee to the UCR with a completed Self-Report of Minor Injury/Illness Form-page 1 (DSH-Coalinga 014) and completed Supervisor's Referral for Evaluation of Employee Injury/Illness (DSH-Coalinga 015);
- d. Complete page 2 of the Self-Report of Minor Injury/Illness Form (DSH-Coalinga 014), Supervisor's and Manager's review/investigation;
- e. Ensure that page 1 of the completed Self-Report of Minor Injury/Illness is sent to the Health & Safety Office within 24 hours of the reported injury and page 2 sent within 48 hours;
- f. Assist with transportation arrangements for injured employee to the appropriate Medical Clinic, or Hospital Emergency Room, if necessary;
- g. Instruct employee to follow-up with OHC and the Health & Safety Office the next business day;
- h. Provide email notification to the RTWC and Health & Safety Officer of staff injuries and illnesses.

Registered Nurse:

- a. Perform First-Aid treatment as necessary;
- b. Make arrangements if employee needs to be seen at off-site Medical Clinic Hospital Emergency Room. Provide employee with an Authorization for Treatment Form and

- fax a copy to the treating Clinic/ER;
- c. Provide injured employee with a Workers' Compensation Claim packet and have him/her sign the receipt attached to the front of the packet. The packet contains the following documents:
 - Workers' Compensation Claim Form (DWC 1 / SCIF 3301)
 - Guide to Workers' Compensation for California State Employees
 - Guide to the State Fund Medical Provider Network for State of California Employees
 - I've Just Been Injured on the Job, What Happens Now?
 - MPN Implementation Notice
 - DSH-Coalinga Return to Work Process
 - d. Instruct the employee to follow-up with the OHC and the Health & Safety Office the next business day;
 - e. Forward all completed documents (assessments and Workers' Compensation Packet Receipt) to the Health & Safety Office;
 - f. Provide email notification to the RTWC and Health & Safety Officer of staff injuries and illnesses.

The following health care providers are listed within the Medical Provider Network and are authorized to provide off-site assessment and treatment of work related injuries/illnesses for DSH-Coalinga employees.

Coalinga Regional Medical Center - Emergency Room

Hours: 24 a day/7 day per week

1191 Phelps - Coalinga

Phone (559) 935-6400

Job Care

Hours: 8:00 a.m. – 4:30 p.m. / Monday - Friday

500 Greenfield

Hanford (559) 537-1350

NON-INDUSTRIAL INJURY/ILLNESS

- 1) Employees with non-industrial injuries/illness are to utilize their own Health Care Benefits for medical treatment.
- 2) Employees off work for non-industrial injuries must clear through the Occupational Health Clinic with a doctor's note substantiating that they can resume their full duties when directed by their supervisor, and as indicated in the MOU contracts.

MEDICAL EMERGENCY RESPONSE

- 1) Department of State Hospitals-Coalinga (DSH-C) will furnish first aid and emergency services to staff within the capacity of facility staff, equipment, and material.
 - a) "First Aid" is defined as utilization of those measures needed to support and sustain the condition of the person (not life-threatening emergencies).

- 2) Emergency Services within the Secure Treatment Area and on hospital grounds outside secure perimeter will be provided as needed to meet the nature of the emergency.
- 3) Employees will receive a prompt medical evaluation following injury or occupational exposure to harmful substances, including blood borne pathogens. Evaluation and follow-up will be provided in accordance with DSH-C's Exposure Control Plan.

C. TREATMENT LOCATION

1) **In the secure area:**

Employees who are ill or injured in the secure area, and require emergent or urgent medical treatment, shall be transported (via wheelchair, gurney, and electric cart as necessary) to the Urgent Care Room (UCR) for further evaluation and treatment, or may be sent to an outside facility for further evaluation if necessary. Employees with minor non-urgent work related and non-work related illness/injury may report to OHC for first aid with a referral from their Supervisor.

2) **Outside the secure area:**

Employees or visitors who are ill or injured in the Administration Building, General Services Departments, Plant Operations, and on roadways or parking areas and require emergent or urgent medical treatment, shall be transported via wheelchair, gurney, electric cart to the OHC in the Administration building, or may be sent directly to an outside facility for treatment. Employee transportation to the OHC and/or outside facility shall be arranged by the employee's Supervisor.

D. DEATH AND SERIOUS INJURY REPORTING

Serious injuries are those that:

- 1) Require in-patient hospitalization for more than 24 hours for other than medical observation;
- 2) Involves the loss of a body part; or,
- 3) Involve serious disfigurement.

When death or a serious injury occurs to employees, visitors, or volunteers, the supervisor shall **IMMEDIATELY** notify by telephone:

- 1) Executive Management
- 2) Standards Compliance
- 3) Hospital Police
- 4) Health & Safety Officer
- 5) Off-hours, holidays, or weekends: The Nurse of the Day (NOD) Office shall be notified who in turn shall notify the Executive Officer of the Day (EOD).
- 6) Cal/OSHA's Fresno District office, (559) 445-5302

E. POST INCIDENT EMOTIONAL TRAUMA CARE

- 1) It is the policy of DSH-Coalinga to ensure all involved staff have assistance following a traumatic incident. An onsite Critical Incident Debriefing (CID) can help resolve the aftermath of a trauma that has the potential to affect one's normal functions.

F. WHAT TO DO IF AN ALARM GOES OFF

1) EMERGENCY RESPONSE

In all cases, alarms have priority over routine duties and shall be answered by pre-designated staff without delay. Pre-designated staff for the program as a whole will include LOC staff and HPOs; floating HPOs will respond to all alarms in their area. Under no circumstances will staff on 1:1 or other enhanced duties be designated to respond to alarms. A variety of contingency plans are available to be implemented during internal or external emergencies for the safety of the patients, visitors and staff. DSH-Coalinga will furnish medical treatment and care within the capacity of facility staff, equipment, and material.

2) PERSONAL DURESS ALARM ACTIVATION

PAD and/or PDAS initiate prompt action in emergency situation for those in need of immediate help. All employees shall test their PAD and/or PDAS every time they enter pedestrian sallyport.

- a. Press the large button at the top of the alarm and look to see if the light on the testing sensor begins to flash. Employees not in possession of a functional PAD or PDAS will notify the Key Control Officer to obtain a temporary/loaner alarm.
- b. California Department of Corrections and Rehabilitation (CDCR) will monitor staff to ensure that PADs and PDAS' are tested before entering the secured area. Signage is in place at the sallyport entrance to remind employees to test their PAD and PDAS'.

G. FIRE ALARM ACTIVATION

There are various types of fire and security alarm reporting systems in the hospital that initiate an alarm. These systems include the **fire emergency phone number 7119**, fire alarm pull boxes, fire alarm key operated boxes, visual alarms (flashing light or strobe light), supervised and unsupervised smoke detectors, heat activated devices, supervised and unsupervised extinguishing systems, gas sensor alarms, personal and duress alarm systems, off-hook telephone alarms, door alarms, and other similar systems.

Employees have the responsibility of placing an emergency call when they are aware of an alarm or a medical emergency. This will assure immediate emergency services response.

DSH-Coalinga Fire Services Department provides employee training through New Employee Orientation at the beginning of employment. This training includes a review of administrative directives that address fire plans, evacuation drills and emergency service response plans. The training also provides emergency procedures for life threatening emergencies. Annual Review Training is given each year to review, refresh and update DSH-Coalinga emergency procedures. Fire Services Department assists and monitors quarterly fire/evacuation drills for all Buildings and areas, inspects fire extinguishers on a monthly basis and maintains service contracts for various types of fire protection equipment.

H. ADDITIONAL EMERGENCY RESPONSES

For information on other emergency responses, including earthquakes and riots, please see the Emergency Plans (Rainbow Sheets posted in work areas).

STAIR CHAIR STORAGE AND USAGE

DSH-Coalinga has 2 stair chairs for evacuation of staff on the second floor of the Administration Building located in OHC and in corridor near men's restroom, and 13 chairs located in the main corridors outside the elevator rooms on all the upstairs treatment units in the Secure Treatment Area. These chairs will be used for wheel chair bound staff (if upstairs) only. Staff assisting with stair chairs must be properly trained on correct usage.

VIII. INVESTIGATIONS

Accident/incident investigations are an essential element of an Injury and Illness Prevention Program. The purpose of investigation is to determine the contributing factors and root cause of workplace accidents, injuries, illnesses, and violence related incidents; and making necessary changes to policies, procedures, and protocols to prevent recurrence.

Depending on the nature of the event, investigations may be conducted by (but not limited to) a Supervisor, Manager, Health & Safety Office, IIPP Analyst, Standards Compliance Department, Equal Employment Office, Hospital Police, Special Investigations, and/or outside agency.

- 1) Ensure all reports are accurate, complete, and filed correctly
- 2) Inspect for environmental factors that caused or facilitated the injury.
- 3) Document what corrective and/or preventative action is being taken to prevent a reoccurrence.

Minor incidents or "close calls" should be investigated since they are usually a warning of potential hazards that could result in serious injuries or illnesses to employees. (Please see Glossary Section for definition of these incidents)

All situations where there is a credible reason to believe threats or acts of violence have occurred, or are likely to occur, will be investigated by Hospital Police Services and/or Special Investigations Unit and may be subject to criminal proceedings. This includes threats or violence between employees.

All accidents/incidents will be investigated according to the following:

- 1) Reviewing all previous accidents/incidents, including any previous reports of inappropriate behavior by the perpetrator, if a violent incident has occurred;
- 2) Visiting the scene of the incident as soon as possible but no more than 24 hours after an incident occurs;
- 3) Interviewing complainants(s), witnesses, and if possible the respondent;
- 4) Examining risk factors associated with the accident/incident;
- 5) Determining the cause of the incident;
- 6) Writing a detailed report conveying all necessary details;
- 7) Taking corrective action to prevent the incident from reoccurring; and,
- 8) Recording the findings and corrective actions taken.

It is essential that incidents be investigated as soon as possible while facts are still clear and more details can be remembered.

A. PATIENT VIOLENCE INVESTIGATIONS

- 1) **Systematic identification of potential risk and implementation of appropriate treatment, milieu, and environmental interventions.**

(SIR's) are written to report and document events that have an adverse effect on the safety, care, treatment and rehabilitation of patients. SIR's also monitor the appropriateness and effectiveness of follow-up actions and provide data analysis for performance improvement activities. Any employee or registry/contract staff involved in care for patients, witnessing or discovering an incident that meets the criteria for a SIR shall enter the incident into the Incident Management Module in the Wellness and Recovery Model Support System (WaRMSS). A first level review of the SIR is to be completed by the Unit Supervisor or designee. This review will:

- a. Ensure the Incident Report is complete and accurate
- b. Identify precipitating events or early warning signs
- c. Explain actions taken to protect the victim
- d. Other factors relating to the incident.

The Program Director/Discipline Chief/Department Head will complete a Level II review of the incident. The Level II review will:

- a. Ensure that the Incident Report and Level I review are complete and accurate
- b. Add any additional information obtained
- c. Make an analysis of specific contributing factors of the incident
- d. What corrective actions were taken to prevent reoccurrence

- 2) **Data Collection for monitoring outcomes and effectiveness of actions taken.**

The WaRMSS is our primary resource for data collection and retrieval. The Incident Management Module within WaRMSS is the database in which all SIRs are documented. The 24 hour Nursing Report and Police Watch Reports are also utilized to retrieve and analyze data.

After the First, Second, and Third level interventions, the Risk Managers within the Quality Improvement Department send out notifications of the agreed upon Reviews, Recommendations, Responses and Corrective actions (RRRC's) to the TxT. The TxT will follow-up and ensure the recommendations are completed. Subsequent notifications are sent to the TxT when and if the recommendations are not completed. At that time, appropriate Supervisors/Management are also notified of incompleteness to ensure compliance.

