

DSH Injury and Illness Prevention Program

Metropolitan



Safety Handbook

(Revised 7/6/15)

The following framework shall be used by each Department of State Hospitals location to develop, augment and implement site-specific Injury and Illness Prevention and Safety programs.

This template is the agreed upon standard between the Department of State Hospitals and Cal/OSHA. It is the only acceptable template for the Department of State Hospital Safety Programs.

For information or guidance on safety program development, please contact the Risk Enterprise Management at 916-654-0497.

In California, every employer is required by law to provide a safe and healthful workplace for employees. This Injury and Illness Prevention Program (IIPP) has been developed in compliance with labor code section 6401.7 and the General Industry Safety Order (GISO) standard 3203 requirements. This program applies to all management staff, employees, students, contract employees and volunteers.

Metropolitan State Hospital (MSH) is firmly committed to maintaining a safe and healthy work environment. The objective for establishing the IIPP is to reduce the number of injuries and illnesses to an absolute minimum. To achieve this goal, MSH has implemented an IIPP. This program is everyone's responsibility as we work together to identify and eliminate unsafe conditions and practices, in order to reduce and prevent workplace accidents, injuries and illness.

The success and effectiveness of our program is contingent upon the following key elements:

- Program coordination, statistical analysis & trending, and communication of injury prevention methods to be implemented.
- Managers and Supervisors are assigned the responsibility to implement and support the elements of this program and follow up with correction of reported hazardous exposures.
- A Safety Committee that actively evaluates and promotes this IIPP.
- Employee participation in training and safety activities, including the reporting of hazardous exposures, processes and procedures without fear of reprisal.

The method used to accomplish the aforementioned key elements is provided in detail throughout this program. Safety concerns or suggestions may be expressed to a supervisor, manager, Environmental Health and Safety Unit, or safety committee member at any time without fear of reprisal.

We recognize that the responsibilities for safety and health are shared. The MSH Executive Team accepts the responsibility for leadership of the safety and health program, for its effectiveness and improvements, and for providing the safeguards required to ensure safe working conditions.

Michael Barsom, M.D., Executive Director

Edward Park, Hospital Administrator (A)

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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)-Metropolitan. It is established according to the Injury and Illness Prevention Program (IIPP) regulations set forth in the California Code of Regulations Title 8, General Industry Safety Order (GISO) standard 3203; Welfare and Institutions Code 4141; and Labor Code Section 6401.7. The IIPP may also be referred to as the 'Safety Program'. It is the responsibility of all employees to understand and adhere to the standards contained within this handbook.

A. SAFETY PROGRAM GOALS

It is the policy of the Department of State Hospitals to provide its employees with a safe and healthful workplace. In order to achieve this goal, all levels of management and supervision are required to ensure the guidelines of this Injury and Illness Prevention Program (IIPP) are properly followed. Metropolitan State Hospitals Injury and Illness Prevention Program is intended to establish a framework for identifying and correcting workplace hazards for the facility while addressing the legal requirements for a formal written IIPP as set forth in the California Code of Regulations (CCR), Title 8 section 3203.

B. SAFETY PROGRAM EFFECTIVENESS

This document is designed to:

1. Identify the person(s) with the authority and responsibility for implementing the program,
2. Provide a system for communicating workplace health and safety information with employees,
3. Provide employees with a system for access to workplace health and safety information necessary for the safe execution of their job responsibilities,
4. Provide a method for identifying and evaluating workplace hazards, and ensuring that safety inspections are routinely conducted,
5. Provide a protocol and procedure for correcting unsafe conditions and/or practices,
6. Provide employees with workplace health and safety training,
7. Provide a method for record keeping and documentation in compliance with the required elements of this program.
8. Eliminate conditions that may lead to violations of regulatory requirements of Title 8, California Code of Regulations Section 3203.

II. SAFETY PROGRAM RESPONSIBILITY

The IIPP- Administrator for DSH-Metro is: The Environmental Health & Safety Unit Manager Michelle Hamilton.

Safety Program Authority: The Executive Director has the authority and responsibility for implementing the provisions of this plan for DSH- Metro.

Program Location: The IIPP is located on the I-Net under Forms, Health and Safety tab, additionally; hard copies are located in Environmental Health & Safety Unit, Nurses Stations, Plant Operations, Nutritional Services and Program/Supervisors offices.

A. RESPONSIBILITY OF EMPLOYEES

DSH-Metropolitan employees are responsible to act safely and to immediately report work related violence, accidents, injuries, illnesses, and exposures to their supervisor or any manager. Employees will adhere to the Code of Safe Practices for their location, which identifies conduct expected of employees that is designed to ensure a safe work environment while performing their daily duties.

Examples of conduct that are considered prohibited are as follows but not limited to:

1. Physical Assault (spitting, hitting, shoving, biting, kicking, murder, rape, arson, mayhem, use of weapons, and/or throwing any object or substance at a person).
2. Threatening to harm a person or his/her family, friends, associates or their property.
3. Any threat or act of violence delivered in person, in writing, over the telephone, or by electronic communication.
4. Intentional destruction of property owned, operated, or controlled by the State of California.
5. Intimidating or attempting to coerce an employee or patient to perform wrongful acts that could harm others or property of the State of California, other government agencies, or the public.
6. Stalking; Stalking also includes actions such as unauthorized surveillance.
7. Engaging in loud, disruptive or threatening behavior which may include profanity, obscenities or physical displays of anger, or inappropriate gestures.
8. Referencing the possession of firearms, weapons or any other dangerous devices in a way that suggests a threat.

B. RESPONSIBILITY OF SUPERVISORS/MANAGERS

Supervisors play a key role in the implementation of the Hospital's IIPP and have the ongoing responsibility to ensure the health & safety of our workers. 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, it is expected that an unrelenting effort will be directed toward controlling injuries, collisions, liabilities and wasted materials by:

1. Ensuring the IIPP and other safety programs are compiled within their jurisdiction;

2. Assist employees in identifying and correcting actual and potential workplace health and safety concerns;
3. Ensure their employees are appropriately trained for the duties assigned to them;
4. Ensure the use of any required personal protective equipment, safety programs or procedures necessary for the safe execution of an employee's job responsibilities;
5. Stopping any employee's work, in the supervisor's judgment which poses an imminent hazard to either the employee or any other individual.

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.

C. RESPONSIBILITY OF ENVIRONMENTAL HEALTH AND SAFETY UNIT MANAGER

The Environmental Health and Safety Manager shall be responsible for the overall coordination of all phases of the Safety Program and management of the Environmental Health and Safety Unit. The EH&SM 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 in a timely manner.

III. SAFETY COMPLIANCE PROGRAM

California Department of State Hospitals (DSH)-Metropolitan will provide every employee with a safe, healthy, and secure work environment and shall fully comply with Labor Code Section 6401.7 (SB198) and General Industry Safety Orders (GISO) standard Section 3203 requirements.

It is DSH-Metropolitan's policy that intimidation, threats, assaults and acts of violence in the workplace, affecting employee health and safety and/or impacting hospital operations **will not be tolerated**. This **zero tolerance policy applies equally** to the conduct of all employees, patients, contractors, vendors, volunteers, students, interns, visitors, or any person conducting business on DSH-Metropolitan property.

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.

A. CODE OF SAFE PRACTICES

As an integral part of the safety program, it is necessary there be an awareness of the safety hazards present in each job. Every supervisor should be able to identify the hazards in their section and recommend safety precautions to be implemented when accomplishing the job assignment. All employees shall follow the safe practices and rules contained in this manual and such other rules and practices communicated on the

job; to include Federal, State, local laws, and Administrative Policies and Procedures. Each employee has the responsibility to report all unsafe conditions or practices to their supervisor.

Site specific codes of safe work practices are located in the common work area or supervisors office.

B. WORKPLACE VIOLENCE SECURITY

The charge of the Injury Illness Prevention Committee is oversight of the facility's workplace violence plan and to monitor potential threats to the security of the facility. The sole purpose is to provide a venue for management, employees and their representatives to develop, implement procedures to identify, evaluate and correct workplace hazards, designs and implementation of necessary training. This committee shall convene every quarter and shall consist of the following disciplines:

- Program Directors
- HPD
- General Services
- Director of Nutrition
- IIPC Coordinator

C. HEALTH AND SAFETY POLICY

Employees will adhere to the guidelines stated within the IIPP as this manual directly relates to the Health and Safety of its staff, clients, and visitors. The plan shall be maintained and implemented at all times for all units, services or operations and shall have addendums specific to the hazards and corrective measures for each unit , service or operation.

D. 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. These committees have the ongoing responsibility to maintain and update the IIPP, to assess departmental compliance with applicable regulations and hospital policies, to evaluate reports of unsafe conditions, and coordinate any necessary corrective actions.

