
DSH Injury and Illness Prevention Program

PATTON



Safety Handbook

Revised 5/15/15

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 Department of State Hospital Safety Programs.

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

DEPARTMENT OF STATE HOSPITALS - PATTON INJURY AND ILLNESS PREVENTION PROGRAM

RESPONSIBLE PERSONS

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

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

This handbook recognizes that DSH-Patton is a high hazard environment due to the forensic patient population and the frequency of patient violence against staff and other patients. While DSH-Patton cannot eliminate all risk of violence, safety of our employees is our number one priority. The policies and procedures contained within are designed to prevent injuries and illnesses and guide employee response when injuries and illnesses occur.

A. SAFETY PROGRAM GOALS

DSH Patton's Injury and Illness Prevention Program is designed to:

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

B. SAFETY PROGRAM EFFECTIVENESS

The primary purpose for IIPP review of occupational injuries and illnesses is to determine the cause and contributory factors so that appropriate prevention measures can be taken to reduce the frequency and severity of work related violence, accidents, injuries, illnesses, and exposures in the future. The success of the safety program at DSH-Patton depends upon the following:

1. Accurate assessment of needs in order to best direct safety efforts.
2. Integration of work related violence, accident, injury, and illness prevention efforts into all ongoing operations of the department.

3. Action by supervisors and managers to implement and enforce various safety guidelines, policies, and procedures of the department.
4. The accountability of managers and supervisors for implementation and enforcement of safety regulations, policies, procedures, and protocols.
5. Action to set and adjust standards and procedures, train employees, provide safety equipment, identify and correct unsafe practices, and use corrective measures to enforce safety regulations, policies, procedures, and protocols.

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

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

II. SAFETY PROGRAM RESPONSIBILITY

The IIP-Workplace Security Program Administrator for this location is: Brenda Ray, Safety Manager.

Program authority: The authority for implementation, revision and enforcement of the DSH-Patton IIPP is vested in the Executive Team which includes the Executive Director, Hospital Administrator, Medical Director and the Clinical Administrator.

Program Location: The Safety Office is located in the Facility Operations building. The IIPP and various departmental safety documents can be located on the PSH Intranet, at the Safety Office, and various departmental offices.

A. RESPONSIBILITY OF EMPLOYEES

DSH-Patton employees are responsible to always act safely and to promptly report all work related violence, accidents, injuries, illnesses, and exposures to a supervisor.

Employees will adhere to the Code of Safe Practices (Section III-A), which identifies conduct expected of employees that is designed to ensure a safe work environment.

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 an individual.
2. Threatening to harm an individual 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 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

1. Supervisors and managers are responsible for implementation, monitoring and enforcement. The following are examples of such responsibilities.
 - A. Remain informed of safety rules and regulations
 - B. Enforce safety rules and regulations.
 - C. Ensure that staff are trained properly and regularly through both the Staff Development Center and work site specific training.
 - D. Refer egregious or frequent employee safety violations for possible disciplinary action to management.
2. The immediate supervisor of the injured or ill employee is to take the following actions:
 - Ensure that injured workers receive necessary medical care according to established policy, AD 4.07, Industrial Injury/Illness;
 - Make every effort to ensure that any cause of the injury or illness is no longer a danger. (See Section X-A for Risk Mitigation);
 - Conduct a thorough review of the circumstances to determine the root cause and memorialize the event in writing;
 - Make a report using established policies and procedures established policy, AD 4.07 Industrial Injury/Illness;
 - In the case of death or serious injury, the supervisor must **IMMEDIATELY** dial 7111 and provide the nature of the injury/illness, location and name of reporter. All deaths and serious injuries are reported to Division of Occupational Safety & Health according to, AD 18.07 Reporting Death or Serious Injury or Illness to Division of Occupational Safety & Health.

C. RESPONSIBILITY OF THE SAFETY MANAGER

The Safety Manager acts in an advisory capacity on all matters pertaining to safety. Through the cooperation of all treatment, support services, and management staff, unsafe work practices and conditions shall be identified and corrected.

The DSH-Patton Safety Manger is responsible for overall coordination of all phases of the Safety Program including but not limited to:

1. Chair of the Environment of Care Committee (also known as the Safety Committee)
2. Organize the Environment of Care/Hazard assessment surveys
3. Resource and advisor for safety information and action
4. Direct the correction of unsafe conditions
5. Maintain required records
6. Refer egregious or frequent employee safety violations for possible disciplinary action to management.

D. RESPONSIBILITY OF THE EXECUTIVE TEAM

Authority for the content and enforcement of safety plans at PSH is vested in the Executive Team. This includes the responsibility to discipline employees who fail to perform in a safe manner. The Executive Team will review summaries of hazard assessments and recommendations from the Environment of Care Committee. The Executive Team has final authority for changes to the Safety Program.

III. SAFETY COMPLIANCE PROGRAM

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

It is DSH-Patton 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, non-employees conducting business on DSH-Patton property, visitors, and guests.

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

Any patient, who intimidates, threatens, or takes violent actions against peers and/or employees, is subject to having all of his/her available information concerning previous aggressive, suicidal, or dangerous behavior being communicated to potential caretakers. Please refer to AD 15.21 Duty to Warn for Serious Threats of Physical Violence

To maintain a safe work environment, DSH-Patton must ensure that employees comply with the policies and procedures designed to promote safety, as described in this document.