3) Identification and management of long-term trends and patterns.

All SIR's are entered into the WaRMSS. We have a report server that allows us to pull from WaRMSS and prepare reports on specific data. The Incident Manager monitors and track data such as aggression, severity of injury, narcotic use, physical aggression, verbal aggression, use of TSI, and other factors.

The Incident Manager pulls specific data monthly from the report server and cross references this data with documentation provided by the Health and Safety Office in order to track aggression data. The Health and Safety Office provides reports of minor injury and workers compensation. This information provides staff positions, unit where injury occurred, etc. The aggression data is monitored and updated monthly. The Incident Manager prepares a comprehensive report that is reviewed monthly by the Executive and Program Staff at the Enhancement Plan Performance Improvement (EPPI-I2) meeting.

4) Oversight mechanism that ensures data is reviewed.

The EPPI-I2 meeting is the mechanism that ensures the data is reviewed. This meeting is held monthly and all data is reviewed at that time by Executive and Program Staff. Data reviewed at this meeting include the following:

- a. Compliance Percentages broken down by each Unit and Program. Compliance of completion of SIR's, RRRC's, Medical Variance Reports, PRN/STAT/Blood Sugar/and Body Mass Index.
- b. The Key Indicators and Triggers are reviewed and compared to the previous 11 months.
- c. Attendance reports of PRC, ETRC, PSSC, MRMC, FRC and Quality Council (QC) meetings.
- d. Timely corrective actions of audits completed.

B. WORKPLACE VIOLENCE INVESTIGATIONS

It is the policy of DSH-Coalinga to foster a work environment free of violence. DSH-Coalinga is committed to the prevention of and appropriate response to all incidents involving a violent or criminal act by a current or former employee, by anyone who has an employment-related involvement with DSH-Coalinga, by a recipient of a service provided by DSH-Coalinga, or by a person with no legitimate relationship to the workplace.

Threatening behavior includes any behavior that is harassing, bullying, provoking or unsafe, which could be interpreted by a reasonable person as intent to cause physical harm to another individual. Threatening behavior may, or may not, include the act of physical force, with or without a weapon, toward another individual.

1) Where a Threat of Violence Has Occurred

- a. The employee will inform their immediate supervisor of the incident.
- b. The supervisor will address the immediate safety needs of that employee and others affected.
- c. The supervisor will communicate information regarding the incident of threat to his/her supervisor and/or management for further investigation and action, with results forwarded to the Workplace Security Incident Form (WSIF) in a written summary.
- d. If the anticipated or actual incident involves the employee's supervisor or manager, the report may be made to the next highest level in the chain of command or to the Health & Safety Office.
- e. Reporting of incidents may be made anonymously. However, anonymity cannot be guaranteed in a case requiring legal or administrative action. The extent to which anonymity can be preserved must be explained to the employee upon such reporting.

2) Where a Violent Act Has Occurred

- a. Staff shall **immediately Dial 7119**, activate their PAD, or activate their PDAS. If staff calls dispatch, they must report what has occurred and where.
- b. Hospital Police will immediately respond and assess the situation to determine what resources are needed to contain the crisis.
- c. The WSIF will be reviewed by the immediate Administrator responsible and direct the appropriate staff to follow up with any post-incident investigations and reports.

1) Education/Training

All employees shall receive education and/or training to promote awareness of workplace security. The focus of such education/training will be to recognize and respond appropriately to threats and acts of violence. Education/Training will occur annually, and as necessary.

C. ACCIDENT/INJURY/ILLNESS/EXPOSURE INVESTIGATIONS

Investigations of accidents, injuries, illnesses and/or exposures shall be conducted by the direct Supervisor, Manager, or designee and shall focus on corrective or preventative options, not assigning blame. The Supervisor or designee shall complete the Supervisor's and Manager's reviews on page 2 (backside) of the Self-Report of Minor Injury/Illness Form and/or the SCIF 3067 and route it to Health & Safety Office within 72 hours.

- 1) The Health & Safety Office RTWC shall review all injury/illness reports. Reports requiring further investigation shall be reported to the Health & Safety Officer.
- 2) The Health & Safety IIPP Analyst or designee shall conduct a further investigation if needed as outlined above.
- 3) If a crime may have been committed, Police Services will conduct an investigation. This investigation will be made available to the Executive Director and the QID Director. Authority to refer cases for prosecution to the District Attorney lies with the Chief of Police, who will advise the Executive Director concerning any submissions. See [AD 830](#) for further details.

IX. POST INCIDENT RESPONSE

A. Patient Assault Correction

Staff shall ensure that standardized procedures, utilizing a hierarchy of interventions are used when addressing identified risk, behavioral and medical incidents. Our system is composed of two major components. First the TxT, shall address and analyze the specific risks and benefits of each patient's rehabilitation and therapeutic interventions. Second, the Risk Management Program shall establish a multifaceted risk management process which will include the following: Proper and timely identification of high risk situation of an immediate nature, as well as long-term systemic problems that need corrective actions to remedy risks, and timely interventions to prevent or minimize harm.

The hierarchy of interventions is as follows:

- 1) The First Level Intervention is a process to eliminate or reduce risk when a patient is involved in an incident or has been placed on the High Risk list for the first time in a six-month period. The Program Review Committee (PRC) is the first level of intervention and meets weekly. The PRC reviews the incident, trigger or high risk condition, and contributing factors. At the PRC, the patient's Treatment Plan (TxP) is reviewed and revised as clinically indicated. The TxT is expected to develop and initiate corrective actions, unless specifically indicated otherwise.
- 2) The Second Level Intervention (ETRC, PSSC, and Medical Risk Management Committee) is a process to eliminate or reduce risk when a patient meets specified criteria. This process involves a review of all incidents, analysis of contributing and causal factors, and First Level interventions and outcomes. There is a review of the patient's TxP, recommendation for further assessment or consultation, and suggestions for revision of the patients TxP, if clinically indicated. The TxT is expected to develop and initiate corrective actions, as indicated.
- 3) The Third Level Intervention is the Facility Review Committee (FRC). A patient is referred to the FRC when the patient meets specific outlined criteria. The FRC process

involves a thorough review of each referral and recommendation to the Tmt for specific assessment, internal and external consultations, and development and implementation of new or revised interventions.

- 4) Establishing priorities for addressing identified risks to ensure utilization of available resources.

The QC committee provides oversight and monitoring of each hospital's incident and risk management processes to reduce or eliminate the risk of harm to employees, visitors or individuals. The members of the QC include the Executive Director, Clinical Administrator, Hospital Administrator, Medical Director, Nurse Administrator, Director of the Quality Improvement Department, Risk Manager and an Individual Representative. The Executive Director serves as chair. This committee monitors all risk management activities of the following committees: Program Review Committee, Enhanced Trigger Review Committee, Psychology Specialist Services Committee, Medical Risk Management Committee, and Facility Review Committee. The QC analyzes risk management data and makes recommendations for corrective actions, reviews status and effectiveness of corrective actions, review and revise risk management policies, procedures and practices as indicated by facility data, and maintain written minutes and forward to the Chief of Hospital Oversight and DSH immediately following each meeting.

B. EMPLOYEE ASSISTANCE PROGRAM

As a State of California Employee, you and your eligible dependents have access to an Employee Assistance Program (EAP). This program is provided by the State of California as part of the State's commitment to promoting employee health and wellbeing. It is offered at no charge to the employee and provides a valuable resource for support and information during difficult times, as well as consultation on day-to-day concerns. EAP is an assessment, short-term counseling and referral service designed to provide you and your family with assistance in managing everyday concerns. EAP offers confidential clinical help for everyday people with everyday problems. For more information on EAP, please contact your location's Employee Assistance Coordinator or visit

<http://www.calhr.ca.gov/employees/Pages/eap.aspx>.

- 1) This site's Employee Assistance Coordinator is also the RTWC
- 2) This site's Employee Assistance Coordinator can be reached at: 935-6855
- 3) If you need help, call toll-free, 24 hours a day, seven days a week:
- 4) 866-EAP-4SOC (866-327-4762)
- 5) TDD callers dial 800-327-4762
- 6) Or visit EAP on the web at <http://eap4soc.mhn.com>

Specially trained customer service representatives and professional EAP counselors are available 24 hours a day, 7 days a week to confidentially discuss your concerns and ensure that you receive the assistance you need.

You can also contact your departmental EAP Coordinator, or the Statewide EAP Benefits Manager at (916) 324-9353.

X. HAZARD CORRECTION

Unsafe or unhealthy work conditions, practices, procedures, or those which threaten the security of workers shall be corrected in a timely manner based on severity when they are first observed or discovered. The purpose of this section is to identify expectations related to risk mitigation and hazard correction.

A. HAZARD CORRECTION

Corrective action procedures for correcting hazards, including those which threaten the security of workers shall include but are not limited to:

- 1) Notification to immediate Supervisor;
- 2) Issuing Safety Communication to alert employees to a hazard;
- 3) Repairing dysfunctional equipment or correcting other safety hazards immediately, or as soon as possible;
- 4) Implementing interim safety measures when a hazard exists which cannot be immediately repaired;
- 5) Completing Work Orders and ensuring repairs are performed within a timely manner.
- 6) Administrative Directives
- 7) Emergency Operations Plan
- 8) Infection Control Manual
- 9) Nursing Procedures Manual

B. HEAT PLAN-DSH

1) Purpose

To provide a safe and healthful working environment and protect DSH-C employees who are exposed to temperature extremes, radiant heat, humidity, and/or limited air movement while working from heat-related illnesses. In compliance with Title 8, California Code of Regulations (CCR), Section 3395, Heat Illness Prevention.

2) Policy

The workplace will be evaluated to determine if DSH-C employees are at risk from heat-related illnesses during temperature extremes and hot weather while working. If it is determined that employees are at risk, they will be trained to be aware of heat-related illnesses, how to prevent heat-related illnesses, the symptoms of heat-related illnesses, and procedures to take if symptoms are present.

3) Implementation

DSH-C will implement the Heat Illness Prevention Program when employees are at risk of heat-related illnesses while they are working and exposed to a combination of environmental risk factors such as: temperature extremes, radiant heat, humidity, limited air movement, protective clothing, workload severity and duration.

During the months of May through October, temperatures are recorded daily by staff, either manually or electronically, in all indoor areas occupied by hospitalized patients and monitored by the Plant Operations and Department of Police Services. A heat alert during other months of the year will also trigger the same monitoring process.

When temperatures are either predicted to be in the triple digits or actually reach 90 degrees and above, a facility wide "Heat Alert" will be initiated by either Plant Operations or Department of Police Services.

Supervisors shall be responsible for monitoring weather temperatures, ensuring requirement for the provision of water, access to shade, and compliance for employee training are met. Additionally, the supervisor or their designee shall be responsible for observation/monitoring of employees at the worksite, for contact emergency medical services, and, if necessary transporting employees to a point where they can be reached by medical services.

During heat alerts, heavy work activities should be completed during the cooler (early morning) part of the day and slower paced and less physically demanding work shall be scheduled during the hotter parts of the day. During extreme temperature warning, co-workers who are intermittently supervised shall watch each other closely for signs of discomfort or symptoms of heat illness. Staff shall utilize radios, cell phone, or other means of communication to ensure that emergency services can be called in the event of a heat-related illness.

4) **Training:**

Area Supervisors will provide training to an employee prior to the commencement of a job assignment that may be subject to exposure of extreme temperatures. All employees will also receive training on heat-related illness during New Employee Orientation and Annual Review Training.