Each state hospital is required to establish a Safety/Environment of Care Committee, hereafter referred to as The Environmental Health and Safety Committee (EHSC), 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 Program and shall meet every third Tuesday of the

month. The committee shall meet at least four times per year. (Welfare and Institutions Code Section 4141; Subsection (b)).

The Environmental Health and Safety Committees 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 Special Incident Reports;
3. Review the results of periodic and scheduled workplace environmental inspections to identify any needed safety programs or procedures as well as tracking specific corrective actions;
4. Review reports concerning employee accidents, assaults and injuries to ensure all causes have been identified and corrected;
5. Review and develop the Emergency Operations Plan; review the results of disaster and fire drills; and recommend action as necessary to improve preparedness and compliance;
6. Review monthly vehicle and visitor accident investigations and the corrective actions.
7. Reporting its findings to the Executive Director along with a recommended course of action;
8. Making recommendations for safety education and training;
9. Ensuring checklists and techniques for safety compliance are current;
10. Sharing information through regular meetings as a means of building a responsive and coordinated solution to problems;
11. Identifying matters of statewide interest and reporting them to the Statewide Safety Committee; and
12. Safety Committee minutes will be posted on the I-Net and be retained for 3 years

The Safety Committee tracks recurring patterns of events by utilizing the 30/60/90 day repair column and disseminated during the monthly EOC meeting.

Accountability for reviewing anonymous complaints received in the Safety Suggestion Box will be that of the Safety Analyst and IIPP Coordinator. The IIPP Coordinator and Safety Analyst will track and log complaints in the safety concern grid.

Hospital Safety Committees: MSH has two Health and Safety Committees; (1) The Environmental Health and Safety Committee which has representatives at the department manager/supervisor level and convenes monthly, minutes will be taken and stored for two years. (2) The Safety Representative Committee which members are rank and file, and convenes bi-monthly. Appointments to the Committee for Hospital staff may rotate periodically; however, attendance by the appointed member or alternate is required at the monthly/bi-monthly meeting. The Environmental Health and Safety Committee is comprised of the following members;

- The Health and Safety Director- Chair
- Safety Analyst
- Human Resource Director

- Clinical Administrator
- Hospital Administrator
- General Services Administrator
- Program Directors
- Director of Nutritional Services
- Chief Of Plant Operations
- Fire Chief
- Medical Services
- Hospital Police

Program Department Safety Meetings: DSH-Metropolitan has established Monthly Work-Site Safety Meetings for each Program/Department. Program/Department Heads utilize the 7-minute trainer topics to develop and implement an employee training structured to analyze safety incident trends, identify environmental hazards, discuss necessary training, and recommend actions to alleviate hazards. Monthly training records are forwarded to Health and Safety no later than the 10th of the following month for review and/or possible action. The following areas will be addressed:

- a. Accident/Injury Review
- b. Safety Security/Environmental Rounds Inspections (attached to minutes)
- c. Monthly Work-Site Safety Training
- d. Site-specific monthly training topic
- e. Safety Suggestions/Concerns

Statewide Safety Committee: 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.

Special Incident Report Review Committee: 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. The incident reporting procedure shall be designed to provide hospital management with immediate notification of reported incidents. The hospital shall provide for timely and efficient responses and investigations to incidents reports made under the incident reporting procedure.

Incident reports and workplace violence worksheets shall be forwarded to the injury and illness prevention committee for review. Serious Incident Reports (SIR) is reviewed by the quality council and shall include anything that is unusual or different from the practice scope on the unit.

IV. SAFETY COMMUNICATION PROGRAM

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

1. Safety Tailgates- Held monthly
2. Staff Meetings- TBD by department management
3. Safety Committee Meetings- Monthly(every third Tuesday)
4. DSH-Metropolitan Intranet SDS On-Line Safety Center
5. Safety Bulletins
6. Required Postings by H&S- Cal OSHA 300A, main hallway 3rd floor administration
7. Posters, Inserts, Letters, and Mailings
8. New employee orientation and hospital annual update (NEO/HAU) training which discusses the hospital's workplace safety, health and security policies, procedures as well as code of safe work practices when dealing with patients.

All department personnel are encouraged to communicate safety concerns to their supervisor without fear of reprisal. Employees must report unsafe conditions, practices, procedures, and equipment to ensure they are corrected before an accident occurs. Employees are obligated to protect themselves, their co-workers, and our patients by immediately reporting safety hazards and/or concerns.

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

1. Their immediate Supervisor/Manager
2. DSH-Metropolitan (HSC) Employee Suggestion Box in Administration Building (These may be anonymous)
3. Safety Liaisons
4. The Environmental Health and Safety Unit
5. Safety Suggestion box inside the EH & S unit (can be anonymous)
6. Annual review of the DHS Metropolitan Hospital IIPP Program
7. 7-minute monthly trainings and regular safety meetings

If reporting anonymously, such complaints may be reviewed at each EOC and Safety Rep. meeting.

A. SAFETY NOTICES

The purpose of this section is to 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 the Joint Commission; Cal/OSHA, Cal OES, California Department of Public Health, office of Statewide Health Planning and Development (OSHPD), State Fire Marshal and the Health and Safety Committees (HSC). Ideas and recommendations for advisories, bulletins, and suggestions should be submitted to the Environmental Health and Safety Unit. Safety information can and will be distributed through a variety of methods. DSH-Metropolitan's primary means of dissemination information as quickly and widely as possible will be via DSH-Metropolitan All-Staff Email.

Safety Alert- [All-Emails to be posted in work-site]

- 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 action (e.g. Severe Weather Warning, Gas Leak, etc.).
- Issued by the Environmental Health and Safety unit, or Enterprise Risk Management Branch Sacramento.
- Format will include the words SAFETY ALERT in the subject line. The body shall have the following header centered at the top of the page in red lettering all caps;

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

Recall Alerts-

- Recall Alert 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.
- Issued by the Environmental Health and Safety Unit, or Risk Management Office-Sacramento.
- Used to raise awareness in specific areas, to specific identified hazards. (e.g., Recall Alerts, broken equipment, unsafe conditions, etc.)
- Format will include the words Recall Alert in the Subject Line. Same header in the body as Safety Advisory in orange lettering.

B. REQUIRED POSTINGS

1. Cal-OSHA Injury/Illness Summary:

Copies of the Cal-OSHA Injury/Illness Log Summary are posted by the EH&S OT in the Hallway of the Administration Building 3th floor by Human Resources office, from February 1 through April 30th yearly.

2. Safety Posters:

Cal-OSHA required posters are displayed: In high traffic areas, Human Resources, Employee Clinic, Plant Operations, Nutritional Services and Program Units.

3. Asbestos Notifications/Right to Know:

As required by law upon receiving notification of asbestos containing material being present at identified locations, the facility shall notice all employees within 15 days of such notice. In addition, all new employees will be notified at the time of hire. Employees will receive asbestos notification on an annual basis and complete the IIPP form (STD 250).

Asbestos handling procedures are specified in the Plant Operations Manual and are in compliance with Title 8, Section 5208. Employees assigned to work with asbestos shall receive proper training/equipment 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.

The buildings of this facility have been surveyed for asbestos containing materials. Results of the survey are 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 and MSH's Hazard Communication Program, which is located in the common area of your work site.

C. SAFETY TAILGATES-7 MINUTE TRAINER

Program Directors and Unit Supervisors are to conduct weekly and monthly safety topic tailgate briefings, separate from or as a part of regular staff meetings. These informal discussions will assist to encourage positive accident and injury prevention communication and present an opportunity for employees to report unsafe conditions they have discovered. All department personnel are encouraged to communicate safety concerns to their supervisor without fear of reprisal.

These short and informal meetings are designed to improve local communication about safety. Safety issues arising from these meetings should be recorded utilizing the IIPP Form (Worker Training and Instruction Record). Topics should include specific items discussed in recent safety committee meetings, those suggested by employees, and any risks or hazards observed since the previous meeting. In order to ensure the training was effective and understood by staff, a quiz will be administered following the training.

Safety 7-minute trainers will occur monthly via the Health & Safety homepage located on the Intranet. All training records are submitted to the Health & Safety office monthly and any deficiencies will be tracked in the training log and followed up with the appropriate supervisor for compliance.

Issues raised at Department or Program Safety meetings will be tracked and forwarded to the Environmental Health and Safety Committee per Environmental Health & Safety via Intranet.

D. SAFETY ACTION REQUEST (CONCERNS)

Employees will immediately report all safety problems or concerns to their supervisor as soon as they are observed or discovered. Supervisors will take necessary action to correct the hazard.

A. Employee Safety Concern Form: Employees may use this form to communicate occupational health and safety matters. The form is available through the General Services Storeroom or the I-Net under Forms, Health & Safety. The form is to be completed by the employee and routed to their supervisor and/or Environmental Health and Safety.