Enforcement of safe work practices plays a vital role in prevention of work related injuries/illnesses. Managers and supervisors are in charge of ensuring compliance with established safety rules and practices. Corrective action of unsafe acts is necessary and may involve progressive disciplinary action.

A. CODE OF SAFE PRACTICES

These codes are accompanied by many hours of new employee orientation, mandatory annual, and licensing certification courses that will help to keep you and other employees safe from harm, and prevent injuries, illness and assaults.

General Safety Reminders:

1. Remain vigilant about the potential to be assaulted with all patients, monitor the safety of surroundings at all times, and make good decisions about physical proximity to patients; walk next to or behind patients during escorts, remain in areas visible to other staff members, and keep an arms-length away from patients when speaking with them.
2. Wear clothing and shoes that allow quick movement away from any assaults, including break away lanyards for identification badges and personal alarms (PDAS).
3. Attend daily change of shift meetings to inquire about the status of patients and report any observations indicative of potential risk.
4. When a patient's behavior suggests that they may imminently assault you or a fellow staff member, activate your personal alarm. These behaviors may include escalating verbal aggression, intimidating posture, or threats to harm you or other staff members.
5. When a patient is demonstrating hostility, anger, or other behaviors that may put them at risk for assaulting you or a fellow employee, alert a unit based staff member about the potential for aggression or attempt de-escalation techniques. Specifically, offer therapeutic interventions specific to your discipline, such as a chance to talk to a trusted staff member, spend time in the side room or courtyard, counseling sessions, phone call to a family member, medication dose, or an enjoyable activity.
6. When a patient's behavior suggests that they are at risk of becoming physically aggressive in the near future, document the observations in the patient's chart, and notify the other members of the treatment team of these observations, and provide discipline specific treatment recommendations, such as orders for restraint, medication changes, or risk assessment, to reduce this risk. Concerning behaviors can include an increase in the frequency or severity of psychiatric symptoms or paranoia about certain staff members.
7. When a patient is verbally or physically assaulting you or a fellow staff member, immediately activate your alarm (PDAS) and follow TSI evasive techniques.
8. Attend yearly training on Therapeutic Strategies and Interventions (TSI) to review de-escalation and physical restraint techniques. For example, stepping away from the patient while attempting to verbally diffuse the situation.
9. In the event of physical containment of a patient, use proper TSI techniques and utilize any necessary protective equipment, such as gloves, spit guard, or containment blanket.

10. When there are tensions between multiple patients and concerns about fights that may put staff members at risk for assault, call Hospital Police Department Officers or staff from a nearby unit to come to the unit.
11. Communicate with fellow staff members about leaving the unit and how long you may be gone.
12. When tools are required to perform your work, follow tool control procedures, including ensuring that all tools, utensils, and instruments are safeguarded using departmental tool count procedures and when possible, restrict patient access to areas where work involving tools or instruments is occurring.
13. If possible, have two employees assigned to work projects in patient areas. If working independently, inform other employees about location and expected duration of work and attempt to remain in areas visible to other staff members.
14. If working in a patient housing or treatment area, alert unit-based staff members of the location and the nature of the work.

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

1. All employees shall follow the DSH-Patton Code of Safe Practices and rules contained in this manual and such other rules and practices communicated on the job. All employees shall report all unsafe conditions or practices to their supervisor;
2. The Safety Manager shall be responsible for monitoring the implementation of these policies by insisting that employees observe and obey all rules and regulations necessary to maintain a safe workplace and safe work habits and practices;
3. All employees will practice good housekeeping at all times in the work area;
4. Employees shall wear suitable clothing and footwear at all times;
5. Anyone under the influence of intoxicating alcohol or drugs, including prescription drugs, shall not be allowed on the job;
6. Horseplay and other acts that tend to have an adverse influence on safety are prohibited;
7. Employees are not permitted to work while their ability/alertness is so impaired by fatigue, illness, or other causes that it might expose the employee or others to injury;
8. Employees shall ensure all guards and other protective devices are in place and adjusted. Employees shall report deficiencies promptly to their supervisor;
9. Employees shall not handle or tamper with any electrical equipment, machinery, air or water lines in a manner not within the scope of their duties, unless they have received specific training;
10. Report all injuries to your supervisor and annotate on a Self-Report of Minor Injury;