5) **Employee Training:**

As outlined in CCR Title 8, Section 3395, the following topics on heat-related illness training will be provided to all supervisory and non-supervisory employees pertaining to the environmental and personal risk factors of heat illness:

- a. Environmental and personal risk factors for heat illness
- b. Procedures for identifying, evaluating, and controlling exposures
- c. Importance of frequent consumption of water, taking a preventive cool-down rest when they feel the need to protect themselves from overheating, and acclimatization
- d. Different types of heat illness and the common signs and symptoms of heat illness
- e. Importance of immediately reporting to the employer or designee symptoms or signs of heat illness as the illness may progress quickly from mild symptoms and signs to serious and life threatening illness
- f. Appropriate first aid and/or emergency responses to the different types of heat illness.
- g. Procedures for emergency contact procedures, transporting employees to a point where they can be reached by medical service personnel
- h. How to provide clear and precise directions to the work site
- i. Employees' right to exercise their rights under the standard (CCR, Title 8, Section 3395) without retaliation

6) **Supervisor Training:**

As outlined in CCR Title 8, Section 3395, the following training will be provided to managers/supervisors:

- a. Information provided for employee training
- b. Procedures the supervisor will follow to implement controls as determined by the employer, including weather monitoring
- c. Requirements of the supervisor to ensure the provisions of water and shade
- d. Procedures for new employee acclimatization, "heat wave", and high heat
- e. Procedures the supervisor will follow when an employee exhibits symptoms consistent with possible heat illness, including emergency response

- f. Procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by medical service personnel and
- g. How to provide clear and precise directions to the work site
- h. Requirement to maintain records of all training, including pre-shift tailgate training before the commencement of work

Prior to an assignment, the supervisor of an employee working in the heat shall provide training on the aforementioned topics.

7) Controls for reducing heat exposure:

DSH-C shall address how to reduce the potential for heat stress to occur. This could be a work/rest regimen, starting jobs earlier and ending earlier to avoid the hot times of the day, provisions for gaining access to shade, identifying the onset of heat-related symptoms, and the methods used to cool off an employee, etc.)

8) Provisions for Water:

(Heat Illness Prevention, CCR, Title 8; 3395 (c), Sections- 1524, 3363, 3457.)

- a. An adequate supply of fresh, pure, suitably cool, potable drinking water shall be provided to employees free of charge and located as close as practicable to areas where employees are working.
- b. Where it is not plumbed or otherwise continuously supplied, it shall be provided in sufficient quantity at the beginning of the work shift to provide one quart per employee per hour for drinking for the entire shift.
- c. Employers may begin the shift with smaller quantities of water if they have effective procedures for replenishment during the shift as needed to allow employees to drink one quart or more per hour. The frequent drinking of water shall be encouraged.
- d. Employees will be notified of the location of potable drinking water and encouraged to drink frequently.

9) Provisions for Shade and Cool-Down Rest:

Shade shall be present when the outdoor temperature of the work area is equal to or greater than 80 degrees Fahrenheit (26.7 degrees Celsius), or forecast as of 5 p.m. the previous day according to the National Weather Service.

- a. One or more areas with shade shall be maintained at all times while employees are present that are either open to air or provided with ventilation or cooling.
- b. Shade shall be located as close as practicable to areas where employees are working. The shade should be reachable within a 2 1/2 minute walk, and in no case is it permissible for shade to be located more than 1/4 mile or a five minute walk away.
- c. Employees should not have to cross traffic or waterways to reach the shade.
- d. The amount of shade shall be sufficient to accommodate all employees on break, or lunch, at any one time.
- e. Employees shall be able to sit comfortably in the shade without touching each other.
- f. The shade shall not be located next to portable toilet facilities, where employees would be exposed to unsafe or unhealthy conditions and that does not deter or discourage access or use.
- g. Areas shaded by artificial (as opposed to natural) means, such as by a pop-up canopy, must not allow employees to contact bare soil. This can be accomplished

- by providing chairs, benches, sheets, towels, or any other items that let employees sit and rest without contacting dirt. Where the shaded area is a lawn, this is not necessary.
- h. Water shall be available in the rest area so that employees are encouraged to drink more water.

Employees shall be allowed and encouraged to take preventative cool-down rest in the shade when they feel the need to do so to protect themselves from overheating.

- a. A preventative cool-down rest shall last at least 5 minutes after the employees' access to shade.
- b. The employee shall be monitored and asked if they are experiencing symptoms of heat illness.
- c. An employee shall be encouraged to remain in the shade.
- d. Employees shall not be ordered back to work until any signs or symptoms of heat illness have abated, but in no event less than 5 minutes in addition to the time needed to access the shade.
- e. If an employee exhibits or complains of any sign or symptom of heat illness, preventative treatment and first aid procedures should be initiated without delay.
- f. If the signs or symptoms progress and or are indicators severe heat illness the heat illness a prevention program emergency procedures shall be followed immediately.

The importance of prevention cannot be overstated. Employees who wait until symptoms appear before seeking shade and recovery are at significant risk of developing heat illness.

10) **Acclimatization and Heat Wave**

An employee who has been newly assigned to a high heat area shall be closely observed by a supervisor or designee for the first 14 days of the employee's employment. During a heat wave, all employees shall be closely observed by a supervisor or designee. The supervisor will attempt to lessen the intensity of the employees' work during a heat wave and during the 2 week break-in periods of a new employee.

11) **High-Heat Procedures**

DSH-C implements High Heat Procedures at 90 degrees Fahrenheit in accordance with Administrative Directive 740, Heat-Related Plan. The same high heat identifying temperature criteria will be utilized for this Heat Illness Prevention Plan. Plant Operations has the primary responsibility for monitoring the temperature. At 90 degrees Fahrenheit Plant Operations will notify the Department of Police Communication Center who then announce, "The outside temperature is 90 degrees or above. Stage 1 of the hospital's Heat Plan is in effect."

The following procedures shall be ensured by the supervisor:

- a. Effective communication by voice, observation, or electronic means is maintained so that an employee can contact a supervisor when necessary. An electronic device, such as a radio, cellular phone, may be used for this purpose only if reception in the area is reliable.
- b. Observe employees for alertness and signs or symptoms of heat illness. Supervisors shall ensure effective employee observation/monitoring by implementing one or more of the following:

1. Supervisor or designee observation of 20 for few employees
 2. Mandatory buddy system, or
 3. Regular communication with sole employee such as by radio, cellular phone, or
 4. Other effective means of observation.
- c. Designate one or more employees on each worksite as authorized to call for emergency medical services, and allowing other employees to call for emergency services when no designated employee is available.
 - d. Remind employees throughout the work shift to drink plenty of water.
 - e. Pre-shift meeting before the commencement of work to review the high heat procedures:
 1. Encourage employees to drink plenty of water and
 2. Remind employees of their right to take a cool-down rest when necessary.

12) First Aid awareness and actions in the event of a heat-related illness:

The following chart helps employees recognize the main types of heat-related illnesses, symptoms, and the appropriate actions to reduce the effects of the heat-related illness. Progression to more serious illness can be rapid. A laminated copy of this chart with emergency contact numbers shall be posted at each shade/water station.

Symptoms Treatment

| | Symptoms | Treatment |
|------------------------|---|---|
| Heat cramps | <ul style="list-style-type: none"> • muscle spasms in legs or abdomen | <ul style="list-style-type: none"> • Move person to a cooler location • Stretch muscles for cramps • Give cool water or electrolyte-containing fluid to drink • Do not leave alone until symptoms have subsided |
| Heat exhaustion | <ul style="list-style-type: none"> • Headaches • Clumsiness/Staggering • Dizziness/lightheaded/fainting • Weakness/exhaustion • Heavy sweating/clammy/ moist skin • Irritability/confusion • Nausea/vomiting • Paleness | <ul style="list-style-type: none"> • Call “7119” or “911”, radio, PAD, PDAS • Move person to a cooler location (do not leave alone) • Loosen and remove heavy clothing that restricts evaporative cooling • If conscious, provide small amounts of cool water to drink • Fan a person, spray with cool water, or apply a wet cloth to skin to increase evaporative cooling |
| Heat stroke | <ul style="list-style-type: none"> • Sweating may or may not be present • Red or flushed, hot dry skin • Bizarre behavior • Mental confusion or loss of consciousness • Panting/rapid breathing • Rapid, weak pulse • Seizures or fits | <ul style="list-style-type: none"> • Call “7119” or “911”, radio, PAD, PDAS • Move a person to a cooler place (do not leave alone) • Cool worker • Loosen and remove heavy clothing that restricts evaporative cooling • Fan person, spray with cool water, or apply a wet cloth to skin to |

| | | |
|--|--|------------------------------|
| | | increase evaporative cooling |
|--|--|------------------------------|

13) Emergency Procedures

If an employee or visitor begins to feel or show signs or symptoms of heat illness the supervisor should be notified immediately and if necessary emergency response shall be immediately requested by calling 7119 or 911 radio, or activation of a PAD or PDAS. Caller shall give clear and precise directions of their location. Calls will be responded to as follows:

- a. Within the facility: Response will be by the Medical Officer of the Day (MOD), or the Nursing Officer of the Day (NOD) with the emergency cart, and the Department of Police Services (DPS). The injured will be taken to the Urgent Care Room (UCR) where they will be examined and treatment will be started if indicated. In the case of non-stabilization, 7119 or 911 will be called immediately for ambulance transport to a local community hospital emergency room. See Reporting procedures should be followed as outlined in Administrative Directive (AD) 342, First Aid and Emergency Services Plan-for Visitors and Staff.
- b. Outside the facility: Response will be by the Fire Department and DPS. In the case of non-stabilization, 7119 or 911 will be called immediately for ambulance transport to a local community hospital emergency room. See First Aid and Emergency Services Plan-for Visitors and Staff (AD 342).

An employee or visitor exhibiting signs or symptoms of heat illness shall be monitored and shall not be left alone or sent home without being offered onsite first aid and/or being provided with emergency medical services in accordance with AD 346.

14) Reporting:

All incidents of heat-related illness/injury must be reported within 24 hours to the immediate supervisor and the Health & Safety Office.

15) Areas/People Most Susceptible To Heat:

- a. Police Services and Level of Care staff at the Baseball Field:
Officers in these posts are required to monitor the temperatures via radio communication with the Communications Center. Drinking water must be adequate for the amount of time required by the job. As confusion is a symptom of heat illness, questions must be asked to verify alertness. If a staff feels dizzy or light-headed they shall immediately notify a nearby co-worker and/or supervisor, look for shade, and slowly drink water. The supervisor shall be notified immediately. Outside patrol officers should also maintain constant communications with Communications Center.
- b. Plant Operations
Plant Operations staff may work in hot conditions both inside and outside. When working in these conditions, staff are reminded of precautions to take to prevent heat illness by their supervisors and through health and safety bulletins and shop safety meetings. During heat alerts, workers are encouraged to finish outside work by noon. Heavy work activities should be completed during the cooler (early morning) part of the day and slower paced, less physically demanding work, shall be scheduled during the hotter parts of the day. Co-workers will utilize the buddy-system to watch each other closely for signs of discomfort or symptoms of heat

- illness. Staff will carry radios, cell phones, or other means of communication to ensure that emergency services can be called in the event of a heat-related illness.
- c. Nutritional Services and Warehouse
The Central Kitchen staff and Warehouse have multiple indoor locations in which staff could be at risk for heat illness. See below Indoor Work Environments.
 - d. Outside Work Assignments:
When working outside, staff shall use the buddy system. If two staff are not available at the given location the job should be postponed, or a phone call or radio check must be made to the lone staff member every half-hour to check on water supply and health. Drinking water must be adequate for the amount of time required by the job. As confusion is a symptom of heat illness, questions must be asked to verify alertness. If staff feel dizzy or light-headed, they should stop working, look for shade and slowly drink water. The supervisor shall be notified immediately.
 - e. Indoor Work Environments
Supervisors and employees shall follow the same provisions and identified procedures of this plan. Supervisors shall train their employees on the importance of frequent drinking of water, rest breaks in an identified cooled or air conditioned area away from sources of heat, time to acclimatize, signs and symptoms of heat illnesses, and emergency response. Additional water and rest breaks shall be instituted during a heat wave or high heat period.
 - f. Incident Command System
In an excessive heat emergency, the facility Incident Command System may be implemented and will determine necessary action and what resources are needed. When local resources are inadequate to meet the need, requests are made to the next highest emergency response level utilizing the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

DEFINITIONS

Acclimatization – means temporary adaptation of the body to work in the heat that occurs gradually when a person is exposed to it. Acclimatization peaks in most people within four to fourteen days of regular work for at least two hours per day in the heat.