The Employee Safety Concern Form requests the following information:

- a. The problem or concern
- b. The Suggestion for resolution
- c. Benefits expected

If the Program Director or Department Head is unable to resolve the issue at the program level, they will initial the form and forward to the Environmental Health & Safety Unit for review. If appropriate, the issue will be brought to the Environmental Health and Safety Committee (EHSC) for comment, recommendation, and follow-up.

V. RISK ASSESSMENT AND SAFETY INSPECTION PROGRAM

A. HAZARD AND RISK ASSESSMENTS

Hazard inspections are 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 and Risk Assessment will be used to identify the need for performance and/or process improvement in order to mitigate the risk. The inspection will report all unsafe conditions to the Environmental Health and Safety Committee (EHSC) with an appropriate plan of correction. Written documentation from these sources will be used to support requirements from General Industry Safety Orders (GISO) Standards 3203 requirements as noted on the Department of Industrial Relations website (www.dir.ca.gov).

Assessments for all hazards shall be part of the worksite inspection program. Periodic scheduled and un-scheduled worksite inspections shall be required. The inspection program is designed to create a process for setting deadlines and priorities for the correction of safety and security deficiencies, and for informing management that inspections and corrections have been completed. The inspection program helps keep management informed of the types of security, facility, equipment, and worker safety problems that are occurring.

These procedures shall include a review of all workplace violence incidents that occurred in the facility, service or operations, within the year previous to the evaluation, whether or not an injury occurred. The procedures to identify and evaluate environmental risk factors shall be implemented in each unit and area of the facility, including the surrounding area such as the parking lots. This shall include evaluation of factors such as;

- Working in a condition isolated from other areas where employees are located
- Designated entrances and areas where there may be a potential blind spot
- Areas where there is inadequate lighting
- Use of outside recreation areas during hours of darkness

Formal inspections will be conducted on a regular basis (weekly, monthly, quarterly, etc.). Hazard and Risk Assessments shall include scheduled or un-scheduled inspections but are not limited to the following:

- Environment of Care Inspections (EOC): Identifies risk associated with the environment of care. EOC inspections are conducted: Living units every 6 months, administrative areas once a year. The Health and Safety Analyst (HSA) or designee shall be assigned to the EOC team. The Hospital Administrators primary role is to focus on potential and actual risks associated with violence, accidents, injuries, illnesses, and exposures posed by the environment, patients, and the provision of treatment. The inspection team is comprised of the following members;
 1. Health and Safety Analyst
 2. Fire Chief
 3. Supervisor of Building Trades
 4. Public Health Nurse
 5. General Services Administrator/Designee
 6. Program Director/Department Manager of the area
 7. Safety Representatives for the area
- Workplace Violence Hazard Inspection Policy: Formal inspections will be conducted on a regular basis (daily, monthly, annually, etc.) This process is utilized to identify and remove any potential environmental objects that could be used or manufactured into a weapon. All identified hazards shall be corrected by the supervisor in control of the work area. The Supervisor of the affected staff is expected to correct unsafe

conditions as quickly as possible after a discovery of a hazard. The inspection team will consist of the same disciplines as the EOC inspection team (see above under Environment of Care Inspections).

- Use "Hazard Correction Report" form to document corrective actions, including projected and actual completion dates for hazardous conditions which cannot be immediately resolved and forward to the H&S office.
- Supervisors can seek assistance in developing appropriate corrective actions by submitting a "Report of Unsafe Conditions or Hazard" form to the H&S Office.
- The Hazard Correction Report Form shall be forwarded to the H&S Office.

Inspection Procedure

- A. Safety Analyst/Supervisor responsible for inspection shall ensure the inspection is completed by completing the checklist or assigning the responsibility to an employee under his/her supervision.
- B. Upon completion of the inspection Safety Analyst/Supervision ensures that all deficiencies identified are corrected, and uncorrected safety deficiencies are appropriately addressed in a timely manner.
- C. Safety Inspection Checklists must be maintained for one year

B. VIOLENCE RISK ASSESSMENTS

Violence Risk Assessments (VRA's) are a clinical component under the Clinical Risk Management System. These are conducted upon admission, in the aftermath of a special incident, and prior to any change to patient grounds access status.

At the time of admission, all patients will be subject to a standardized method for evaluating risk for acts of violence, and develop interventions to manage or reduce incidents of violence. Patients requiring specialized medical or psychiatric care, or increased monitoring for that care, will be housed in a unit with the unique equipment, staffing level and training to render them the best treatment possible. The incident Management Module in the Wellness and Recovery Model Support System (WaRMSS) is utilized by hospital employees to accurately and effectively describe a serious (or potentially serious) incident that negatively impacts hospital operations, violates hospital policies or procedures, and jeopardizes the safety, treatment or well-being of the patients(s).

All hospital employees share a comprehensive responsibility to observe the off-unit activities of patients and to take appropriate action whenever a patient needs assistance, direction, or control. Any patient, who intimidates, threatens, or takes violent action against peers and/or employees shall be subject to disciplinary procedures, as MSH maintains a zero tolerance policy for acts classified as workplace violence.

This shall include identification of areas or units in which patient violence is more likely to occur. This shall also include procedures for visitors or other persons who may pose

workplace violence hazards to patient or employees, or display disruptive behavior, in accordance with the applicable laws and regulations. Corrective measures shall include;

- Procedures to ensure sufficient staff are trained and available to prevent and respond to workplace violence incidents for each shift.
- Providing line of sight or other immediate communication in all areas in which patients or visitors may be present. (PDAS)
- Configuration of spaces, including, but not limited to, treatment areas, patient rooms, interview rooms, and common rooms, so employees access to doors and alarm systems cannot be impeded by a patient or obstacle.
- Ensuring the removal, fastening, or control of furnishings and other objects that may be used as improvised weapons
- Ensuring the PDAS is functioning properly in order for employees to summon aid, defuse or respond to an actual or potential workplace violence emergency
- Ensuring there are procedures for post-incident response and workplace injury investigations
- Providing individual trauma counseling to all employees affected by the incident
- As soon as possible after the incident, a post-incident debriefing to include all employees and supervisors involved in the incident.
- Review of any patient-specific risk factors, and any risk reduction measures that were specified for that patient and if they were effective.

VI. SAFETY HAZARD REPORTING

A. VIOLENCE REPORTING

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. MSH has implemented a new procedure to address violence in the workplace as it relates to both staff and patient incidents. Although MSH documents patient assaults using the Incident Management System, as an additional reporting procedure, staff may request their supervisor complete the IIPP Form (Workplace Violence Worksheet). Once the worksheet has been completed it will be routed to the Unit Supervisor or Program Director and then submitted to Environmental Health and Safety Unit office.

1. It is the policy of DSH-Metropolitan to foster a work environment free of violence. DSH-Metropolitan 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-Metropolitan, by a recipient of a service provided by DSH-Metropolitan, or by a person with no legitimate relationship to the workplace.
2. Violence reporting incidents will be documented utilizing the workplace violence form. The form will then be routed to the Hospital Administrator for appropriate action to be taken within 48 hours of receipt.
3. 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.

B. UNSAFE WORK PRACTICES REPORTING

1. All reports of unsafe work practices shall be documented using Progressive Disciplinary Process.
2. All reports of unsafe work practices will be responded to according to the guidelines for Progressive Discipline Process, if required accident/incident investigations shall be completed.
3. Supervisors are responsible to ensure corrective action is taken in a timely manner.
4. If a report of unsafe practices has impact to hospital-wide operations, or is of state-wide interest, a copy will be received by the local Environmental Health and Safety Unit office for reporting to the Enterprise Risk Management Branch-Sacramento.

C. ACCIDENT/INCIDENT REPORTING

1. The immediate supervisor of the injured or ill employee shall ensure that the injured worker receives necessary medical care according to Work Related Injury/Illness procedures.
2. The employee shall notify their supervisor and complete a claim form SCIF (3301) or a receipt of Acknowledgement form, which will then be forwarded to the Return to Work Unit office immediately.
3. Make every effort to ensure that any cause of the injury or illness is no longer a danger.
4. Conduct a thorough review of the circumstances to determine the root cause and memorialize the event in writing.
5. Make a report using: Occupational Injury or Illness Report SCIF (3067) forward to Return to Work Unit within 48 hours. (**NOTE:** Employee at no time should complete or handle the 3067 form).
6. In the case of death or serious injury, the supervisor must **IMMEDIATELY** notify: Communications by Dialing 6.
7. The Return to Work Unit will provide all required workers compensation documents.

D. SUPERVISOR'S INITIAL REPORT

For each injury or illness reported, the employee's supervisor is responsible for performing an investigation to determine and correct the cause(s) of the incident. Supervisors are to us specific procedures that can be used to investigate workplace accidents and hazardous substance exposure.