11. When lifting heavy objects, bend at the knees not at the waist;
12. Report any physical hazards or unsafe acts to the supervisor immediately;
13. Do not throw objects;
14. Ample rest and good health are a necessity for a safe work environment;
15. Employees with any type of infectious illness should stay home and rest;
16. Approach swinging doors with caution. Use vision panels to check for clearance before opening doors. If there are no vision panels, open doors with caution;
17. Post warning signs in areas as needed
18. Employees performing a task should be well-acquainted with safe work procedures. Do not take shortcuts;
19. Never block aisles or exits with furniture or other solid objects, even temporarily.
20. Close drawers and file cabinets immediately after use;
21. New or transferred employees should be oriented to hazards specific to the work-site;
22. All employees should know the Fire Safety Plan and be acquainted with the locations of fire alarms and extinguishers in their work areas;
23. Filing cabinets over 5' tall should be anchored to the wall or floor. Evenly distribute items from bottom to top to prevent tipping. Secure items that could present a hazard during an earthquake, such as large heavy items;
24. Inventory and mark tools in accordance with A.D. 6.09 Tool Control, to establish a uniform and consistent method for controlling and accounting of any and all tools used, either temporarily or permanently stored in the secure treatment area;
25. Floors should be even and in good repair. Submit work orders and notify the supervisor of torn carpet, loose tile, etc.
26. All electrical equipment shall meet UL standards.
27. Employees shall not bring in electrical equipment without requesting it through their supervisor and until it is checked by Plant Operations;
28. Position electrical cords and cables under desks or along walls to prevent slip/trip/fall hazards;
29. Use step stools or ladders for objects that are out of reach;
30. Do not use chairs to propel yourself around;
31. Use Standard Universal Precautions (refer to Infection Control Manual);
32. Read the Safety Data Sheet before handling all chemicals;
33. Use Lock - Out Tag procedures when repairing or cleaning equipment;
34. Training shall be provided before employees are assigned a new task or allowed to work with equipment for the first time.

The Statewide Code of Safe Practices is as an appendices to this IIPP and is also located on the DSH-Patton Intranet under the Health & Safety Tab.

B. PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is provided to employees when safety risks cannot be avoided by engineering or administrative controls.

Whenever employees are exposed to hazards in the work place, and where engineering or administrative controls are not effective in eliminating the hazards, personal protective equipment shall be provided by the employer and used in accordance with the applicable codes of regulation. Examples of Personal Protective Equipment that maybe required depending on the employees job are as follows:

1. **Head Protection** – Employees doing work, which exposes them to danger or falling objects, such as tree trimming, trench digging, maintenance operations, and similar occupations, are to wear appropriate hard hats for the work. For
2. **Foot Protection** – The use of safety shoes is recommended in areas where considerable material handling is done. Where rubber boots are provided, those worn in areas subject to being punctured by nails, glass, etc., are to be of the type, which have steel inserts in the sole and instep. Trouser legs are to be work outside of boots to prevent injury from substances, which might otherwise get into the boot; for example, hot water.
3. **Hand Protection** – Employees encountering extremes of temperature, handling of objects with rough or sharp edges or surfaces, using solvents and corrosive materials and performing similar work, will be supplied with suitable gloves or other appropriate protection for their hands
4. **Eye and Face Protection**- All employees working in or entering an area where a recognized eye hazard exists are to wear suitable eye protection. Prescription eyeglasses and sunglasses are not classified as safety glasses, and contact lenses themselves do not provide any protection. Ordinary safety glasses are satisfactory for 90% of the situation requiring eye protection. Safety glasses, goggles, and/or face shields shall be furnished by the employer and worn by employees when exposed to eye hazards.

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

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

5. **Acceptable rubber boots and rain gear** shall be provided and used where wet conditions are encountered.
6. **Ear Protection**- When required ear protection shall be provided by the employer and shall be worn by the employee. Employees and other persons shall be informed of the locations where ear protection is required. The Noise Reduction Rating (NRR) of the hearing protection worn shall reduce employee's exposure to below 85 dBA. Whenever the operations reasonably permit, exposures to excessive noise shall be eliminated or at least reduced by engineering or administrative controls.

7. **Respirator Protection-** When it is impractical to remove harmful dusts, fumes, mists, vapors, or gases or where emergency protection against occasional and/or relatively brief exposure is needed, the employer shall provide, and the employee exposed to such hazard shall use, respiratory protective equipment
8. **Protective Clothing** – Employees are to wear full body protection while preparing and handling corrosive materials (i.e. paint removers, ammonia, detergents, carbonyls of acid, as well as handling other hazardous or contaminated materials).
9. Personal protective equipment shall be maintained in good operating and sanitary condition. Records shall be kept of the issuance of such equipment to each employee.

C. WORKPLACE SECURITY POLICY

As stated in AD 6.16 Workplace Security (Non-Patient Related): Security and safety in the workplace are the responsibility of each manager, supervisor, and employee. Full cooperation by all employees is necessary for the hospital to accomplish its goal of maximizing the security and safety of its employees. Employees can report violations of the policy without fear of reprisal of any kind.

D. HEALTH AND SAFETY POLICY

As stated in AD 18.03 Safety Program: This directive supports the Department of State Hospitals-Patton (DSH-Patton) Safety Program, which is a framework designed to proactively evaluate potential risks and the environmental safety for patients, staff members, and the public, including impact on safety of the buildings, grounds, equipment, occupants and internal physical systems. Injury and illness prevention shall be the first consideration in the achievement of economical and efficient management of all programs, departments, and work activities. The prevention of occupational injuries and illnesses shall be regarded as an integral part of overall program and department objectives. Reasonable time and effort shall be taken to carry out all responsibilities and assignments safely

E. SAFETY COMMITTEES (ENVIRONMENT OF CARE COMMITTEE)

At DSH-Patton, the Environment of Care Committee (EC) serves the function of Safety Committee. The terms are interchangeable in this document. Environment of Care Committee is established to assist supervisors/managers in meeting the objectives of the Safety Program. Regular committee meetings encourage discussion about safety at all levels. The EC Committee is responsible for consistently and regularly reviewing hazard assessments and incident data. The Committee recommends changes, improvements and updates to the Executive Team.