Environmental risk factors for heat illness - means working conditions that create the possibility that heat illness could occur, including air temperature, relative humidity, radiant heat from the sun and other sources, conductive heat sources such as the ground, air movement, workload severity and duration, protective clothing and personal protective equipment worn by employees.

Heat Illness - means a serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion, heat syncope and heat stroke.

Heat wave – Any day in which the predicted high temperature for the day will be at least 80 degrees Fahrenheit and at least ten degrees Fahrenheit higher than the average high daily temperature in the preceding five days.

High Heat Procedures – CCR, Title 8, Section 3395, Heat Illness Prevention Regulations requires an employer to implement high-heat procedures when the temperature equals or exceeds 95 degrees Fahrenheit.

Personal risk factors for heat illness - means factors such as an individual's age, degree of acclimatization, health, water consumption, alcohol consumption, caffeine consumption, and

use of prescription medications that affect the body's water retention, or other physiological responses to heat.

Preventative cool-down rest - means a period of time to recover in the shade when employees feel the need to do so to protect themselves from overheating.

Provision of water - Provision of water. Employees shall have access to potable drinking water meeting the requirements of the CCR Title 8, Sections 1524, 3363, and 3457, as applicable. Where drinking water is not plumbed or otherwise continuously supplied, it shall be provided in sufficient quantity at the beginning of the work shift to provide one quart per employee per hour for drinking for the entire shift. Employers may begin the shift with smaller quantities of water if they have effective procedures for replenishment during the shift as needed to allow employees to drink one quart or more per hour. The frequent drinking of water, as described in subsection (f)(1)(C), shall be encouraged.

Shade - means blockage of direct sunlight. One indicator that blockage is sufficient is when objects do not cast a shadow in the area of blocked sunlight. Shade is not adequate when heat in the area of shade defeats the purpose of shade, which is to allow the body to cool. For example, a car sitting in the sun does not provide acceptable shade to a person inside it, unless the car is running with air conditioning. Shade may be provided by any natural or artificial means that does not expose employees to unsafe or unhealthy conditions.

XI. SAFETY EDUCATION AND TRAINING

All workers, including managers and supervisors, shall have training and instruction on general and job-specific workplace safety and security practices when the IIP Program is first established, to all new workers, and to employees given new job assignments for which training has not previously been provided.

Responsibility for formal safety training is assigned to the Training Department with advisement from the Health and Safety Officer and/or department subject matter experts. However, supervisors through the working environment they create and daily contact will accomplish most of the training with persons reporting to them.

New Employee Orientation: This includes hazards related to specific operations in the assigned work area, and techniques of hazard control or elimination, including accident prevention and situational awareness specific to the work location assigned;

- 1) Workplace Security Training; and,
- 2) Therapeutic Strategies and Interventions Training;
- 3) On the Job Training.

A. NEW EMPLOYEE ORIENTATION (NEO)

New hospital employees will not be allowed to participate in any level of care, patient contact, or emergency response activities until they have successfully met the safety training requirements for their respective civil service classification to include certification, or licensure requirements if applicable.

B. WORKPLACE SECURITY TRAINING

Employees must be trained on workplace security policies and procedures. Training may include presentations by local law enforcement agencies or contracted safety consultants.

The Program/Department Managers and Supervisor, or designee, are responsible for informing employees of policy updates and ensuring employees complete required training. Training topics shall include but is not limited to:

- 1) Use, resetting, and known deficiencies of current alarm systems
- 2) Incident reporting procedures
- 3) Emergency Response Plans
- 4) Post-Incident reporting and follow-up
- 5) Procedures and individual roles in implementing facility-specific workplace violence prevention programs
- 6) Proper tool security and storage in patient areas.

C. THERAPEUTIC STRATEGIES AND INTERVENTIONS (TSI)

Assaults by patients upon employees are a frequent cause of workplace injuries within the DSH system. In order to provide guidance on how to avoid and minimize assault risks, help reduce injuries, and provide protection to our employees and patients, TSI training is provided to all employees.

There are three levels of TSI, and employees are mandated to attend one or more of the three levels annually or bi-annually based on their classification. Managers and supervisors are responsible to ensure their employees receive the appropriate level of TSI training. TxT and support to Patient Care staff will take 16 hours of TSI training during NEO and a minimum of 6 hours of annual TSI review. Other Support Staff will receive 8 hours of TSI training during NEO and a minimum of four hours of annual review. See [AD 554](#) for further details.

D. ON THE JOB ORIENTATION

All new employees shall participate in general facility orientation and also receive on-the-job orientation; the orientation will include the use of the supervisor's check off sheet. When a new employee is about to start work, the supervisor orients each person to the job. Furthermore, whenever new substances, processes, procedures, or equipment are introduced to the work place, training will be provided to all new to the department employees, veteran staff as well as new facility employees.

- 1) The supervisor will:
- 2) Orient the employee to the work place. Any special plans or procedures will be discussed with an emphasis on safety;
- 3) Show the employee the work area and discuss what the employee will be doing and what the hazards involved are;
- 4) Discuss the Safety Program and any safety and performance expectations with the employee;
- 5) Provide the employee with necessary Personal Protective Equipment;
- 6) Familiarize the employee with the Injury Illness Prevention Program Safety Manual, Site Specific Safety Manual, Program/Department Procedural Manual, and all other manuals as needed;

- 7) Monitor the employee periodically during the day and for several weeks afterwards, and correct the employee when tasks are performed improperly or unsafely. Assure employees are trained with all equipment in their work area.
-

XII. HAZARDOUS MATERIALS COMMUNICATION PROGRAM

CCR [Title 8, Section 5194](#) states that employers shall provide information to their employees about the hazardous substances to which they may be exposed, by means of a hazard communication program:

A. HAZARD COMMUNICATION PROGRAM POLICY

The policy of DSH-Coalinga is to protect the welfare of employees, patients, visitors, volunteers, and the community environment by maintaining an effective Hazard Communication Standard (HCS) and proper handling, labeling, storing, using, and disposing of hazardous materials, hazardous waste (RCRA & Non-RCRA), universal waste, pharmaceutical waste, biomedical waste, dental waste, and laboratory waste (bio waste).

B. COMMUNICATION

1) Definition of a Potentially Hazardous Material

OSHA defines a potentially hazardous chemical as “any chemical which can cause harm to an employee.” Chemical manufacturers, importers, and suppliers are required to determine the hazards of each product they produce or distribute.

2) Right To Know

DSH hospitals are required to identify and list all hazardous chemicals in the workplace to which our employees may be exposed. Supervisors are responsible for the completion and update of the Hazardous Materials Inventory List annually. Supervisors are also responsible for maintaining a Safety Data Sheet (SDS, formerly titled Materials Safety Data Sheets – MSDS) for each hazardous material, making sure hazardous material containers are properly labeled and signing area inventory sheets. The process for monitoring hazardous chemicals must also be addressed in each Department/Program Site Specific Safety Plan

3) Hazard Communication Coordination

Communicating and informing:

- a. It is the responsibility of the H&SO to provide notification to all employees, visitors, vendors, contactors, patients as well as new employees during NEO of locations of asbestos, mold, and IAQ (sewage gas/tobacco odor) within the hospital.
- b. It is the responsibility of DSH-C’s Public Health and Infectious Control nurses to inform employees, visitors, vendors, contactors, and patients about bio-hazardous contaminated and infectious outbreak(s) within the hospital.

Correcting, abating, and remediating the problems shall be the responsibility of:

- a. Associate Hazardous Materials Specialist (AHMS) through the Chief of Plant Operation III
- b. General Service Manager(s)/supervisors
- c. Program Manager(s)/unit supervisors
- d. Department Police Services
- e. Public Health Nurse

4) **Hazardous Material Inventory**

The AHMS will assist each program in developing an inventory of hazardous materials that workers may be exposed to during normal work procedures or in the case of emergencies such as exposure, leaks, and spills. This inventory must be updated annually. A copy of the current inventory is retained in the SDS Binder located in the work-site. In most cases, the manufacturer or supplier of the chemical will do a hazard evaluation. This hazard information is then required to appear on the label of each container. The supervisor is responsible for making sure that each chemical container is checked for hazard information. Each supervisor must check their inventory list against the SDS forms received from suppliers.

C. SAFETY DATA SHEETS (SDS)

“Right-to-Know” is part of the Hazard Communication Standard (HCS), which states that employees have a right to know what chemical hazards they face on the job and how to protect themselves from these hazards. DSH-Coalinga will ensure that employees are provided with labels, access to SDS, SDS binders and training on the hazardous chemicals onsite.

All hazardous materials and wastes in the hospital shall have a current, legible, and complete SDS readily accessible during each work shift to employees when they are in their work area(s). SDS shall be kept in a binder with an alphabetically arranged index.

DSH-Coalinga is required to provide all staff with training on the change from the MSDS system to the SDS system. This training video is available for all staff on the intranet -> Video Portal -> Health & Safety. All supervisors are required to ensure all staff view the video and collect

D. LABELING

1) Labeling Requirements

- a. Each container shall be labeled with product identity, manufacturer, and a hazard warning statement.
- b. A list of hazardous materials may be affixed in the storage area when materials are transferred to any container other than the original container. The list shall include product name, manufacturer, and hazard warning statements.
- c. Unless the employee filling a secondary container during their work-shift user the entire portion of the material, a label will be placed on secondary containers, and will include product identification and hazard warnings.

2) Hazards and Protective Measures

- a. Program or Department Head representatives will ensure all materials are properly stored to prevent patients, untrained employees, and visitors from accidental exposure. Pesticides shall be stored separately from other chemicals, and all chemicals should be stored below head level.

E. TRAINING

- 1) The Training Department provides new employees an overview of DSH-C’s Hazard Communication Standard (HCS) based on the “Right-to-Know.” The labels, pictograms or signal words, SDS, and employees training system (chemical inventory, video, quiz

etc.) will be the basis for this training. In addition, the Training Department will provide a refresher course during ART that addresses the requirements of the HCS

- 2) Training on the proper handling and disposal techniques of hazardous materials/substances/wastes shall be provided for all new employees as part of hospital orientation.
- 3) Employees who transfer from one area of the facility to another and employees of contractors who work with or have potential for exposure to hazardous materials will receive training at their work site. Ongoing Hazardous Material Safety Training shall be conducted by supervisors for employees who are exposed to hazardous materials on a routine basis. All employees shall receive HMST annually.
- 4) Requirements of the Employee Training shall include:
 - a. Federal Hazard Communication Regulation.
 - b. The location(s) of the SDS Binder.
 - c. Location and availability of the written DSH-Coalinga Hazard Communication Program³⁵.
 - d. Location and availability of the written DSH-Coalinga Managing Hazardous Materials, Universal, Pharmaceutical, and Medical Wastes Management Program.
 - e. Site specific training for hazardous materials unique to their area of responsibility is conducted by area Supervisor.
 - f. Employees working with hazardous waste are to receive appropriate training in the safe handling and disposal of the specific waste with which they are assigned
 - g. Supervisors shall include hazardous materials in the safety inspection checklist during the monthly safety meetings. Agenda shall include labeling, segregation, storage, and review of current inventory lists
 - h. Methods and observations that may be used to detect presence or release of hazardous materials in the work area such as monitoring devices, visual appearance, or odor.
- 5) Outside contractors employed by DSH-Coalinga shall be:
 - a. Informed of the Right to Know Law.
 - b. Asked to ensure they maintain SDS on any hazardous materials they will use.
 - c. Comply with Cal/OSHA code for safe handling.