E. DEATH AND SERIOUS INJURY REPORT

Serious injuries are those that:

- (a) Require in-patient hospitalization for more than 24 hours for other than medical observation;
- (b) involve the loss of body part; or,
- (c) involve serious disfigurement.

When a death or serious injury occurs, the employee's supervisor must notify: MSH Executive Management, Hospital Police, and Environmental Health and Safety and Return to Work Units.

In accordance with CCR Title 8 Article 3 §342(a), every employer shall report immediately (no longer than 8 hours) by telephone to the nearest District Office of the Division of OSHA any serious injury, illness, or death, of an employee occurring in a place of employment or in connection with any employment. The nearest Cal/OSHA office is in West Covina and can be reached by dialing (626) 472-0046. This immediate notification is in addition to sending the SCIF 3067 to State Compensation Insurance Fund.)

VII. EMERGENCY RESPONSE AND ACTION PLAN

The purpose of this section is to describe the procedures and protocols associated with responding to DSH-Metropolitan emergencies. Emergency Action Plans 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; and,
8. Training-how training is provided initially and periodically in the emergency action plan.

In all cases, alarms have priority over routine duties and shall be answered by those immediately responsible without delay. A variety of contingency plans are available to be implemented during internal or external disasters and emergencies for the safety of the staff, patients, and visitors. For further details you can refer to MSH's Emergency Operation Plan (EOP) available on the intranet or managers office.

A. Emergency Response Team

Hospital Police, Fire Department, and Communications are staffed 24 hours a day, 7 days a week to provide communications, security, fire and life safety to staff.

B. Personal Duress Alarm Response

Personal Duress Alarm System (PDAS) initiates prompt action in an emergency situation for those in need of immediate help. All employees shall test their Personal Duress Alarm System (PDAS) tag every time they enter the facility by following the below instruction:

- Press the red 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 PDAS or if their PDAS does not function correctly, notify the communications for a temporary/loaner alarm.
- Activation of the PDAS Tag: If the PDAS tag is fully operational, employees need to simply pull the tag in a downward or outward motion to activate the alarm function.
- Response to the Activation of the PDAS Tag: Once a tag has been activated the PDAS will 1) notify all staff within the zone of the alarm with the approximate location of the PDAS tag that has been activated, and 2) trigger the alarm in the unit where the PDAS tag was activated, as well as its sister unit, if applicable. If the tag holder moves within zones during activation the Communications Operator will track the location of the tag holder. HPD will begin an immediate mobilization and response. It is expected that all available staff will respond to the alarm
- Deactivation of the PDAS Tag: The PDAS will remain activated until the Hospital Police Department (HPD) has verified the incident and the unit is under control and notified the Communications Center. Communications will clear the system and deactivate the alarm thereby clearing the PDAS tag. Staff will have the ability to disable strobe lights and audible alarms as necessary but only HPD will have the ability to clear the PDAS event.

For additional information on the PDAS system please refer to AD 2164.1

C. Fire Alarm Response

There are various types of fire and security alarm reporting systems in the hospital that initiate an alarm. These systems include the fire emergency **ext. 6**, fire alarm pull boxes, fire alarm key operated boxes, visual alarms (flashing light or strobe light), supervised and unsupervised smoke detectors, supervised and unsupervised extinguishing systems, gas sensor alarms, personal and duress alarm systems (PDAS), 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 are dispatched.

Fire Life Safety training is provided to all new hires and annually to all employees through Hospital Annual Update (HAU). This training consists of a review of MSH's administrative directives relative to fire plans, evacuation drills and emergency service response procedures. The training also provides emergency procedures for life threatening emergencies. Annual review training is given each year to review, refresh and update DSH-Metropolitan.

D. Medical Emergency Response

- A. Department of State Hospitals-Metropolitan (DSH-M) will furnish first aid and emergency services to staff within the capacity of facility staff, equipment, and material.
- B. 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.
- C. Employees will receive a prompt medical evaluation following injury or occupational exposure to harmful substances, including blood borne pathogens.

E. Emergency Operations Plan

DHS-Metropolitan utilizes an Emergency Operations Plan designed to provide for effective management and utilization of resources should a disaster or emergency severely disrupt normal operations. In the event an emergency is declared, the Emergency Operations Center will be activated.

The emergency operations plan is written in compliance with California's Standardized Emergency Management System, the National Incident Management System, and Incident Command System/Hospital Incident Command System. The plan is developed with a multi-hazard perspective to make it applicable to the widest range of emergencies and disasters, both natural and human-caused. This plan is considered a living document and is updated on an annual basis.

VIII. INVESTIGATIONS

A. Criminal Investigations

Investigations of allegations of violations to DSH-Metro workplace violence policy shall be conducted by the Hospital Police Department.

In some instances where the incident could reach criminal investigation status, the Sacramento Office of Protective Services will be contacted and consulted to ensure a thorough, fair, and complete investigation is conducted.

B. Administrative Investigations

Upon completion of the investigation, investigators shall send their report to the Hospital Administrator, who will determine what, if any, further actions need to be taken.

C. Accident/Injury/Illness/Exposure Investigations

1. Investigations of accidents, injuries, illnesses and/or exposures shall be conducted by the direct Supervisor, Manager, or designee. The Supervisor or designee shall complete the Supervisor's and Manger's review on page 2 of the Self-Report of Minor Injury/Illness Form and or the SCIF 3067 and route to Return to Work within 72 Hours.

2. The Return to Work Unit shall review all injury/illness reports. Reports requiring further investigation shall be reported to the Benefits Manager and the Environmental Health & Safety Unit Manager.
3. The Benefits and/or the Environmental Health and Safety Manager or their designee shall conduct a further investigation within their area of authority if needed as outlined above.

D. REPORTING REQUIREMENTS

- Any injury that requires in-patient hospitalization for more than 24 hours for other than medical observation, the Return to Work Unit will be notified immediately.
- The Benefits Manager shall report immediately (no longer than 8 hours) by telephone to the nearest District Office of the Division of OSHA any serious injury, illness, or death, of an employee occurring in place of employment or in connection with any employment.

E. WHY ARE SUPERVISORS CONDUCTING 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.

For each injury or illness reported, the employee's supervisor is responsible for performing an investigation to determine and correct the cause(s) of the incident. Specific procedures that can be used to investigate workplace accidents and hazardous substance exposure include:

- Interviewing injured personnel and witnesses
 - Examining the injured employee's workstation for causative factors
 - Reviewing established procedures to ensure they are adequate and were followed. Refer to "Code of Safe Work Practices"
 - Reviewing training records of affected employees
 - Determine contributing causes to the accident that may include but are not limited to the following; staffing, lighting, adherence to workplace procedures, etc.
 - Taking corrective actions to prevent the accident/exposure from recurring
 - Recording all findings and actions taken
1. The Supervisor must complete an Employer's Report of Industrial Injury IIPP Form (3067) clearly indicating the nature of the injury or illness, the cause, and corrective action taken. Depending on the nature of the event additional investigations may be conducted by the Benefits Manager and/or the Environmental Health & Safety

Manager, IIPP Form (*Investigation/Corrective Action*), and/or Standards Compliance Department, Hospital Police, Equal Employment Office, Special Investigations, and/or outside agency.

2. The Supervisor's findings and corrective actions will be documented and forwarded to the Return to Work Unit within three working days using the IIPP Form (3067). If the supervisor is unable to determine the cause(s) and appropriate corrective actions, the Return to Work Unit should be contacted at ext. 7200. A copy will be forwarded to the Environmental Health and Safety Unit by the Benefits Manager.

As a supervisor, you can gather information and conduct the investigation timely. You possess the most extensive knowledge about the work environment and the personal background of the affected employee(s). You also possess the greatest familiarity with the equipment, machines, and materials involved in the accident and know most about the standard work practices in the area.

You as the supervisor are directly responsible for the health and safety of your employees in addition to the equipment, machines, and materials in the work area. You can take the most immediate action to prevent an accident from recurring. You also have the greatest opportunity to implement corrective actions. 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.

F. HOW TO CONDUCT AN ACCIDENT INVESTIGATIONS

Assure your employees are trained to notify you promptly about all accidents. If an accident involves the death or hospitalization of an employee, notify the Environmental Health and Safety Unit office *immediately*. **Cal OSHA requires departments to report accidents that involve death or serious injury/illness which require the hospitalization of an employee within 8 hours.** The Environmental Health and Safety Unit office will ultimately determine the applicability of the Cal OSHA requirements and file the appropriate reports.

The supervisor's findings and corrective actions should be documented and forwarded to the Environmental Health and Safety Unit office within three working days using the IIPP Form (*Corrective Action Report*). If the supervisor is unable to determine the cause(s) and appropriate corrective actions, the Environmental Health and Safety Unit Office should be contacted.

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.