The Environment of Care Committee is comprised of management and employees designated by the Executive Director. The EC Committee meets monthly and is responsible for:

1. Developing Safety Program goals and objectives;
2. Analyzing the effectiveness of the Injury and Illness Prevention Program by regularly evaluating data gathered from hazard assessments and incident reports;

3. Reporting its findings to the Executive Team along with a recommended course of action;
4. Making recommendations for safety education and training;
5. Ensuring checklists and techniques for safety compliance are current;
6. Sharing information through regular meetings as a means of building a responsive and coordinated solution to safety concerns;
7. Identifying matters of statewide interest and reporting them to the Statewide Safety Committee; and
8. Posting meeting minutes to the DSH-Patton intranet.

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.

DSH-Patton has established an Injury and Illness Prevention committee comprised of hospital management and employees designated by the hospital's Executive Director.

The IIPP Committee shall be responsible for providing recommendations to the Executive Director for updates to the Injury and Illness Prevention Plan. The IIPP Committee shall meet at least four times per year (Welfare and Institutions Code Section 4141; subsection (b)).

The Injury and Illness Prevention committee will be responsible for:

1. Developing hospital safety program goals and objectives;
2. Analyzing the effectiveness of the illness and injury prevention program by regularly evaluating Special Incident Reports;
3. Reporting its findings to the ED along with a recommended course of action;
4. Making recommendations for safety education and training;
5. Ensuring checklists and techniques for safety compliance are current;
6. Sharing information through regular meetings as a means of building a responsive and coordinated solution to problems; and,
7. Identifying matters of statewide interest and reporting them to the Statewide Safety Committee.

Hospital Safety Committees at DSH-Patton are:

- Infection Control
- Emergency Care
- Policy Implementation
- Joint Labor Management
- Risk Management (Risk Ops)
- Strategic Planning/Safety

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 includes Safety Officers/Managers from each DSH location. The Enterprise Risk Management Office 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.

F. CONFINED SPACE

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

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

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

Confined Space entry procedures are maintained at Plant Operations

IV. SAFETY COMMUNICATION PROGRAM

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

1. Safety Tailgates
2. Staff Meetings
3. Safety Committee Meetings
4. DSH-Patton Intranet
5. Safety Bulletins
6. Required Postings
7. Posters, Inserts, Letters, and Mailings

Employees must report unsafe conditions, practices, procedures, and equipment so that they may be 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-Patton's Employee Suggestion Box (These may be anonymous);
3. Safety Liaisons;
4. The Safety Manager; the Safety Management Department;
5. Safety Action (Maintenance Work Order Request) Form;
6. Annual review of our IIP Program;
7. Regular safety meetings (See Safety Committees)

Program Directors and Unit Supervisors are encouraged to conduct weekly 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.

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.

Safety notice content will be generated from several sources such as but not limited to Cal/OSHA information, Cal EMA, California Department of Public Health, and the Safety Committees. Ideas and recommendations for advisories, bulletins, and suggestions should be submitted to the Safety Manager.

Safety information can be distributed through any of, or a combination of the following:

Safety Alert

- Requires immediate notification and/or action to correct life threatening working conditions.
- Issued by the Executive Director, Hospital Administrator, Safety Office, or Risk Management Office-Sacramento.

Safety Advisory

- Information Only.
- Issued by Safety Representatives, Safety Managers, Supervisors, and Managers.
- Used to raise awareness in specific areas, to specific identified hazards. (e.g., Allergy Warnings, broken equipment, unsafe conditions, etc.)

Safety Suggestion

- Suggested safety information impacting employees. (e.g., Personal safety tips, holiday/daylight savings safety tips, local safety information with potential impact to DSH-Patton employees.
- Issued by the DSH-Patton Safety Management Office or Enterprise Risk Management Office- Sacramento.

Safety notice content will be generated from several sources;

1. Safety briefings
2. Staff Meetings
3. EOC Committee Meetings
4. DSH-Patton Intranet
5. Safety Bulletins

6. Required Postings
7. Posters, Inserts, Letters, and Mailings
8. NIXLE - (this is not an acronym) Texts/Email system
9. Public Address/Overhead Announcement System

B. REQUIRED POSTINGS

1. Cal-OSHA Injury/Illness Summary:
Copies of the Cal-OSHA Injury/Illness Log Summary, for DSH-Patton, are posted on the Safety Notices bulletin boards in the Administration Building, Administration Annex and on the Facility Management building during the months of February, March, and April each year.
2. Safety Posters:
Cal-OSHA required posters are displayed on the Safety Notices bulletin boards in the Administration Annex and on the Facility Management building.
3. Occasionally Safety Management will have to post non-annual information (OSHA citations, asbestos notifications, etc.) This information will be posted at the worksite receiving the citation.

C. SAFETY TAILGATES

These short and informal meetings are designed to improve local communication about safety. Supervisors and Managers are encouraged to conduct safety tailgate meetings as a part of or separate from normal staff meetings. Topics should include those discussed in recent safety committee meetings, those suggested by employees, and any risks or hazards observed since the previous meeting.