F. PERSONAL PROTECTIVE EQUIPMENT

Protective Clothing

Employees are to wear full body protection while preparing and handling corrosive materials (e.g., paint removers, ammonia, detergents, carboys of acid, as well as handling other hazardous or contaminated materials).

Eye Protection

All employees working in or entering an area where a recognized eye hazard exists are to wear suitable eye protection. Prescription eyeglasses and sunglasses are not classified as safety glasses and contact lenses themselves do not provide any protection. Ordinary safety glasses are satisfactory for 90% of the situations requiring eye protection. Safety glasses

are to be fitted to the individual and used only by that individual. Safety glasses, goggles, and/or face shields shall be furnished by the State and shall be worn by employees when exposed to eye hazards.

When danger exists from penetrating objects, debris from chipping, grinding, and demolition work, chipper cup goggles, or the equivalents are to be used. Chemical splash goggles are to be used where exposure to chemical agents with caustic and acid solutions may occur. Moreover, eyewash stations are to be provided in areas when there is exposure to chemical splash.

In addition to eye damage from physical and chemical agents, eyes may be subject to radiant energies, (e.g., welding). Welders shall wear welding hoods/helmets with the appropriate filter shade lens.

Head Protection

Employees doing work, which exposes them to danger of falling objects, such as tree trimming, trench digging, maintenance operations, and similar occupations, are to wear hard hats or caps. These are available through Plant Operations.

Hand Protection

Employees encountering extremes of temperature, handling objects with rough or sharp edges or surfaces, using solvents and corrosive materials, and performing similar work will be supplied with suitable gloves or other protection for their hands.

Foot Protection

The use of safety shoes is recommended in areas where considerable material handling is done. Where rubber boots are provided, if worn in areas subject to being punctured by nails, glass, etc. must be of the type which have steel inserts in the sole and instep. Trousers legs are to be worn outside of boots to prevent injury from substances, which might otherwise get into the boot; for example, hot water.

Hearing Protection

In areas of high noise or in the operation of equipment with a high noise rating, hearing protection (earmuffs, ear plugs) must be worn. The Noise Reduction Rating (NNR) of the hearing protection worn shall reduce personnel's exposure to below 85 dB of noise. These are available through Plant Operations.

Back Protection

Repetitive activities such as bending, stooping, and lifting contribute to back pain/injury. Employees should follow correct body mechanics whenever possible. Equipment such as patient mechanical lifts, Hi-Lo beds, ambulating/transfer belts, floor jacks, forklifts, etc., should be used by staff to reduce the amount of lifting and to minimize the potential for back pain. Supervisors are responsible for the procurement of such equipment.

XIII. ERGONOMICS PROGRAM

Repetitive Motion Injuries (RMI) is damage to muscles, nerves, tendons, and other soft tissues, resulting from overuse or misuse. The resulting injuries range from writer's cramp to Carpal Tunnel Syndrome. Increasing the level of ergonomic awareness, can often be at little or no cost, can do much to improve the health of the work environment.

Mini-breaks, even as short as 10 seconds, are recommended throughout the day. A mini-break may consist of a stand-up stretch, a few simple hand exercises, shoulder shrugs, neck rotations, or similar activities. Research has found that short, frequent breaks actually are more beneficial than longer, more infrequent breaks. Alternating tasks not only reduces the risk of ergonomic injury but provides employees with a variety of work to keep them interested and engaged. Stress through prolonged sitting can be resolved to a great extent with increased awareness of correct posture. Three basic sitting positions can promote a healthy posture: The torso may be positioned slightly forward, upright, or slightly reaching-and always with both feet resting comfortably on the floor or on a footrest. Research also indicates that when workers are trained to adjust their furniture, benefits accrue. Normally, people in offices self-correct problems by resting or changing positions when they feel physical discomfort.

A. BACK SUPPORT AND LIFTING PROGRAM

It is the commitment of this facility to provide administrative, as well as engineering controls, to protect employees against injuries sustained on the job. The purpose of this program is to outline specific lifting practices and procedures to ensure the principles of proper lifting and handling are incorporated into employees' daily work practices. This program applies to all employees whose job duties require lifting or handling of individuals or materials.

1) Definitions

- a. **Lifting** applies to any type or method of handling individuals and/or materials: lowering, raising, moving, etc.
- b. **Manual Lifting** refers to "hands on" lifting which requires the unassisted physical effort of an individual.
- c. **Mechanical Lifting** refers to lifting utilizing mechanical devices such as hoists.
- d. **Supportive/Non-Mechanical Lifting** refers to lifting utilizing personal assistive devices such as back support belts.
- e. **Administrative Controls** are procedural controls or measures designed to reduce specific safety concerns encountered at the work-site which may result in injury. Such measures include safe work practices and procedures and specific safety training and education.
- f. **Engineering Controls** are mechanical controls or measures instituted to reduce or alleviate specific safety problems which may result in injury. Such measures include redesigning the physical site and/or distributing assistive devices to the employees, such as back support belts.
- g. **Ergonomics** is the study of the work environment. It refers to the modification of the work environment, or work station, to suit or meet the needs of a worker.

2) RESPONSIBILITIES

Management

- a. Responsible for allocating and providing adequate resources and supplies necessary to support the lifting policy.

Supervisors

- a. Responsible for ensuring the lifting policies, as well as safe lifting practices and procedures, are followed.
- b. Responsible for overseeing on a regular basis, lifting techniques and practices employed by their staff. This includes documenting findings, and taking necessary

- corrective actions for unsafe lifting practices.
- c. Assures unsafe conditions in the work environment are corrected in a timely manner.
 - d. Assure staff attends training prior to assignment of tasks which primarily require lifting of heavy loads.
 - e. Assures that any lifting equipment used on the job is maintained in proper operating condition, and any defective equipment is removed, repaired, or replaced as necessary.

Employees at all levels are responsible for:

- a. Integrating safe lifting practices into their daily on-the-job responsibilities.
- b. Reporting the presence of unsafe work conditions and/or practices that exist at the work-site.

Health & Safety Officer: Recommends policy, development, and coordination to ensure compliance with relevant federal and state laws and regulations.

3) **Specific Safety Provisions:** These provisions require that:

- a. All employees observe "No-Manual-Lift Zones," where and if applicable, as pre-determined by each location's policy. No-Manual-Lift Zones are pre-designated work areas where employees are allowed to use only mechanical lifting equipment for handling individuals or materials.
- b. All employees who use mechanical or personal assistive lifting equipment are trained prior to use on the job. No employee is to use mechanical or personal assistive lifting devices unless he/she has been trained in the purpose, use, and care of such equipment.
- c. Any unique lifting requirements is posted on each unit in an area that is clearly visible to staff, or is otherwise distinctly noted.
- d. All assistive lifting equipment utilized is maintained in proper working condition.

4) **Lifting Provisions**

- a. **Manual Lifting:** All employees shall adhere to safe and proper lifting techniques and practices. Employees shall use proper body mechanics whenever possible when performing this type of lifting. Manual lifting should be utilized as the last choice technique. The maximum weight an employee may lift alone is 50 lbs. However, an employee should never lift anything that he/she is unsure, or does not feel capable, of lifting no matter what the weight is. In situations where the employee doubts his/her lifting capability, the employee should ask for assistance, use a mechanical lifting device if available, or inform the supervisor.
- b. **Mechanical Lifting:** This method of lifting is employed when mechanical devices are available and is the first choice method to use in situations where substantial and/or heavy lifting or handling is required. Individuals/materials weighing greater than 100 lbs. shall require the use of mechanical assistance (i.e. mechanical lifts/hoists, floor jacks, dollies, etc.). All employees who use mechanical devices will receive training prior to use on the job.
- c. **Supportive/Non-Mechanical Lifting:** This method utilizes assistive devices such as back belts which may be obtained through the Program Director/Department Head. The facility will issue the back belt and replace it when necessary. Should an employee lose the back belt the employee will reimburse the hospital.
- d. **Education and Training**

Employees, who perform lifting tasks as part of their regular duties, are to receive job specific training. Minimally, the training will address principles of proper lifting/handling of individuals and/or materials, including proper techniques and body mechanics, mechanical lifting, and use of personal assistive devices.

XIV. RETURN-TO-WORK PROGRAM

Any employee who has been off duty for an extended period of time may be required by their Supervisor or in accordance with their bargaining unit agreement to obtain a physician's note in order to return to work. For the H&S Unit Return-to-Work coordination, any employee who is out more than ten (10) days must present a physician's note stating the employee is allowed to return to full duty to the OHC prior to returning to work. A copy of this clearance shall be given to the employee's Supervisor, and another copy will be forwarded to the RTWC. If limited duty is necessary (restricted to a maximum of 60 days), arrangements must be made through the RTWC. Also, see A.D. 906; Sick Leave; The State of California provides the benefit of a sick leave program for its employees in the event of health care problems.

A. RETURN TO WORK COORDINATOR RESPONSIBILITIES

- 1) The RTWC will assist the employee in facilitating appropriate medical treatment.
- 2) The RTWC will maintain the Cal/OSHA Log 300 for all reported employee injuries and illnesses. Upon receipt of the Employees Claim for Workers' Compensation Benefits (SCIF 3301/DWC Form 1), the Health & Safety Department will review each case for benefit eligibility.
- 3) If benefits are due, page 1 of the State Compensation Insurance Fund (SCIF) Form 3067 will be prepared via internet access to SCIF. If internet access is not available, a manually generated completed Form 3067-page 1, will be completed and faxed to SCIF. A printed copy from the internet submission or fax will be placed in the employee's Worker's Compensation file maintained by Health and Safety and a copy will be provided to Personnel. Both the SCIF Form 3301 and Form 3067-page 2 must be submitted to SCIF no later than the fifth day after the injury or illness was reported to the immediate supervisor.
- 4) An accident that results in death, in-patient hospitalization for more than 24 hours for other than observation, amputation or any serious degree of permanent disfigurement, shall be reported immediately by telephone to Cal/OSHA's Division of Industrial Safety and State Compensation Insurance Fund within 8 hours by an approved designee. Serious injury or illness means any injury or illness which requires inpatient hospitalization for more than 24 hours for other than observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement. Notification to SCIF must be followed-up with a completed SCIF Form 3067-page 1, if not previously submitted.
- 5) The RTWC shall coordinate activities necessary for providing Workers' Compensation benefits to those employees who qualify.
- 6) The RTWC shall meet, as needed, with appropriate managers and supervisors to review the status of employees on Worker's Compensation to discuss concerns regarding recurring employee injuries and causes of injuries attributed to poor safety practices in the Programs and Service Areas.
- 7) The RTWC will meet with the Hospital Administrator, Assistant Hospital Administrator, Human Resources Manager, Employee Relations Officer to review Worker' Compensation on a routine basis, as indicated by the Hospital Administrator.

- 8) The RTW C shall meet on an "as needed" basis with the Personnel Officer to develop recommendations to the Executive Director as to those cases, which have a need, or potential need, for alternate work placement.

B. NON-INDUSTRIAL INJURY/ILLNESS

- 1) Employees with non-Industrial injuries/illness are to utilize their own Health Care
- 2) Benefits for medical treatment.
- 3) Employees off work for non-industrial injuries must be cleared through the Occupational Health Clinic with a doctor's note substantiating that they can resume their full duties when directed by their supervisor, and as indicated in the MOU contracts.

C. STATE COMPENSATION INSURANCE FUND RESPONSIBILITY

State Compensation Insurance Fund (SCIF) is identified as the third-party entity to administer claims for the State of California. They determine whether or not the injury or illness is work related, pay medical and related injury costs, Workers' Compensation benefits, and Supplemental Job Displaced Benefit costs. Additionally, for very serious and lengthy injuries, the payment of Permanent Disability benefits and awards granted by the Workers' Compensation Appeals Board are administrated by SCIF. SCIF also authorizes the injured employee to change physicians, or to consult with other medical specialists, if necessary.