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

IX. POST INCIDENT RESPONSE

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, including:

1. Injured or ill employees receive immediate medical treatment;
2. Hazards are immediately corrected, or as soon as is safe to do so;
3. The accident/incident is reported to the appropriate authorities including Environmental Health and Safety Unit, Executive Management, and other regulatory agencies according to the established reporting guidelines of this plan. The accident/incident is documented on the designated forms.
4. Injured or ill employees are notified and informed of Employee Assistance Program (EAP) availability.

A. INJURED/ILL EMPLOYEE MEDICAL TREATMENT

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

Supervisor:

- Have the employee complete a *claim form SCIF 3301* or IIPP Form *Acknowledgment of Receipt Form*.
- Send employee to the employee clinic for treatment or referral to a Medical Provider Network (MPN).
- Complete the *Supervisors Report of Injury (3067)* pages 1 and 2 within 48 hours of the incident and forward to the Return to Work Unit.
- Assist with transportation arrangements for injured employee to off-site Occupational Medical Clinic, if required.

Employee Clinic:

- Perform First-Aid treatment as necessary.
- Complete medical referral if necessary for further treatment.
- Assess employee and recommend mode of transportation for off-site assessment/treatment in necessary.
- If employee needs to be seen off-site the Employee Clinic will provide authorization to the provider, or refer employee to the Return to Work Unit for treatment authorization and referral.

Return to Work Coordinator:

- Assist employee with necessary forms for Workers' Compensation benefits.
- Provide employee with medical treatment options.
- Provide information to injured employee about potential benefits to which they may be entitled.

Off-Site Occupational Medical Clinic:

- Provide prompt high-quality medical evaluation and treatment to injured employee.
- Provide medical care for work-related injury or illness.
- The physician also has the option to refer the employee to an outside specialist, for additional treatment if deemed necessary.
- Maintain open line of communication with the Return to Work Coordinator (RTWC) to discuss injured employees work status.

Employee:

- Notify supervisor of injury ***immediately***.
- Complete required documentation with supervisor and/or the RTWC in a timely manner.
- Notify supervisor and RTWC and supervisor immediately of work status and any subsequent changes.

Transportation:

- It is the responsibility of the supervisor to assure appropriate transportation is arranged for an injured employee.

AFTER HOURS MEDICAL TREATMENT FOR WORK RELATED INJURIES**Registered Nurse:**

- Perform First-Aid triage as necessary
- Make arrangements if employee needs to be seen at off-site Medical Clinic Hospital Urgent Care or Emergency Room. Provide employee with an Authorization for Treatment Form and fax a copy to the treating Clinic/ER.

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-Metropolitan employees.

**Kaiser On-the-Job
Garden Medical Offices
9353 E. Imperial Hwy., 3rd Floor
Downey, California 90242-2814
Phone (562) 657-2200
Fax (562) 657-4319**

Occupational Medicine hours: 8:00 a.m. – 4:30 p.m. / Monday-Friday

Urgent Care hours: 5:00 p.m. – 9:00 p.m. 7 days a week

Emergency Room: After 9:00 p.m. Monday- Sunday and Holidays

* * * * *

**HealthPointe
16702 Valley View Ave.
La Mirada, California 90638
Phone (562) 921-0341**

Occupational Medicine hours: 24 Hour Availability

*****Call for Shuttle Availability (562) 921-0341*****

- Provide injured employee with a Workers' Compensation Claim packet and have him/her sign the receipt of acknowledgement. The packet should contain the following documents:
 - ❖ Workers' Compensation Claim Form (DWC 1/SCIF 3301);
 - ❖ Guide to Workers' Compensation for California State Employees;
 - ❖ Guide to the SCIF Medical Provider Network for State of California Employees; and
 - ❖ I've Just Been Injured on the Job, What Happens Now?
- Instruct the employee to follow-up with the Occupational Health Clinic (OHC) and the Return to Work Unit the next business day.

NON-INDUSTRIAL INJURY/ILLNESS

- Employee with non-industrial injuries/illnesses is to utilize their own Health Care Benefits for medical treatment.
- Employees off work for non-industrial injuries must clear through the employee clinic and the Return to Work Unit if they have been off work more than 30 days.

B. CRITICAL INCIDENT STRESS DEBRIEFING

DSH-Metro recognizes that the health of our staff is as important as the health of the patients. As part of our commitment to provide a supportive and safe work environment, DSH-Metro offers a Critical Incident Stress Debriefing (CISD) program for helping staff cope with the psychological sequel of critical incidents related to employment. The CISD program is an adjunct to, not a replacement for, the Employee Assistance Program (EAP).

C. 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 well-being. 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.

EAP is a constructive alternate, available as a resource for the employee and the supervisor. The purpose of EAP is to provide assistance and resources to the employee in resolving work related and non-work related issues. There are different types of referrals available:

- **Self-Referral**- The employee initiates contact directly with the EAP contract provider for a personal issue such as counseling, financial or legal consultation, etc. *The supervisor or DSH has no knowledge of this referral.*
- **Informal/Management/Supervisory Referral**- In this situation, if the employee is having a problem which the supervisor is assisting with at an informal level, the supervisor explains the EAP process and provides the employee with the MHN telephone number. The employee makes the contact and the supervisor will have no knowledge whether the employee used the EAP services.

- **Formal Management/Supervisory Referral (IIPP FORM)**- This referral is made whenever the supervisor recognizes the employee has exhibited behavior or conduct that should be documented. This is not a form of discipline. The provider may inform the supervisor as to whether the employee kept the initial appointment.

If you need help, call toll-free, 24 hours a day, seven days a week:

- **866-EAP-4SOC (866-327-4762)**
- **TDD callers dial 800-327-4762**
- **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. *All sessions are confidential and are not reported to the supervisor or employer.*

You can also contact your departmental EAP coordinator, or the Statewide EAP Benefits Manager at (916) 324-935.

X. RISK MITIGATION AND 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 and documented utilizing the IIPP Form (*Identified Hazard and Correction Record*). The purpose of this section is to identify expectations related to risk mitigation and hazard correction.

A. RISK MITIGATION

These efforts shall include but are not limited to the following:

1. Plant and Equipment:
 - a. Controlling access to the workplace and freedom of movement within it, consistent with patient care and the appropriate emergency response plan (See Emergency Preparedness Manual);
 - b. 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.;
 - c. Reviewing and revising patient grounds access policies and status as needed, but no less than annually;
 - d. Applying Therapeutic Strategies and Interventions according to TSI guidelines and training, when necessary.

2. Operating procedures:
 - a. Implementing interim safety measures when a hazard exists which cannot be immediately corrected or repaired. These measures may include distributing safety whistles or screamer alarms, and/or a temporary change to standard protocol(s); and are the responsibility of the supervisor of impacted staff, to determine;
 - b. Having effective grounds policies (Security GPS team)
 - c. Establishing emergency response assignments, for unit staff, at the beginning of each shift;
 - d. Identifying and sharing information about heightened hazards from patients;
 - e. Disseminating information about any changes on individual living units.
3. Risk Mitigation Policies and Procedures:
 - a. Administrative Directives
 - b. Emergency Preparedness Manual
 - c. Infection Control Manual
 - d. Nursing Procedures Manual
 - e. Pharmacy Manual
 - f. Safety/Security Searches Manual
 - g. Therapeutic Strategies and Interventions (TSI) Manual

B. 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. Ensuring repairs are performed within a timely manner;
6. Administrative Directives;
7. Emergency Preparedness Manual;
8. Infection Control Manual;
9. Nursing Procedures Manual;
10. Pharmacy Manual;
11. Safety/Security Searches Manual; and
12. Therapeutic Strategies and Interventions Manual.

C. HEAT ILLNESS PREVENTION PROGRAM (HIPP)

Heat illness may result from a combination of factors including environmental temperatures and humidity, direct radiant heat from the sun or other sources, air speed, and workload. Personal factors such as age, weight, level of fitness, medical condition,

use of medications and alcohol, and acclimatization affect how well the body deals with excess heat.

For additional information on heat awareness, please refer to MSH's HIPP located on the intranet.

D. MEDICAL ATTENTION

If you feel any of the above symptoms, get out of the heat and notify your supervisor immediately. Heat illness can occur suddenly and quickly. You need to watch out for your coworkers as well, they may not be able to help themselves or recognize the symptoms. If you suspect heat illness, get emergency medical assistance immediately by calling **Ext. 6 or 911**.

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
Heat exhaustion	<ul style="list-style-type: none"> • Headaches • Clumsiness • Dizziness/lightheaded/fainting • Weakness/exhaustion • Heavy sweating/clammy/moist skin • Irritability/confusion • Nausea/vomiting • Paleness 	<ul style="list-style-type: none"> • 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 • Call “6” or “911”, Radio, PDAS if not feeling better within few minutes
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 “6” or “911”, Radio , 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

E. CONFINED SPACE

Under the guidelines of California Code of Regulations, Title 8, Sections 5156-5159 requires a facility to develop and implement written operating and rescue procedures, train employees, including standby persons on the hazards they may encounter, proper operating procedures, and safe practices.