D. SAFETY ACTION REQUESTS

Employees will immediately report all safety problems or concerns to their supervisor as soon as they are observed or discovered. Unsafe conditions, practices, procedures, and/or equipment will be documented by the employee on the Safety Action Request Form (MH5007, Maintenance Work Order Form). Employees will submit this form to their supervisor for corrective action. Supervisors will take necessary action to correct the hazard. If the hazard is not within the supervisor's immediate control to correct, they will submit a work order, if applicable, and forward the Safety Action Request to the Safety Manager.

The Supervisor shall respond to the reporting employee within three business days, identifying the corrective action that will be taken. The Safety Manager is responsible to verify the hazard has been corrected by visual inspection. Safety Action Requests will be kept on file in the reporting unit's safety file. If forwarded to the Safety Manager, in addition the Safety Manager will maintain a safety file for that unit to monitor safety performance.

When forwarded to the Safety Manager, the report will be tracked using the work order tracking system at DSH-Patton. The record will be maintained electronically to monitor safety performance and follow up.

1. DSH-Patton suggestion box, located on the DSH-Patton Intranet homepage, can be an anonymous suggestion.

E. HAZARD COMMUNICATION TO EMPLOYEES

When any of the Hazard Assessment tools identify a patient as potential assaultive, the hazard is communicated to the unit staff. Communication about risk for aggression is communicated at three daily 'change of shift' meetings (6:30 a.m., 2:30 p.m., and 10:30 p.m.). During these meetings, critical information about any patient's current status is communicated to the incoming staff members. Additionally, a morning meeting, occurring every weekday, allows nursing staff and clinicians to discuss patients' functioning and risk for aggression as well as any plans to reduce that potential during the day.

Each patient's chart includes notes detailing his/her current risk for aggression. Specifically, treatment plans, located immediately as the chart is opened, have a "Risks Section" that lists a patient's risk for assault. Patients with an assault history also have specific documentation from past incidents that describe past aggressive acts. Interdisciplinary notes or clinician notes may also include information about aggression risk and any psychological testing relevant to potential risk factors. It is these notes that are summarized into the treatment plan rating.

Refer to A.D. 10.43, Aggression Prevention and Enhanced Observation for further information.

At DSH-Patton, a daily email is generated by the Medical Director's office that describes the previous day's aggressive events. These descriptions include the perpetrating patient's name and treatment unit. In order to comply with patient privacy legislation, this email is sent to medical staff members only but is intended to inform clinicians serving as doctor on call for the hospital that evening, of patients who have recently been aggressive.

V. RISK ASSESSMENT AND SAFETY INSPECTION PROGRAM PATIENT/NON-PATIENT RELATED VIOLENCE

A. HAZARD AND RISK ASSESSMENTS

Hazard assessments of the Workplace (Environment of Care) are made up of three basic elements:

- 1) The building or space, including how it is arranged and special features that protect patients, visitors and staff;
- 2) Equipment used to support patient care or to maintain the building or space;
- 3) People, including those who work within the hospital, patients, contractors, visitors, and anyone else who enters the environment, all of whom have a role in minimizing risks.

It is the policy of the DSH-Patton to conduct pro-active Hazard Assessments of the work environment on at least an annual basis. Hazard Assessments will be used to identify, create, and prioritize performance improvement projects that would mitigate identified risks.

Periodic scheduled and un-scheduled Hazard Assessments shall be required. Hazard Assessments shall include a process for setting deadlines and priorities for the correction of safety and security deficiencies and for informing management that hazard assessments and

recommended corrections are completed. Hazard assessments inform management of security, facility, equipment, and worker safety problems that are occurring.

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

1. Environment of Care Inspections (EOC): Identifies risk associated with the environment of care. DSH-Patton conduct EOC inspections on at least an annual basis in both clinical and clinical support areas are conducted. The Safety Manager (SO) shall be assigned to the EOC team. The HSOs 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. Includes scheduled or un-scheduled inspections of the interior and exterior of the workplace for adequacy of security.

This must include assessment for:

- Adequacy of lighting and absence of line-of-sight obstructions through windows or other openings;
- Area free from devices that could be used as weapons or used for hanging or as obstructions to access or emergency response;
- Doors and locks functioning;
- Exit signs present and illuminated;
- Medication and other medical cabinetry is locked or otherwise appropriately secured;
- Staff observed to have ID badges, keys, PDAS devices, and other required safety devices;
- Furniture and other objects are sturdy with no broken or sharp edges;
- Flooring, baseboards, thresholds, walls, outlets, and mechanical ventilation openings in good repair;
- Water fixtures in good repair, with water temperature in a safe range;

2. Workplace Violence Hazard Inspection Policy:

It is the policy of the DSH-Patton that a pro-active Risk Assessment of the Environment is conducted on at least an annual basis in both clinical and clinical support areas. Units having one or more high risks will have annual Risk Assessments. Changes in the environment of a unit will require a Risk Assessment immediately

The Risk Assessment is used to evaluate the impact of the environment of care on safety. Impact may include disruption of normal functions or injury to individuals. The Risk Assessments will be used to identify the need for Performance Improvement in order to mitigate the risk. (Please see the Workplace Violence Hazard Inspection Policy for further information.)