D. OCCUPATIONAL INJURY/ILLNESS REPORTING PROCEDURES INJURY/ILLNESS INVESTIGATION

Cal/OSHA requires that occupational injuries and illness be investigated in accordance with established procedures.

A primary tool used by DSH-Coalinga to identify the areas responsible for accidents is a thorough and properly completed accident investigation. The results of each investigation will be in writing and submitted on a SRMI or on the Supervisor's and Managers Reviews sections on page 2 of the SCIF 3067 for review by Management and then the RTWC to assure completeness and proper corrections have been taken.

Injury and Illness investigation is an essential element of an IIPP. The purpose of the accident investigation is to determine what factors, conditions, and or practices contributed to the accident, so that proper action can be taken to prevent a recurrence.

Minor incidents or near misses should be investigated since they are usually a warning of potential hazards that could result in serious injuries or illnesses to employees.

It is essential that accidents be investigated as soon as possible while facts are still clear and more details can be remembered. Timely investigations also help make accident reconstructions easier.

Supervisors will investigate the accident for the purpose of determining the cause(s). All investigations should be conducted within 24 hours of an incident. Documentation of the accident will be done using SRMI. This report will be reviewed by the H&S Department to determine what corrective action(s) should be taken.

E. WORKERS' COMPENSATION BENEFITS

It is the responsibility of the RTWC, with the assistance of the Personnel Office and SCIF, to coordinate activities necessary for providing disability compensation to employees who qualify.

Employees who sustain an injury or become ill from direct causes attributable to employment may be entitled to benefits under Workers' Compensation Law, including medical care, hospitalization, temporary/permanent disability benefits, and Vocational Rehabilitation. These benefits are compensable in accordance with the provisions of the WCL.

F. LIMITED DUTY PROGRAM

When an employee is not able to return to full duty status after an injury, they may be returned to work on a Limited Duty Assignment.

Limited Duty Assignments are administered in accordance with all the following criteria:

- 1) When a physician substantiates the need;
- 2) When the assignment is in accordance with the physician's instructions;
- 3) When the assignment provides needed services;
- 4) When the employee is able to satisfactorily perform the work;
- 5) When there is a prognosis for improvement of the illness or injury.

The duration of Limited Duty Assignments will generally be no longer than 45 calendar days, with a possibility of a 15 days extension, except where specified in Bargaining Unit agreements. In totality, no Limited Duty Assignment shall extend past 60 days.

G. FITNESS FOR DUTY EXAMINATION

In accordance with Government Code Section 19253.5, management may require an employee to submit to a medical examination to evaluate their ability to perform their assigned duties. This medical exam process may be used under the following circumstances:

- 1) Signs or symptoms of medication, controlled substances, or alcohol on the employee;
- 2) Complications arising from an injury or illness;
- 3) Employees with a pattern of sick leave abuse or excessive absenteeism;
- 4) Employees chronically ill and cannot meet performance expectations;
- 5) Employees returning from a medical leave of absence.

If an employee's physical, mental, or emotional condition or actions falls into one or more of the above described areas, a medical Fitness for Duty Examination may be requested. A brief work history and the reason for requesting a Fitness for Duty Exam must be attached to the request and submitted.

XV. INFECTION CONTROL PROGRAM

Each DSH facility responsible for patient care maintains a site-specific Infection Control Program and Committee. Infections associated with the facility are potential hazards for all persons having contact with the Hospital. Therefore, effective measures for the control of infections must be established, instituted, directed, reviewed, and changed as appropriate.

It is the responsibility of all employees to inhibit the spread of infections by all appropriate means. Responsibility for monitoring the infection control program is given to the ICC. Please see the Infection Control Manual for more information.

A. VECTOR PEST CONTROL

It is the policy of DSH-Coalinga that the Pest Control (Vector) Technician will provide services to any department, program or other area located on the grounds of DSH-C. The Pest Control (Vector) Technician or private contractor will control and/or eliminate any concentration of rodents, insects or vermin that may pose a threat to the health and wellbeing of any hospital client or employee.

Routine Vector Control services may be obtained by submitting "Report of Rodents, Insects or Vermin" to the Vector Control Office by calling Plant Operations⁴.

Emergency pest control services may be requested for any of the following:

- 1) Removal of rattlesnakes anywhere on the hospital grounds.
- 2) Removal of bee and wasp nests that are considered a hazard to clients or employees.
- 3) Removal of black-widow spiders from inhabited client or employee areas.
- 4) Removal of honeybee swarms in close proximity to clients or employees.
- 5) Removal of bats from occupied units or other buildings housing clients or employees.
- 6) Removal of animals (dogs, cats, skunks, deer, etc.).
- 7) Removal of rats from any building.
- 8) Removal of dead animals.

A. ANIMAL BITE PROCEDURE

It is the policy of DSH-Coalinga that the Health & Safety Office, Public Health Office, and the Vector Control Technician shall be notified immediately whenever any person is bitten by an animal on the Hospital grounds. During non-business hours notify Hospital Police.

XVI. RESPIRATORY PROTECTION PROGRAM

Whenever possible, engineering controls will be used to provide a safe working environment for employees. When engineering controls are not possible, respiratory protection programs will provide appropriate guidelines for respirator usage. Firefighters are subject to additional regulations concerning their protective clothing and equipment.

It is the policy DSH-Coalinga to utilize engineering or work practices as the primary means to protect employees from hazardous conditions or dangerous atmospheres that may be encountered in routine operations or in emergencies. Respirators are considered an acceptable method of protecting the health of employees only under the following circumstances:

- 1) When it has been determined to the satisfaction of the H&SO that there are feasible engineering or work practice controls that cannot be used to adequately control the hazard.
- 2) During the interim periods when engineering controls are being designed, used and/or installed.
- 3) During emergencies.

⁴ For further information see Administrative Directive #710, Vector Control

A. INTERPRETATIVE GUIDELINES:

Approved Respirator Protection Equipment – Tested and listed as satisfactory according to standards established by the National Institute for Occupational Safety and Health (NIOSH), Mine Safety and Health Administration (MSHA), to provide respiratory protection against the particular hazard for which it is designed. In some instances, approval authority may be specified by law.

- 1) Immediately Dangerous to Life or Health (IDLH) – A condition posing an immediate threat of severe exposure to contaminants likely to have adverse delayed effects on health. This condition includes atmospheres where oxygen content by volume is less than 16%.
- 2) Confined Spaces – Refers to a space which by design has limited openings for entry and exit; unfavorable natural ventilation which could contain or produce dangerous air contamination, not intended for continuous employee occupancy.
- 3) Emergency – An unplanned event when a hazardous atmosphere of unknown chemical or particulate concentration suddenly occurs, requiring immediate use of a respirator for escape from or entry into the hazardous atmosphere to carry out maintenance or some other task.
- 4) Respirator – A device to provide the wearer with respiratory protection against inhalation of airborne particles and, for some devices, oxygen deficient atmosphere.

B. RESPONSIBILITIES:

- 1) The Training Department will report quarterly to the Safety Committee regarding the management, training, and annual fit testing conducted at DSH-Coalinga. The Health & Safety Department will make recommendations based upon reports to ensure the respirator program complies with Cal/OSHA regulations.
- 2) Plant Operations, Department of Police Services, and Training will:
 - a. Administer a Respiratory Protection Program.
 - b. Conduct Fit Testing using currently approved methodologies.
 - c. Provide effective training to employees who are required to use respirators prior to employees Fit Testing.
 - d. Conduct evaluations of the program to ensure that the respiratory protection program is being properly implemented, and employees are using respirators properly.
 - e. Establish and retain written information regarding fit testing and the respirator program.
- 3) Occupational Health Clinic will:
 - a. Perform medical tracking on employees.
 - b. Determine if workers assigned to tasks requiring the use of respirators are physically and physiologically able to perform work required.
 - c. Maintain medical records.
- 4) The Department Manager and/or Supervisor of a department whose employees are required to use respirator protection devices will:
 - a. Prepare respirator procedures for all work areas.
 - b. Budget for and provide respiratory protection equipment when required for their work.
 - c. Provide annual training and familiarize workers with work procedures on respirators used.
 - d. Determine if procedures for IDLH's situations are required. If required, prepare standing operating procedures and submit to the Fire Department for review and approval.

- e. Ensure employees utilizing respiratory protection equipment are not wearing contact lenses while wearing a respirator.
 - f. Repair or replace defective respirators, when necessary.
 - g. Ensure respiratory protection equipment is stored in a sanitary condition within the work area.
5. The Respirator User Will:
- a. Use respirators according to the instructions and training.
 - b. Perform positive and negative pressure test (when required) to ensure satisfactory face fit and valve functions each time the respirator is donned.
 - c. Perform primary maintenance and cleaning of assigned respirator.
 - d. Notify immediate supervisor of a non-functional respirator or if it is suspected that a different level of respiratory protection is needed.

C. PROCEDURES:

1. All employees who wear respiratory protection must successfully complete a respiratory protection medical examination. The Occupational Health Clinic will refer employees medically fit to use respirators to Plant Operations for training and fit testing.
2. Employees having problems with their respirators shall notify their supervisors immediately.
3. Supervisors are responsible for ensuring employees are kept current under this policy and provide annual training.
4. Respirators will be issued to employees upon being medically qualified, trained, and fit tested.
5. A record of the employees' respirator training and fit testing will be maintained by employees' work-site supervisors, Training, and OHC.
6. Technical information pertaining to current approved respirators and their limitations is available to supervisors and employees through Plant Operations.
7. Supervisors or employees will advise Training of changes in work operations to include new equipment, new chemicals, building modifications, or special training requirements that may affect respiratory safety.

D. CONFINED SPACE PLAN

It is the policy of Department of State Hospitals to implement and maintain a comprehensive safety program to prevent hazards to employees working in confined spaces.

Confined Space Entry Program is developed and established to identify, evaluate, and control such spaces, and more important, to detail procedures and responsibilities for entering and working within confined spaces.

Adherence to the policies and directives contained in this program is mandatory for all supervisors and employees. Supervisors and employees failing to follow this program are subject to disciplinary action and/or dismissal.

1) Definition

Definitions of confined spaces include tanks, vats, vessels, boilers, compartments, ducts, sewers, pipelines, vaults, bins, silos, tubs and pits⁴⁴. If it is determined that existing ventilation is insufficient to remove dangerous air contamination or prevent oxygen deficiency/enrichment, the following procedure shall be implemented.

- 2) Procedure
CCR, Title 8, Sections 5158 and 5159 - Provisions for entering confined spaces:
 - a. Before entering a confined space, purge for flammable or injurious substances by using a blower fan.
 - b. Call Fire Services to test for gases and sufficient oxygen.
 - c. Have a Firefighter, or qualified person trained in CPR, standby for assistance in case a need for rescue arises.
 - d. Prior to entering confined spaces all employees must wear a body harness and lifeline, with a lifting device (tripod) set up over opening.
 - e. Self-contained breathing apparatus shall be at the work-site; standby person shall be trained in its use and proper facial fitting. Breathing apparatus shall be stored and maintained at Fire Services.
 - f. Test results shall be recorded and kept on the job-site until work is completed. The test results shall be entered in the Fire Station log as a permanent record. The sampling of air shall be frequently tested while the work is in process.

- 3) Special Note
 - a. Lifting device shall be available on the Plumbing Shop's emergency vehicle.
 - b. The air analyzer will be stored at Fire Services.
 - c. The selected standby person shall remain at the job-site and have no other responsibility until the work that is required is completed.