Confined space means a space that:

1. Is large enough and so configured that an employee's whole body can physically enter and perform assigned work;
2. Has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry.); and
3. Is not designed for continuous employee occupancy.

In addition to meeting the requirements of a confined space, a Permit-Required Confined Space (PRCS) is one that has one or more of the following:

1. Contains or has a potential to contain a hazardous atmosphere;
2. Contain a material that has the potential for engulfing an entrant;
3. Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section; or
4. Contains any other recognized serious safety or health hazard.

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 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 and Education Center with advisement from the Environmental Health and Safety Unit office 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. Each level of staff shall receive instruction in:

1. 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;
2. Workplace security training; and,
3. Therapeutic Strategies and Interventions (TSI) training;

A. NEW EMPLOYEE ORIENTATION (NEO/HAU)

New hospital employees will not be allowed to participate in any level of care, patient care, 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.

All employees are expected to attend the mandatory update training on an annual basis. The annual update training provides employees with current or revised MSH policies and procedures.

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 supervisor or designee is responsible for informing employees of policy updates; and ensuring employees complete required training in accordance with the IIPP Program, and Training topics shall include but are 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; and
6. Therapeutic Strategies and Intervention (TSI).

C. THERAPEUTIC STRATEGIES AND INTERVENTION

Therapeutic Strategies and Intervention (T.S.I) training is a course developed to provide the necessary tools for staff to utilize in order to avoid and minimize patient related injuries (assaults and incidences as a result of 'containments').

Metropolitan State Hospital provides T.S.I. training to all employees who are assigned to a treatment area serving patients, or whose work places them in physical proximity of those individuals served.

XII. HAZARDOUS MATERIALS COMMUNICATION PROGRAM

The California Code of Regulations, [Title 8, Section 5194](#) states, employers shall provide information to their employees about the hazardous substances to which they may be exposed. The intent of the Hazard Communications Program is to inform employees, through written material and training programs, of proper precautions for handling material and health hazards associated with the use of the materials or mixtures. Employees also receive information concerning necessary personal protective equipment, emergency procedures for spills or exposure and other safety precautions necessary to prevent or minimize exposure to hazardous materials and conditions (see Safety Data Sheets).

A. HAZARD MATERIALS HANDLING POLICY

1. There shall be a policy for handling each type of hazardous waste that is specific to a Program/Department. Each policy shall specify how a hazardous waste shall be separated from ordinary wastes and other hazardous wastes; how it shall be collected, transported, and stored pending treatment and disposal; and how it shall be treated and disposed of. Pesticides shall be stored separately from other chemicals, and all chemicals shall be stored below eye level.
2. Chemical wastes shall be separated from other wastes, stored as their hazard requires (i.e. flammable liquids in a flammable liquid storage cabinet), and held for legal disposal.
3. Biomedical waste, a form of medical waste, shall be autoclaved prior to further handling.
4. Physical wastes shall be collected with minimal handling in puncture-resistant, leak-resistant containers and autoclaved or incinerated.
5. Cytotoxic waste shall be placed in specially designed leak-resistant containers and disposed of by a registered hazardous hauler.
6. Asbestos shall be identified and, if removal is necessary, packaged for safe handling and legal disposal by trained Plant Operations Personnel and/or Contractor.
7. Hazardous waste shall be stored no more than 90 days from the date that the waste begins to accumulate;
 - a. Work sites that have been approved by Health & Safety to have satellite waste collection, have one year (12 months) from the date that the waste begins to accumulate prior to proper disposal.
 - b. Satellite collection shall not exceed 12 months before proper disposal must occur.
 - c. Whenever possible collection of wastes for disposal should take place at the satellite waste collection site to avoid the potential for accidental spill, release, or discharge.

B. SAFETY DATA SHEETS (SDS)

The SDS's provide information on the potential hazards of products or chemicals. Copies of the SDS of chemicals utilized in each work area will be maintained by the supervisor of the work area. The SDS's shall be kept in a place that is accessible to all employees, with potential for exposure to a hazardous product or chemical used in the work area. If an SDS is found to be missing, a new one shall be obtained by a written request to the supervisor and/or Environmental Health and Safety Unit office. A copy of this request shall be kept until the SDS arrives.

- The SDS for hazardous materials used in a work area must be available to all employees during each work shift.
- The Environmental Health and Safety Unit office and Warehouse retains a master file of Safety Data Sheets. Each facility or specific work area retains a SDS for only the hazardous material used in their specific work area or by their employees.

- All employees are required to follow the directions listed on an SDS for any hazardous material they use. In addition, consult with their supervisor or safety representative if they have any questions or concerns related to requirements set forth in the SDS.

SDS's are available on the I-Net as well as a Power Point On-Line under the training tab located on the MSH's I-Net.

C. LABELING

1. Labeling Requirements

- a. Each container shall be labeled with the product identifier, signal word, pictogram, hazard statement(s), precautionary statement(s), name, address, and phone number of the chemical manufacturer, distributor, or importer.
- 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 uses the entire portion of the material, a label will be placed on a secondary container 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.

For additional information about "Your Right to Understand", please refer to MSH's Hazard Communication Program which is located in the common area of your workplace or the intranet via the MSDS Quick link.

D. TRAINING

Training shall be provided on the proper handling and disposal techniques of hazardous materials/substances/wastes by the supervisor and/or during new employee orientation.

1. 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 Hazardous Materials Training annually.

2. Requirements of the Employee Training shall include:
 - a. Federal Hazard Communication Regulation;
 - b. The location(s) of the SDS Binder;
 - c. The use of Personal Protective Equipment (PPE's);
 - d. Location and availability of the written DSH-Metropolitan Hazard Communication 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; and
 - 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.

3. Outside contractors employed by DSH-Metropolitan shall be:
 - a. Informed of the "Right to Understand" law;
 - b. Asked to ensure they maintain SDS on any hazardous materials they will use; and
 - c. Comply with Cal-OSHA code for safe handling.

XIII. ERGONOMIC PROGRAM

Ergonomics is an on-going process towards work improvement. When the job demands, fit the sizes, strengths, endurance levels, and mental capacities of people performing the tasks and the people are trained in proper work techniques, then work can be performed in an efficient manner with improved quality and less risk of injury and illness,

An ongoing ergonomic process is needed due to work, people, tasks and technology changes. The worksite may need new modifications to compensate for changing technology. Employees may require training when new employees are hired, job task change, and/or to meet the needs of the "aging work force".

A. Ergonomic Handbook

This handbook is designed to prevent disorders of the soft tissue such as muscles, tendons, nerves, blood vessels, and joints. It reflects the General Industry Safety guidelines for safe workstation arrangements for employees; this handbook is located on the I-Net. The purpose of this guide is to:

- To educate employees that they share in the responsibility for their comfort and prevention of injury.
- To increase awareness of how poor work habits and improper posture contribute to muscular discomfort and potential injury.

- To provide employees with guides and checklist to enable them to arrange and adjust their workstation equipment safely, comfortably and according to established guidelines.
- To provide employees with exercises that addresses common workstation complaints and should help to reduce workstation related injuries.

B. Ergonomic Training PowerPoint

The PowerPoint is designed to provide information intended to help you identify potential risk factors and give ideas to help improve the ergonomics of your work activities.

C. Ergonomic Evaluation Request Form

Metropolitan employees are to notify their supervisor immediately whenever they feel their work station is causing them discomfort. DSH-Metropolitan employees may request an ergonomic evaluation of their workstation through their immediate supervisor, and/or e-mail the Environmental Health and Safety Unit office to request an ergonomic evaluation. Supervisors shall provide employee name, work location, and contact information. This information along with the Cal OSHA 300 logs will be utilized to identify possible repetitive strain injuries that have occurred within a year.

D. 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

- Lifting** applies to any type or method of handling individuals and/or materials: lowering, raising, moving, etc.
- Manual Lifting** refers to "hands on" lifting which requires the unassisted physical effort of an individual.
- Mechanical Lifting** refers to lifting utilizing mechanical devices such as hoists.
- Supportive/Non-Mechanical Lifting** refers to lifting utilizing personal assistive devices such as back support belts.
- 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.
- 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

- a. **Management** is responsible for allocating and providing adequate resources and supplies necessary to support the lifting policy.
- b. **Supervisors**
 - 1. Responsible for ensuring the lifting policies, as well as safe lifting practices and procedures, are followed.
 - 2. Responsible for overseeing on a regular basis, lifting techniques and practices employed by their employee. This includes documenting findings, and taking necessary corrective actions for unsafe lifting practices.
 - 3. Assures unsafe conditions in the work environment are corrected in a timely manner.
 - 4. Assure employee attends training prior to assignment of tasks which primarily require lifting of heavy loads.
 - 5. 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.
- c. **Employees** (at all levels):
 - 1. Integrating safe lifting practices into their daily on-the-job responsibilities.
 - 2. Reporting the presence of unsafe work conditions and/or practices that exist at the work-site.
- d. **Environmental Health & Safety Unit Manager:**
The EHSUM 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 requirement is posted on each unit in an area that is clearly visible to employee, or is otherwise distinctly noted.
- d. All assistive lifting equipment utilized are 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.