3. Regular Alarm testing: Refer to A.D. 18.09 Emergency Alarm Systems Operation, sections 15-20.

B. VIOLENCE RISK ASSESSMENTS

Violence Risk Assessments (VRAs) are a clinical component under the Clinical Risk Management System, in accordance with Administrative Letter AL2012-04. These are conducted upon admission, in the aftermath of a special incident, and prior to any change to patient grounds access status.

C. SAFETY EQUIPMENT TESTING

Personal Alarm (**Legacy System**) testing:

Annual Alarm Functionality Survey: Each hospital will conduct an annual facility-wide test of their alarm systems and produce a report identifying all deficiencies.

- a) For fixable repairs, a work order will be submitted. The Supervisor of the impacted area is responsible to ensure all repairs have been completed. The
- b) Safety Office will be notified upon correction, to visually verify the repair is complete.
- c) For design flaw deficiencies, each hospital will implement interim safety procedures. Supervisors are responsible to ensure all impacted staff is trained in those procedures.

All employees shall come to work prepared wearing a fully charged Personal Duress Alarm System (PDAS) tag. All employees shall test his/her PDAS tag upon entering DSH-Patton grounds by pressing and releasing the red button. If the PDAS tag does not work, staff shall pick up a new one at Human Resources. If staff has forgotten the tag he/she can get a loaner at Hospital Police Dispatch.

VI. SAFETY HAZARD REPORTING

Each state hospital shall develop an incident reporting procedure that can be used, at a minimum, to develop reports of patient assaults on employees and assist the hospital in identifying risks of patient assaults on employees. Data obtained from the incident reporting procedures shall be accessible to staff. 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 incident reports made under the incident reporting procedure. Incident reports shall also be forwarded to the injury and illness prevention committee. (Welfare and Institutions Code Section 4141; subsection (c)).

At a minimum, employees must report unsafe conditions to their immediate supervisor (e.g., informal discussion, safety tailgates, work planning sessions, staff meetings, etc.). This contact is the first the employee should make since the supervisor is in the best position to take immediate corrective action.

A. VIOLENCE REPORTING

Any assault on a staff is reported on the Health Services Specialist's (HSS) morning report at the Executive Staff morning meeting. Any new or temporary administrative or engineering control implemented as a result of an assault on staff by a patient.

B. UNSAFE WORK PRACTICES REPORTING

1. All reports of unsafe work practices shall be documented on an Incident Report.
2. All reports of unsafe work practices will be responded to according to the guidelines for accident/incident investigations, depending on severity.
3. Safety Action Requests should be kept on file in the impacted unit/program. 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 Safety Manager for reporting to the Risk Management Office-Sacramento.

C. ACCIDENT/INJURY/ILLNESS/EXPOSURE REPORTING

1. Employees shall report any accident, injury, illness, exposure, reasonably perceived threat, or incident of violence to their supervisor.
2. 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.
3. 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.

D. SUPERVISOR'S INITIAL REPORT

When making a report of occupational violence, injury, or illness the supervisor of the affected employee shall:

1. Conduct a thorough review of the circumstances and gather information using: Form MH5420, Occupational Injury or Illness Report, as a guiding document. This review shall be completed immediately, or as soon as is safe to do so; but within 24 hours of an incident occurring.
2. Determine if the injury or illness is reportable to Human Resources/Benefits as occupational.
3. Determine the cause and contributory factors related to the injury or illness.
4. Provide the completed Form MH5420 to Human Resources/Benefits.

E. DEATH AND SERIOUS INJURY REPORTING

Serious life-threatening hazards (**such as fire**) should be reported immediately, by dialing “**7311**.” State the location, type of emergency, your name and stay on the line.

In case of a life threatening medical emergency, dial Ext. **7311** ("Code Blue")

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 follow the procedures contained A.D. 18.07 Reporting Death or Serious Injury or Illness to Division of Occupational Safety & Health. The Supervisor will work with appropriate authorities to ensure that this procedure is followed including:

- Notification of the County Coroner, if needed;
- CAL-OSHA immediately by telephone to the nearest District Office;
- Safety Manager;
- State Compensation Insurance Fund; and
- Other appropriate department personnel, including the DSH-Sacramento.

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 is required.

F. WORKPLACE VIOLENCE (PATIENT ASSAULT) REPORTING

DSH-Patton documents patient assault on staff using the Incident Management System (IMS). Refer to A.D. 2.09, Incident Management System.

The IMS is used, in part, to develop reports of patient assaults on employees and assist the hospital in identifying risks which may have contributed to patient assault on employees. Aggregated data obtained from the Incident Management System shall be accessible to staff.

The IMS reporting procedure provides hospital management with immediate notification of reported incidents. DSH-Patton provides for timely and efficient responses and investigations of assaults on staff.

Summaries of Incident reports which address suggested changes or improvements to procedures or to the physical environment as a means of reducing patient assault on staff shall also be forwarded to the EC Committee for review.

G. WORKPLACE VIOLENCE (NON- PATIENT RELATED)

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

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

VII. EMERGENCY RESPONSE AND ACTION PLAN

The purpose of this section is to describe the procedures and protocols associated with responding to PSH-Patton emergencies. Emergency Action Plans must include but are not limited to the following:

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

A. EMERGENCY RESPONSE TEAM

DSH-Patton has an Emergency Operation 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 DSH-Patton Emergency Operations Center may be activated by the Executive Director or designee. A detailed description of the Plan is provided during New Employee Orientation and during Annual Safety Training, along with employee roles and responsibilities.