- 4) Protective Clothing
Plant Operations will provide protective clothing for employees working at the Sewage Plant and Central Supply as listed:
 - a. Plastic coated jackets; pants, hats, gloves and rubber boots will be provided by Plant Operations.
 - b. Latex gloves, disposable plastic surgical, one-piece jumpsuits and hats will be provided by Central Supply.

- 5) Standards for Implementation
 - a. Section 5157 (b) - Operating Procedure and Employee Training:
Certified individuals will give training of all affected employees, with written instructions as outlined in this section.
 - b. Section 5158 (b) - Purging of confined space:
Purging of spaces will be performed by Plant Operations staff prior to testing for contamination of air by Fire Services.
 - c. Section 5158 (c) - Testing of Dangerous Air:
Air samples shall be taken, and if a sufficient amount of air quality is available, Fire Services will give authorization for entering the space.
 - d. Section 3383 (a) - Body Protection:
Protective clothing shall be provided for employees whose work exposes parts of their body to hazardous or flying substances or objects.

XVII. HEARING CONSERVATION PROGRAM

CSH maintains a detailed program to prevent hearing damage or loss in staff. This section lists those noise thresholds considered dangerous or requiring protective equipment.

DEFINITIONS:

Audiogram - A chart, graph, or table resulting from an audiometric test showing an individual's hearing threshold levels as a function of frequency.

Noise - Unwanted sound.

Approved Hearing Protection Device - Hearing protection devices approved by Health & Safety for use at DSH-Coalinga.

A. INTERPRETATIVE GUIDELINES

Noise hazard evaluations will be performed on an annual basis. A copy will be sent to the off-site medical clinic responsible for performing audiograms for DSH-Coalinga employees.

- 1) The Health & Safety Department will:
 - a. Post all noise hazardous areas with appropriate warning signs.
 - b. Determine appropriate hearing protective devices to be worn in noise hazard areas.
- 2) Supervisors will ensure:
 - a. Appropriate approved hearing protective devices are available to all employees entering noise-hazardous areas.
 - b. Employees are properly utilizing hearing protective devices and will take appropriate disciplinary action, if necessary, to enforce the use of hearing protective devices in designated noise-hazardous areas.
 - c. Employees receive annual training as required by this policy.
 - d. Employees are released for medical surveillance and/or audiometric monitoring.
- 3) Employees will:
 - a. Properly wear hearing protective devices in noise-hazardous areas and will acquire appropriate hearing protective devices from Plant Operations-Maintenance Warehouse or Central Plant.
 - b. Report when notified by Occupational Health Clinic for medical surveillance and/or audiometric monitoring.
 - c. Report any unsafe conditions to their immediate supervisor.
 - d. Participate in annual training as required in this policy.
 - e. Plant Operations-Maintenance Warehouse and Central Plant will ensure only approved hearing protective devices are available.
- 4) Occupational Health Clinic (OHC) will:
 - a. Make annual appointments with the off-site medical provider for employees identified by Health & Safety to participate in the Hearing Conservation Program.
 - b. Retain records as indicated in this policy.
- 5) Off-site Medical Provider will:
 - a. Provide DSH-Coalinga Health & Safety Department and Occupational Health Clinic (OHC) a copy of the employee's Audiogram and Audiometric History Form (baseline and annual).
 - b. Provide DSH-Coalinga Health & Safety Department annually a copy of the Ambient Noise Measurements of the Audiometric Test Room.
 - c. Provide Health & Safety Office a copy of the Certificate of Audiometer Calibration annually.
 - d. Communicate immediately to Health & Safety any employees who have an abnormal or inconsistent test results, including recommendations made to employee.

B. TRAINING

A training program will be provided annually for all employees who are exposed to noise at or above the action level. The following topics will be addressed:

- 1) The Effects of Noise upon Hearing.
- 2) Hearing Protective Devices.
- 3) Audiometric Testing Program.
- 4) Employees will also receive a copy of Article 105, Control of Noise Exposure. Also, a copy of Article 105 will be posted in Plant Operations and the Fire Department.

C. RECORDKEEPING

- 1) Exposure Measurements: An accurate record of noise exposure measurements will be maintained by Health & Safety.
- 2) Audiometric Tests: All employees' audiograms will be placed into the employee's file at the Occupational Health Clinic (OHC).
- 3) Audiometric Test Room: The off-site medical provider will maintain records of the background sound pressure levels in the audiometric test room. The Health & Safety Department will maintain a copy of this record.
- 4) Record Retention: Occupational Health Clinic (OHC) will retain employee audiometric records for at least five (5) years after the employee's separation from employment.
- 5) Access to Records: All records required by Article 105 shall be provided upon request to employees, former employees, representative designated by the individual employee and any authorized representative of DSH.

XVIII. VEHICLE SAFETY POLICY

DSH maintains a fleet of approximately 700 vehicles, and appropriate usage of state owned vehicles is a major piece of any safety plan. Vehicle accidents are costly, but more importantly, they may result in injury to you or others. It is the driver's responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. As such, DSH endorses all applicable state motor vehicle regulations relating to driver responsibility⁵. DSH expects each driver to drive in a safe and courteous manner pursuant to the following safety rules. The attitude you take when behind the wheel is the single most important factor in driving safely.

All state automobiles, rental cars, and privately owned automobiles operated on state business shall have seat belts.

- 1) Prior to authorizing potential drivers to operate state vehicles or private vehicles on state business, employees must attest to having read and understood the provisions of the State Administrative Manual, Sections 0750.1 and 4141, and DSH-Coalinga AD 762.
- 2) Employees shall possess a current Defensive Driver Card for any hospital employee requesting vehicle pool equipment.
- 3) Employees shall have a current California Driver's License appropriate to the type of vehicle(s) or equipment requested.

XIX. RECORDKEEPING

⁵ For further information see Administrative Directive #433, Motor Vehicles, Electric Carts & Miscellaneous Push or Foot Operated Carts; Administrative Directive #762, Vehicle Parking and Traffic Regulations; and Administrative Directive #978, Accident Prevention Program for State and Private Vehicles.

Injury and illness reporting must consistently provide complete and accurate information to identify injury and illness trends, satisfy the reporting requirements of Cal/OSHA and other entities, and comply with state and federal regulations.

A. RECORDKEEPING

DSH-Coalinga is listed as a Category 1 on a designated Cal/OSHA "high hazard" industry list. We have taken the following steps to implement and maintain our IIP Program:

- 1) Records of hazard and risk assessments and inspections, including: the person(s) conducting the inspection, the unsafe conditions, work practices that have been identified, and the action taken to correct the identified unsafe conditions and work practices. These are recorded on the page 2 of the Supervisors/Managers review of a Self-Report of Minor Injury, on page 2 of SCIF 3067 Supervisors/Managers, and/or the follow-up to the Safety Suggestion Form (DSH-Coalinga 021).
- 2) Documentation of safety and health training for each worker, including the worker's name or other identifier, training dates, type(s) of training, and training providers are recorded in the Training and Development Attendance Record We also include the records relating to worker training provided by a construction industry occupational safety and health program approved by Cal/OSHA.

Inspection records and training documentation will be maintained for one year, except for training records of employees who have worked for less than one year which are provided to the worker upon termination of employment.

B. INJURY/ILLNESS RECORDS

There are five important steps required by the Cal/OSHA record keeping system:

- 1) Obtain a report on every injury or illness requiring medical treatment. An injured employee must be given the *Employee's Claim for Worker's Compensation Benefits*, SCIF Form 3301.
- 2) Prepare a *Supervisor's Report of Occupational Injury/Illness* (SCIF 3067) on recordable cases.
- 3) Record each injury or illness on the *Cal/OSHA 300 Log and Summary of Work Related Injuries and Illnesses*, according to the instructions provided.
- 4) Every year, prepare the OSHA Form 300A Summary of Work-Related Injuries and Illnesses post it no later than February 1 and keep it posted where employees can see it until March 1, or provide copies as required.
- 5) Maintain the OSHA Form 300A for 5 years.

C. CAL/OSHA COMPLIANCE

CAL/OSHA safety compliance engineers and industrial hygienists are responsible for enforcing compliance with CCR, Title 8 Safety Orders. They conduct inspections of employers' safety programs, related records, and physical operations. The compliance engineer or industrial hygienist will meet with the highest authority present at the inspection site. CAL/OSHA considers that individual to be the department's management representative.

APPENDICES

A. GLOSSARY

Accident - An undesired event that results in personal injury or property damage.

Employee - A person legally holding a position in the state civil service with the Department of State Hospitals. (Government Code Section 18526)

Employee Suggestion Box - Is available electronically, on the DSH intranet, or physically in designated locations at DSH facilities. It is intended for all DSH staff to provide suggestions, comments, and ideas about how to make DSH a better place to work; including those suggestions about safety and security. This feedback must have the option of being anonymous. (See Section on Safety Communication)

Inappropriate Gesture - Any gesture that can reasonably be interpreted to be disruptive or threatening to an individual.

Incidents - Any event that results in an employee feeling threatened

Individual - In the context of this plan, 'individual' refers to DSH employees, non-employees, patients and members of the public with no official relationship with DSH.

Injury/Illness - An injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illness includes both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning.

Manager/Supervisor - Any employee that has one or more employees directly reporting to them.

Minor Incidents/Close Calls – Any accident that does not result in an injury or illness.

Patient - DSH patients are individuals who are civil or forensic commitments to the State Hospital system.

Safety - "Safe," "safety," and "health" as applied to employment or a place of employment mean such freedom from danger to the life, safety, or health of employees as the nature of the employment reasonably permits. (**Labor Code 6306**)

Safety Device - Or "safeguard" includes any practicable method of mitigating or preventing a specific danger, including danger of exposure. This includes body substance isolation equipment, personal duress alarm activators, etc. (**Labor Code 6306**)

Safety Liaison - An employee, designated by their program director, who represents their unit and shift at safety committee meetings. Safety Liaisons will communicate safety information to their unit and are encouraged to discuss safety topics and goals at each shift pass-down meeting.

Secure Treatment Area - Zones within a State Hospital campus with increased security, including fences, Sally ports, hospital police and alarm systems.

Site Specific - A designation of site specific indicates plans, policies and procedures designed for an individual DSH location rather than department wide.

Stalking - Stalking is a series of actions that puts a person in fear for his/her safety and is defined as any person who willfully, maliciously, and repeatedly follows or harasses another person and who makes a credible threat with the immediate intent to place that person in reasonable fear for his/her safety or the safety of his/her immediate family. Stalking also includes actions such as surveillance.

Violence - Physical assault, threatening behavior, or verbal abuse.



CALIFORNIA
DEPARTMENT
OF STATE
HOSPITALS

EMPLOYEE CODE OF **SAFE** PRACTICES

KEEPING YOU SAFE IN THE WORKPLACE

*2015/16 Illness and Injury Prevention Plan – Special
Supplement*

July 2015

Employee Code of **Safe** Practices

INTRODUCTION AND SAFETY REMINDERS

How you can stay safe and prevent injuries and assaults

DSH Employee lanyards are specialized break-away safety models.

Employee Code of **Safe** Practices

This guide provides a role-based checklist for all departmental staff who provide direct or indirect services to our patients. These codes are accompanied by many hours of new employee orientation, mandatory annual, and licensing certification courses that will help to keep you and other employees safe from harm, and prevent injuries, illness and assaults. Additionally, the department has published other codes of safe practices, which can be found in each Hospital's Illness and Injury Plan (IIPP).