5. 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

1. Medical clearance must be obtained from the treating physician prior to returning to full duty
2. An employee returning to full-duty shall be cleared by the Employee Clinic and the Return to Work Unit prior to returning to work. The employee will then be issued a Return to Work Release form to provide to their supervisor.
3. If returning to limited duty, refer to A.D 2157 – “Return to Work Program”

XV. INFECTION CONTROL PROGRAM

According to the California Code of Regulations, [Title 22, Section 71537](#), Psychiatric Hospitals are required to maintain a written Infection Control Program and Infection Control Committee. Each DSH facility responsible for patient care maintains a site-specific Infection Control Program and Committee.

Please refer to the Infection Control Manual located at the Work-site and/or the I-Net under Manuals, Infection Control. If unable to locate please contact Public Health at ext. 3192.

XVI. RESPIRATORY PROTECTION PROGRAM

The potential for oxygen deficiency and/or the presence of toxic, airborne fibers or biological air contaminants must be considered when addressing respiratory protection. The primary means to control occupational diseases caused by breathing contaminated air is through the use of feasible engineering controls, such as enclosures, confinements, of operations, ventilation, or substitutions of less toxic materials. When it is impracticable to remove harmful dusts, fumes, mists, vapors, or gases at their source, appropriate respirators shall be used. The Occupational Health and Safety Administration (OSHA) under its Respiratory Protection Standard (29 CFR 1919.134 Title 8 GISO 5144) mandates establishing a policy and procedure for employees who must wear respiratory protection. Metropolitan has established a written Respiratory Protection Program to meet this requirement.

MSH shall provide initial and annual respiratory training to its employees. The training shall be appropriate for the level of protection required to perform the task without risk of personnel exposure. A designated “competent person” shall complete concurrent training or specific training. All training shall be conducted in a manner that is understandable by all employees regardless of educational level or language ability. MSH employees in the Respiratory Protection Program shall be trained to demonstrate knowledge of:

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator
- What the limitations and capabilities of the respirator
- How to put on, inspect use, remove, and check for seal of the respirator
- How to maintain and store respirator
- How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions
- How to recognize medical signs and symptoms that may limit or prevent the effective use of the respirator
- Understand the general requirement of OSHA’s Respiratory Protection Program Standard

The respiratory Program is maintained by Public Health ext. 3192

XVII. HEARING CONSERVATION PROGRAM

California Code of Regulations, [Title 8, Sections 5095-5100](#) list the thresholds necessary to require a facility to maintain a hearing conservation program. The sections below also list the thresholds that require a facility to provide personal protective equipment to staff exposed to high decibel levels.

1. 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; and
 - e. Plant Operations-Maintenance Warehouse and Central Plant will.

Ensure only approved hearing protective devices are available, check with your Supervisor.

XIII. VEHICLE SAFETY PLAN

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 responsibility. 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.

Employees who use vehicles in conducting state business will take defensive driver training as required by the State Administrative Manual and State Department of General Services. Defensive driving classes are offered on the DSH-Metropolitan. Defensive driving classes are offered on the DSH Intranet under the link "Training". Employees must maintain their DGS Defensive Driving Card Certification Cards Certifications, which are valid for two years. Temporary defensive driving permits may be obtained through General Services, at Ext. 3118.

XIX. RECORDKEEPING

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.

DSH-Metropolitan 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 IIPP Program:

1. Records of hazard and risk assessments and inspections, including the person(s) or persons conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on (*a hazard assessment and correction form*); and
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 on (*Training Roster*). 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 according to the following schedule:

1. 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.

A. Cal/OSHA 300 Logs

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* (e3067) 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 1st, and keep it posted where employees can see it until March 1st, or provide copies as required.
5. Maintain the OSHA Form 300A for 5 years.

B. Serious Injury Reporting

Serious injuries are those that: (a) require in-patient hospitalization for more than 24 hours for other than medical observation; (b) involve the loss of a body part; or, (c) involve serious disfigurement.

When death or a serious injury occurs, the employee's supervisor must notify; Communications by dialing 6. Communications will make appropriate notification per their standard operating guideline to include but not limited to: Administrative Services, Standards Compliance, Hospital Police, and the Environmental Health & Safety Unit manager.

The Environmental Health & Safety Unit manager shall report immediately (no longer than 8 hours) by telephone to the nearest District Office of the Division of OSHA any serious injury, illness, or death, of an employee occurring in place of employment or in connection with any employment.

If the injury or death is the result of law enforcement action involving a firearm or other means of force, the investigation and reporting requirements of Hospital Police Services shall be followed. In all cases Hospital Police shall notify the coroner.

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.

The Environmental Health and Safety Unit Manager will **immediately** send a copy of each special order, citation, study, or report received from a compliance safety engineer, industrial hygienist, or Cal-OSHA consultant to the Hospital Executive Team and Enterprise Risk Management Office – Sacramento for referral to the DSH Legal Liaison.

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.

B. INDEX OF FORMS

Employee Assistance Referral Letter

Safety Concern Form

Identified Hazards and Correction Form

Investigation/Corrective Action Report

Worker Training and Instructional Record

Daily EOC Inspection Checklist

Environment of Care Daily Housekeeping Checklist

Monthly EOC Inspection Checklist

Workplace Violence Worksheet

Acknowledgement of Receipt of 3301 Form

SCIF Workers' Compensation Claim Form 3301

Supervisors Report of Injury 3067

Ergonomic Evaluation Request Form

Employee Assistance Program

Management/Supervisor Referral Letter

To:

Date:

From:

Location: Metropolitan State Hospital

Classification:

Signature: _____ Phone: _____

The purpose of this letter is to formally refer you to the Managed Health Network (MHN), The State of California Employee Assistance Program, for assistance in resolving the identified job related incident(s) described below:

Participation in this program is voluntary and you may decline to use the service at any time without penalty to you. However, I will continue to monitor your performance. If your performance or conduct/problem(s) described above do not improve, we may need to proceed with other options.

This formal referral to the Employee Assistance Program is confidential and information can be released only with your written consent. MHN will notify your supervisor or manager if you have accessed EAP or of your failure to keep the initial appointment.

You are asked to schedule an appointment within five business days. I will supply you with the specific name of the EAP Management Consultant with whom you will arrange the appointment. Should you decline to use this service or are unable to keep your appointment, please let your Supervisor know immediately.

A copy of this referral letter will be forwarded to a confidential file. It will not become a part of your record individual personnel file.

A copy will also be forwarded to MHN (Phone: 866 327-4762), (fax: 650-988-4855).

Accepted Referral

Declined Referral

Employee

Date

Signature

Cc. Supervisor File

METROPOLITAN STATE HOSPITAL

SAFETY CONCERN

Date Received: _____

Case# _____

The review of information from all areas will aid the hospital in the reduction of all safety hazards. Should you see or become aware of an unsafe condition or procedure, submit this form to your Safety Representative or the Health and Safety Office immediately. Be advised that the use of this form or other reports of unsafe conditions or practices are protected by law.

Location of Concern:

Date of Incident:

Type of Concern:

↑ Individual

↑ Procedural

↑ Environmental

↑ Other (Specify) _____

Description of unsafe condition or practice:

Known causes or other contributing factors:

Employee's suggestion for improving safety:

Has this matter been reported to the area supervisor? ↑ Yes ↑ No

Name: _____ Extension: _____

(Optional)

Action Taken/Recommendation:

HOW TO SUBMIT A SAFETY CONCERN

1. **WHEN THERE IS AN IMMINENT DANGER TO THE HEALTH OR SAFETY OF OTHERS, CONTACT THE HEALTH AND SAFETY OFFICE IMMEDIATELY AT X7200 OR X7201.**
2. If there is no imminent danger, report the safety concern to your immediate supervisor and Safety Representative.
3. Ensure that the necessary documentation has been completed (i.e., work order, transfer of equipment form, memo, etc.).
4. If no action has been taken within a reasonable amount of time, follow up the documentation by contacting the appropriate department (i.e., Plant Operations, General Services, etc.).
5. After follow up, if no action has been taken within a reasonable amount of time, contact the Health and Safety Office for assistance.
6. You may also complete the Safety Concern Form and submit to the Health and Safety Office for investigation. The findings of the Health and Safety investigation will determine the type of corrective action to be taken.
7. The safety concern may also be addressed at the Safety Representative Organization Committee meeting or other committee meetings as deemed appropriate.
8. The safety concern may also be addressed during the annual Health and Safety Inspection and/or Environmental Survey.
9. If the safety concern is determined to be a hospital wide issue, the Safety Committee will address the matter and present recommendations to the Executive Director.
10. The same applies when a safety concern is identified during an inspection or survey.