Refer to the Emergency Operations Plan located in your work area and on the DSH-Patton Intranet

B. PERSONAL DURESS ALARM ACTIVATION

Extensive Training and information will be provided to all staff during New Employee Orientation and Annual Safety Training about DSH-Patton's Personal Duress Alarm System. For example, orientation and application of the PDAS includes hands-on training, employee roles and responsibilities and use/maintenance and procedures of the personal duress alarm system.

1. All employees shall come to work prepared wearing a fully charged PDAS Tag.
2. PDAS Tags are programmed specifically to the individual, and are therefore not to be shared or traded.

3. All employees shall be familiar with the operation of the Personal Duress Alarm System.
 4. All employees shall wear the PDAS Tag in accordance with sections 15 - 17 below.
 5. All employees shall test their PDAS Tag upon entering DSH-Patton grounds and any time a Tag is exchanged due to low charge.
 6. All employees, both inside and outside the Secure Treatment Area (STA), are required to respond to all alarms within the employee's location at the time the alarm is activated. (See #26 below for limitations and exceptions).
 7. Any problems with the Personal Duress Alarm System shall be reported to Dispatch (ext. 7222) immediately.
 8. No employee shall purposely destroy, break, deface, or alter a PDAS Tag or associated equipment.
 9. PDAS data is only used to track alarms and appropriate response to alarms. It will not be used for timekeeping.
- Refer to A.D. 18.12 Personal Duress Alarm System. If you have questions about the PDAS, please contact your supervisor or Technology Services Division (TSD) Help Desk at Ext. 7816.

C. FIRE ALARM RESPONSE

There are various types of fire alarm systems in the hospital. These systems include fire alarm pull boxes, fire alarm key operated boxes, supervised and unsupervised extinguishing systems, fire sprinkler alarms, gamewell fire alarm system, and heat activated alarm systems. For reporting fires or obtaining paramedic assistance dial ext. 7311. Call will be answered by the San Bernardino Fire Department dispatch and will be monitored by the Hospital Police Department (HPD) Communications Operator within the Dispatch Center.

Refer to A.D. 18.09 Emergency Alarm Systems Operation

D. MEDICAL EMERGENCY RESPONSE

Department of State Hospitals-Patton (DSH-Patton) provides Basic Cardiac Life Support (BCLS) level of response to medical emergencies pending arrival of EMS. Any care provided will be in accordance with the American Heart Association (AHA) guidelines with commensurate level of training required for staff.

Emergency Response Involving Patients

Patients experiencing medical emergencies shall receive timely on-site care in accordance with the hospital's designated level of response as indicated above. Responsibility for care of the patient will be delegated to EMS personnel upon arrival.

DSH-Patton staff shall provide assistance as requested by EMS personnel.

Emergency Response Involving Other Persons

When there is a life threatening emergency involving employees, visitors, and volunteers on the grounds, on-site personnel shall provide Basic First Aid (BFA) and Basic Cardiac Life Support (BCLS) to the extent possible, and EMS shall be notified immediately. When requesting assistance, the Hospital Operator shall be informed of the location of the person and that the person is not a **patient** residing in the hospital.

Refer to A.D. 10.25 Medical Emergency Response System

VIII. INVESTIGATIONS

A. CRIMINAL INVESTIGATIONS

It is the policy of Department of State Hospitals- Patton (DSH- Patton) that its employees, patients, and visitors will abide by all Federal and State - law, rules, codes, regulations, and policies and procedures of the Department of State Hospitals and DSH- Patton.

Under the direction of the Hospital Administrator, the Office of Special Investigations shall be responsible for conducting criminal, administrative, civil, and accidents investigations as required for the better interest of the State of California and Department of State Hospitals.

Investigations conducted by the Special Investigators include, but are not limited to: all patient deaths, abuse, criminal law violations, administrative inquiries and actions, employee and patient misconduct, gang activities, employees injured while in the performance of their duties, civil issues and, traffic accidents.

Special Investigators for the Department of State Hospitals are Peace Officers pursuant to Section 830.3(h) of the California Penal Code. Pursuant to the Penal Code, investigators' authority extends to any place in the State performing their duty or when making an arrest pursuant to Section 836 of the Penal Code.

- Misdemeanors in the presence of the investigator
- Felonies when there is reasonable cause to believe a felony has been committed and reasonable cause to believe the person being arrested has committed the felony
- Warrants of arrest
- Body attachments – Civil Arrest Warrants

A Special Investigator is on call at all times (including after hours and weekends). The Special Investigator will be notified immediately, through the Communications Operator for all of the following events:

- All Department of State Hospitals Headquarters Reportable Incidents
- All patient deaths
- Patient abuse
- All assaults (patient and/or employee related)
- All employee injuries, involving suspicious circumstances, where the employee is sent to the hospital by ambulance
- Attempted escapes and escapes

Refer to A.D. 6.06 Special Investigation

B. ADMINISTRATIVE INVESTIGATIONS

The Supervising Special Investigators have primary law enforcement jurisdiction over all incidents requiring investigation action on hospital grounds. When outside law enforcement assistance is required, the Special Investigator on call, in keeping with all law enforcement MOU'S, will request such assistance.