General Safety Reminders

- 01** Remain vigilant about the potential to be assaulted with all patients and monitor the safety of surroundings at all times.
- 02** If possible, have two employees assigned to work projects in patient areas. If working independently, inform other employees about location and expected duration of work and attempt to remain in areas visible to other staff members.
- 03** If working in a patient housing or treatment area, alert unit-based staff members of the location and the nature of the work.
- 04** When a patient is verbally or physically assaulting you or a fellow staff member, immediately activate your alarm (PDAS) and follow TSI evasive techniques.
- 05** Make sure that your Personal Duress Alarm System (PDAS) tag is charged, activated, and performs prior to your shift.
- 06** Ensure that all tools, utensils, and instruments are safeguarded using departmental tool count procedures. When possible, restrict patient access to areas where work involving tools or instruments is occurring.
- 07** When a patient's behavior (such as standing too close to tools or yelling directed towards you or another staff member) is concerning, alert a unit based staff member about the potential for aggression.
- 08** Attend training on Therapeutic Strategies, Interventions (TSI) every year to review evasive techniques to avoid injury from assaults.
- 09** Report any identified safety or environmental hazards to your supervisor immediately.
- 10** Follow Hospital Safety Policies, and the specific procedures described in the DSH Illness and Injury Prevention Plan (IIPP).

Employee Acknowledgement

I acknowledge that I have read, understood, and will practice the safety directions and reminders contained in this Employee Code of Safe Practices.

Employee Name (Printed)

Employee Signature

Date

Employee Code of Safe Practices

SPECIFIC SAFETY INITIATIVES

How the Department of State Hospitals has been working to keep you safe

DSH Employee lanyards are specialized break-away safety models.

Personal Duress Alarm System (PDAS)

The department is rapidly implementing the PDAS system at our hospitals to improve the safety of staff and patients.

The PDAS system is a Real Time Location System (RTLS). When a DSH staff member pulls down on the badge tag, an emergency alert message is sent via the wireless network. As the message is being sent, the location of the RTLS pager is calculated within milliseconds and the text message alert and location information are delivered to security personnel to be dispatched and also DSH staff within the area of the alarm. The staff member carrying the PDAS badge tag receives an acknowledgement that their call for help has been received.

Initial tests of PDAS have been very successful, and hospitals with PDAS have reported success metrics such as:

- Notification of an incident to the appropriate staff and security personnel went from 5 minutes to 5.5 seconds;
- Notification of an incident to staff in the immediate vicinity of the incident now happens within 6 seconds;
- Police response time went from 5-30 minutes to 1-3 minutes;
- Staff were not able to accurately and precisely locate staff before, and there is now accuracy within a 3 meter circle indoors and 3-6 meters outdoors;
- PDAS identifies the person in need of help by name.

Therapeutic Strategies and Interventions

Therapeutic Strategies and Interventions/ Aggression Reduction Therapy (TSI) training, previously known as Prevention and Management of Assaultive Behavior (PMAB) training, is a program specifically designed by, and for, State Hospital employees working in the Department of State Hospitals (DSH).

This course was compiled by the DSH Statewide Task Force, integrating evidenced-based practices, Wellness and Recovery Principles, and the work of the original PMAB Task Force.

The training program aims to enhance staff skills and knowledge in order for them to work independently or as part of a team to implement strategies that support a safe working environment and a therapeutic milieu for the patients; prevent, suspend and mitigate conditions and circumstances that may lead to use of seclusion and restraints and provide timely and effective post incident care, support and evaluation and in cases where seclusion or restraint is necessary, use established techniques to protect the patient's health and safety, while preserving his or her dignity, rights, and well being.

Employee Code of **Safe** Practices

PSYCHIATRIC TECHNICIANS

DSH Employee lanyards are specialized break-away safety models.

WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

- 01** Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients during escorts, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
- 02** Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms (PDAS).
- 03** Attend daily change of shift meetings to inquire about the status of patients and report any observations indicative of potential risk.
- 04** When a patient's behavior suggests that they may imminently assault you or a fellow staff member, activate your personal alarm. These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
- 05** When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, attempt de-escalation techniques. Specifically, offer a chance to talk to a trusted staff member, spend time in the side room or courtyard, or offer a dose of medication.
- 06** When a patient's behavior suggests that they are at risk of becoming physically aggressive in the near future, document the observations in the patient's chart, and notify the other members of the treatment team of these observations. Concerning behaviors can include an increase in the frequency or severity of psychiatric symptoms or paranoia about certain staff members.
- 07** Attend yearly training on Therapeutic Strategies and Interventions (TSI) to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally diffuse the situation.
- 08** In the event of physical containment of a patient, use proper TSI techniques and utilize any necessary protective equipment, such as gloves, spit guard, or containment blanket.
- 09** When there are tensions between multiple patients and concerns about fights that may put staff members at risk for assault, call Hospital Police Department Officers or staff from a nearby unit to come to the unit.
- 10** Communicate with fellow staff members about leaving the unit and how long you may be gone.

Please be especially aware of direct-care specific safety issues, such as needle stick and biohazard safety

Employee Code of **Safe** Practices

NURSING TEAM

WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

- 01** Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients during escorts, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
- 02** Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms (PDAS).
- 03** Attend daily change of shift meetings to inquire about the status of patients and report any observations indicative of potential risk.
- 04** When a patient's behavior suggests that they may imminently assault you or a fellow staff member, activate your personal alarm. These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
- 05** When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, attempt de-escalation techniques. Specifically, offer a chance to talk to a trusted staff member, spend time in the side room or courtyard, or offer a dose of medication.
- 06** When a patient's behavior suggests that they are at risk of becoming physically aggressive in the near future, document the observations in the patient's chart, and notify the other members of the treatment team of these observations. Concerning behaviors can include an increase in the frequency or severity of psychiatric symptoms or paranoia about certain staff members.
- 07** Attend yearly training on Therapeutic Strategies and Interventions (TSI) to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally diffuse the situation.
- 08** In the event of physical containment of a patient, use proper TSI techniques and utilize any necessary protective equipment, such as gloves, spit guard, or containment blanket.
- 09** When there are tensions between multiple patients and concerns about fights that may put staff members at risk for assault, call Hospital Police Department Officers or staff from a nearby unit to come to the unit.
- 10** Communicate with fellow staff members about leaving the unit and how long you may be gone.

Please be especially aware of direct-care specific safety issues, such as needle stick and biohazard safety

Employee Code of Safe Practices

UNIT-BASED CLINICAL TEAM

Psychiatrists, Psychologists, Social Workers and Rehabilitation Therapists, etc.

DSH Employee lanyards are specialized break-away safety models.

WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

- 01** Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients during escorts, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
- 02** Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms (PDAS).
- 03** Attend daily change of shift meetings to inquire about the status of patients and report any observations indicative of potential risk.
- 04** When a patient's behavior suggests that they may imminently assault you or a fellow staff member, activate your personal alarm. These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
- 05** When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, attempt de-escalation techniques. Specifically, offer therapeutic interventions specific to discipline, such as counseling sessions, phone call to a family member, medication dose, or an enjoyable activity.
- 06** When a patient's behavior suggests that they are at risk of becoming physically aggressive in the near future, document the observations in the patient's chart, notify the other members of the treatment team of these observations, and provide discipline specific treatment recommendations, such as orders for restraint, medication changes, or risk assessment, to reduce this risk.
- 07** Attend yearly training on Therapeutic Strategies and Interventions (TSI) to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally diffuse the situation.
- 08** In the event of physical containment of a patient, use proper TSI techniques and utilize any necessary protective equipment, such as gloves, spit guard, or containment blanket.
- 09** When there are tensions between multiple patients and concerns about fights that may put staff members at risk for assault, call Hospital Police Department Officers or staff from a nearby unit to come to the unit.

Employee Code of **Safe** Practices

OFF UNIT CLINICAL TEAM

Dentists, Dietitians, Clergy, Program Director, Program Assistant, Nursing Coordinator, Service Chiefs and Service Seniors, Unit Supervisor, Supervising Registered Nurses, etc.

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WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

- 01** Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients during escorts, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
- 02** Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms (PDAS).
- 03** When a patient's behavior suggests that they may imminently assault you or a fellow staff member, activate your personal alarm. These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
- 04** When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, alert a unit based staff member about the potential for aggression or attempt de-escalation techniques
- 05** When a patient's behavior suggests that they are at risk of becoming physically aggressive in the near future, document the observations in the patient's chart or notify the members of the treatment team' of these observations. Concerning behaviors can include an increase in the frequency or severity of psychiatric symptoms or paranoia about certain staff members.
- 06** Attend yearly training on Therapeutic Strategies and Interventions (TSI) to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally diffuse the situation.
- 07** In the event of physical containment of a patient, use proper TSI techniques and utilize any necessary protective equipment, such as gloves, spit guard, or containment blanket.
- 08** When there are tensions between multiple patients and concerns about fights that may put staff members at risk for assault, call Hospital Police Department Officers or staff from a nearby unit to come to the unit.

Employee Code of **Safe** Practices

OFF UNIT SUPPORT TEAM

Custodians, Food Service Technicians, Laundry Workers, Cooks, Maintenance Crews, Plant Operations Staff, etc.

WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

- 01** Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
- 02** Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms (PDAS).
- 03** Attend yearly training on Therapeutic Strategies and Interventions (TSI) as indicated by your training category/classification to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally diffuse the situation.
- 04** When tools are required to perform your work, follow tool control procedures, including ensuring that all tools, utensils, and instruments are safeguarded using departmental tool count procedures and when possible, restrict patient access to areas where work involving tools or instruments is occurring.
- 05** When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, alert a unit based staff member or hospital police officer about the potential for aggression, or activate your alarm (PDAS). These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
- 06** If possible, have two employees assigned to work projects in patient areas. If working independently, inform other employees about location and expected duration of work and attempt to remain in areas visible to other staff members.
- 07** If working in a patient housing or treatment area, alert unit-based staff members of the location and the nature of the work.

HOSPITAL POLICE OFFICERS

WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

- 01** Remain vigilant about the potential to be assaulted with all patients and make good decisions about physical proximity to patients; walk next to or behind patients, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
- 02** When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you, a fellow employee, or another patient, alert a hospital police officer, sergeant, or watch commander about the potential for aggression, or activate your alarm (PDAS). These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
- 03** Hospital Police Officers conduct administrative and criminal investigations within the secured treatment areas.
- 04** Wear approved police clothing and shoes that allow quick movement away from any assaults.
- 05** Satisfactory completion of the training requirements in accordance with Penal Code Section 830.3h, 830.38 and Special Order 416.02 (Minimum Training Standards for Hospital Police and Investigators). Satisfactory completion of Regular Basic Academy or POST Modular Levels Three and Two or identified Office of Protective Services (OPS) training. Attend yearly Post Perishable Skills Training and POST Continuing Professional Training, along with required DSH Training.
- 06** When law enforcement safety equipment such as handcuffs and pepper are required to perform your duties and responsibilities, follow all proper DSH policies, procedures, and protocols.
- 07** Tolerance and ability to handle stressful situations; ability to remain calm in emergency situations; and willingness to work at night and to report for duty at any time when emergencies arise.

Employee Code of **Safe** Practices

HOSPITAL POLICE OFFICERS (cont.)

WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

- 08** Engage in appropriate training to ensure possession and maintenance of sufficient strength, agility, and endurance to perform during physically, mentally, and emotionally stressful and emergency situations encountered on the job; and sufficient hearing and vision to effectively perform the essential functions of the job.
- 09** The standard operational needs are met for each work location. If working independently, inform other employees and hospital police officer(s) about your location and expected duration of work and attempt to remain in areas visible to other staff members.
- 10** The standard operational needs are met for each work location. If working independently, inform other employees and hospital police officer(s) about your location and expected duration of work and attempt to remain in areas visible to other staff members.
- 11** Apply sound judgment in the enforcement of hospital rules and regulations and applicable State laws necessary for the protection of persons and property.
- 12** Physically apprehend and control patients or law violators. Remain calm, and think and act quickly in an emergency. Adopt an effective course of action in dealing with unusual situations. Use patience, tact, and impartiality in handling disturbances and confrontations. Communicate convincingly and effectively. Work closely with medical and nursing staff to resolve patient-related problems. Deal effectively with patients, the public, and other law enforcement agencies.