IDENTIFIED HAZARDS AND CORRECTION RECORD

Date and Time of Inspection _____

Person Conducting Inspection _____

Unsafe Condition/Work Practice	Location	Priority	Person Responsible	Corrective Action Taken (Date of POC)

INVESTIGATION / CORRECTIVE ACTION REPORT

Date and Time of Incident/Exposure		Location	
---	--	-----------------	--

Employee(s) Involved: _____

DETAILED INCIDENT/EXPOSURE DESCRIPTION

ULTIMATE CAUSE OF INCIDENT/EXPOSURE (I.E. "WHO, WHAT, WHEN, WHERE, HOW" AND THE "5 WAYS" THE ROOT CAUSE)

OPTIONS FOR ELIMINATION OR CONTROL OF THE ROOT CAUSE(S)

CORRECTIVE ACTIONS TAKEN/DATE/NAME OF PERSON(S) MAKING CORRECTIONS

Witnesses: _____

Investigated by: _____

Environment of Care Unit Daily Checklist

Patient Occupied Areas

Program/Unit _____ Person completing inspection: _____

Date: _____ Reporting Supervisor: _____

Nursing Instructions: (Environment of Care Unit Daily Checklist)

Respective shift lead (as designated on check list) shall facilitate completion of Unit **Daily** Checklist during their shift and submit completed form to the Unit Supervisor/SRN. Respective supervisor shall submit completed form to the Nursing Coordinator the next working day. The Nursing Coordinator shall submit the checklist to Health & Safety on the day received. **Distribution: original to Health & Safety, copy to Program Director / Designee**

Item	YES NO	Shift	Location: Room number	Call Work Order / e- mail		Correctio n complete d (Date)
				Date	Time Person	
All lights are working	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> PM		<input type="checkbox"/> call	<input type="checkbox"/> Work order	
Area is free from devices that could be used for hanging or other injury	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call	<input type="checkbox"/> Work order <input type="checkbox"/> call	<input type="checkbox"/> Work order <input type="checkbox"/> Work order
Doors and locks are in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call	<input type="checkbox"/> Work order <input type="checkbox"/> call	<input type="checkbox"/> Work order <input type="checkbox"/> Work order
Exit signs are present and illuminated	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call	<input type="checkbox"/> Work order <input type="checkbox"/> call	<input type="checkbox"/> Work order <input type="checkbox"/> Work order
Refrigerators are clean	<input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> AM		<input type="checkbox"/> call	<input type="checkbox"/> Work	

Medication room Staff Lounge Individuals Specials	NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> PM <input type="checkbox"/> NOC		order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Refrigerator temperatures are checked and logged Medication room Staff Lounge Individuals Specials	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
All staff have ID badges/keys (Program II/VI)	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Water temperatures are 105° to 120° temp today _____ On the daily log book	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Dual thermometer is available in the Nursing Station (in the sharp drawer)	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Dryer vents and screens are free from lint (nursing staff to check after each use)	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Furniture is sturdy no broken or sharp edges	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	

Item	YES NO	Shift	Location: Room number	Call Work Order Date Time Person	Correctio n complete d (Date)
Grooming items are restocked	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order	
Two (2) extra personal alarms pens are available in Med Room	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Mail is distributed consistently and logged on the daily log book	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Window Bars are covered	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
All trash cans are free from plastic trash bags	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Are hazardous substances properly stored	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Curtains are hung with plastic hooks	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	

Distribution:

Program Director

Health & Safety (original)

 Environment of Care Daily Housekeeping Checklist

Patient Occupied Areas

Program/Unit _____ Custodian completing inspection: _____

 2nd Custodian completing inspection: _____

 3rd Custodian completing inspection: _____

Date: _____

Reporting Supervisor: _____

Housekeeping Instructions: (Environment of Care Daily Housekeeping Checklist)

Respective unit janitor will complete **daily** checklist during their shift. Housekeeping area supervisor will daily collect completed form and submit **daily** collect completed form and submit it to Housekeeping Supervisor III with a copy to the respective Program Director Designee. Housekeeping Supervisor III will submit completed form the Health and Safety on day received.

Item	YES NO	Shift	Location: Room number	Call Work Order / e-mail Date Time Person	Correction completed (Date)
Are there any rooms with urine odor	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> call <input type="checkbox"/> Work order	
All trash cans are free from plastic trash bags	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> call <input type="checkbox"/> Work order	
Bathrooms are restocked (soap, toilet paper, paper towels)	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> call <input type="checkbox"/> Work order	
Bathrooms are clean	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> call <input type="checkbox"/> Work order	
Area behind Dryer is free from lint	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> call <input type="checkbox"/> Work order	
Water fountains are clean	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> call <input type="checkbox"/> Work order	
vents are clean	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> call <input type="checkbox"/> Work order	
Walls are clean	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> call <input type="checkbox"/> Work order	
Window sills are clean	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> call <input type="checkbox"/> Work order	

Floors , all halls, dorm and day area are clean	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> call <input type="checkbox"/> Work order	
Are hazardous substances properly stored (Janitor's closet)	<input type="checkbox"/> Yes <input type="checkbox"/> NO			<input type="checkbox"/> call <input type="checkbox"/> Work order	

Distribution:

Housekeeping Supervisor III

Program Director

Health and Safety (Original)

Environment of Care Monthly Checklist

Patient Occupied Areas

Program/Unit _____ Person completing inspection: _____

Date: _____ Reporting Supervisor: _____

Nursing Instructions: (Environment of Care Monthly Checklist)

Respective shift lead (as designated on check list) shall facilitate completion of Unit **Monthly** Checklist during their shift and submit completed form to the Unit Supervisor/SRN by the 15th of each month. Respective supervisor shall submit completed form to the Nursing Coordinator the same day. The Nursing Coordinator shall submit the checklist to Health & Safety on the day received. **Distribution: original to Health & Safety, copy to Program Director / Designee**

Item	YES NO	Shift	Location: Room number	Call Work Order / e-mail Date Time Person	Correction completed (Date)
Are there any rooms with urine odor	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Dryer vents and screens are free from lint	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Furniture is sturdy no broken or sharp edges	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Water fountains have no leaks and working properly	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Flooring and base boards are in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	

Beds, mattresses and are in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Bedding is clean and free from holes or worn spots	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	
Refrigerators are clean and organized	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order	
Food is labeled with date	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order	
Toilets and sinks are in good repair and working	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC		<input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order <input type="checkbox"/> call <input type="checkbox"/> Work order	

Distribution: Unit Supervisor

Program Director

Health and Safety (Original)

WORKPLACE VIOLENCE WORKSHEET

Part I through Part VI to be completed by the supervisor based on information provided by the employee involved in the incident. Route completed worksheet to the site administrator **within 24 hours of the incident.**

PART I – NATURE OF INCIDENT – (check all that apply)

Section A

- Threat Verbal Written
- Physical with Injury Physical without injury Harassment
- Behavioral Observation Information Only
- Other_____

Section B

Date of incident:_____ Approximate Time:_____ a.m./p.m.

Description of observation, threat, incident, or activity. Continue on separate sheet of paper if necessary.

PART II – THREAT DIRECTED AT:

Person(s):_____

Place:_____

Structure:_____

PART III – THREAT (s) MADE BY:

Person(s):_____

- Male Female Employee Patient

Classification:_____ Worksite:_____

Patient ID#_____ Unit_____

PART IV – TYPE/LOCATION INCIDENT OCCURRED

Section A

Type of Contact:

- In Person Telephone Mail
- Observation Email Other_____

Section B

Location of Incident:

- MSH Worksite Employee’s Residence Other

Section C

Address/Location where threat occurred:

Street_____ City_____ State_____ Zip Code_____

Section D

Was threatened person(s) injured: Yes No

Was person(s) making threat injured Yes No

Witnesses to the threat:

Name:_____ Phone Number:_____

Address:_____

PART V – DEPARTMENTAL RISK MANAGEMENT OFFICE RECOMMENDATIONS:

- Yes No

Date:_____ Incident Number:_____

PART VI – ADMINISTRATIVE RECOMMENDATION:

Administrator’s Name:_____ Ext:_____ Date:_____

PART VII – ACTION TAKEN –

Reporting Supervisor Name: _____ Date: _____

Law enforcement or other outside agencies contact? Yes No

Agency Name: _____

FORWARD ANY ADDITIONAL INFORMATION TO LOCAL SITE ADMINISTRATOR

- HPD Date: _____ Standards & Compliance CID Referral
- EAP Referral