36.1. The Department of Justice Bureau of Forensic Services will be the agency called for crime scene investigation and documentation to augment investigations if required.

Preliminary testing of suspected illegal controlled substances will be conducted through the Hospital Police Department or the Office of Special Investigations.

All seizure of suspected controlled substances shall be packaged in plastic baggies, attached to a Contraband Report, and the SIR, which includes the full names of the suspect(s), and of the witnesses (see section 33-34 above for proper chain of evidence).

A crime report will be drafted on all suspected substances regardless of the actual nature of the substance. All substances will be booked into evidence and dealt with according to the California laws, rules, regulations, and codes. There will be no exceptions.

All investigations conducted by the Office of Special Investigations shall be reviewed by the Supervising Special Investigator.

The following reports shall be forwarded to the Executive Director/designee for review and determination:

- Deaths of patient
- Administrative/criminal cases referred for adverse action
- Use of force by Hospital Police Officers involving use of chemical agents and/or injury to the patient
- Cases of special interest to the Department of State Hospitals or DSH- Patton

In the absence of the Supervising Special Investigator the Senior Special Investigator shall review the report.

All other investigations (those not reviewed by the Executive Director) shall be reviewed by the Incident Review Committee (see A.D. #2.03AA).

No investigation report is to be forwarded to anybody, person, department, unit, agency, office, etc. without specific approval of the Executive Director/designee.

No director, administrator, manager, supervisor, or employee at DSH- Patton shall take any retaliatory action against any employee, agent, parent, relative, patient, or volunteer in any service for reporting an alleged criminal/unlawful act or an alleged violation of a Department of State Hospital or DSH- Patton directive.

Threats, retribution, retaliation or other forms of victim/witness dissuasion are violations of Sections 135 – 140 et. al. of the California Penal Code and are offenses covered by the Senior Special Investigator or the Office of Equal Employment Opportunity depending on the case.

Any threats, retribution, retaliation or other forms of victim/witness dissuasion that occurs as a result of an investigation conducted by the Office of Special Investigations shall be investigated by the Office of Special Investigations pursuant to sections 135, 136, 136.1, 136.2, 136.5, 136.7, 127, 138, 139, and 140 of the California Penal Code. The results of the investigation shall be turned over to the Executive Director for determination.

Any person who feels retribution or punitive action has been taken against them for reporting an illegal act may report such to the Office of Special Investigations and the person submitting the complaint is entitled to receive a written summary of that investigation from the Executive Director/designee. The Special Investigator may also advise the person of other courses of action that can be taken.

Refer to A.D. 6.06 Special Investigations.

C. ACCIDENT/INJURY/ILLNESS/EXPOSURE 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.

- Investigation of “garden variety” accidents/exposures will be facilitated by the Safety Manager.
- Investigation of workplace violence (no patient involvement) will be reported to the Hospital Police Department. 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.
- Investigation of patient assaults on staff is conducted using the Incident Management System.

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

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

All Workplace Violence incidents will be investigated according to the following:

1. Reviewing all previous accidents/incidents, including any previous reports of inappropriate behavior by the perpetrator, if an incidence of violence has occurred;
2. Visiting the scene of the incident as soon as possible but no more than 24 hours after an incident occurs;
3. Interviewing threatened or injured workers and witnesses;
4. Examining risk factors associated with the accident/incident;
5. Determining the cause of the incident;
6. Taking corrective action to prevent the incident from reoccurring; and,
7. Recording the findings and corrective actions taken.

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

Employees are encouraged to contact the Hospital Police Department for more information or description about the investigation scope and processes.

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 the Safety Manager, Executive Management, and other regulatory agencies according to the established reporting guidelines of this plan (See Injury/Illness Reporting and Recordkeeping);
4. The accident/incident is documented on the designated forms; and,
5. Injured or ill employees are notified and informed of Employee Assistance Program (EAP) availability.

(Please See Section IX-C: Employee Assistance Program)

A. INJURED/ILL EMPLOYEE MEDICAL TREATMENT

Employees who are injured at work must report the injury immediately to their supervisor. If immediate medical treatment beyond first aid is needed, the supervisor will either refer or arrange for escort and transportation for the employee to the Employee Clinic, or report to the Medical Officer of the Day (MOD). (“First Aid Treatment” is generally defined as any one-time treatment). The Employee Clinic, or MOD, after evaluating the employee, may direct the employee to an outside Occupational Clinic, by completing the “Medical Service Order” (MSO) (SCIF Form 3358). If emergency medical treatment is required, call Ext. 7311.

Injuries/Illnesses that require “first-aid treatment” only must be documented on the employee’s Injury/Illness Status Report .If “first aid” is provided at the work-site, the supervisor must complete items 1-10 in the report, cross out the Clinic/MOD recommendation section and distribute as indicated.

If medical treatment beyond first aid is required, the injured employee’s supervisor must complete an “Occupational Injury/Illness Report” and submit this report to Human Resources/Benefits Office within 48 hours.

An “Employee’s Claim for Workers’ Compensation Benefits” (SCIF 3301) is provided by the Employee’s Clinic, MOD, or Human Resources/Benefits staff member within one working day of the knowledge of the reportable injury, with sections 11 and 12 dated and initialed.

It is the employee’s responsibility to complete sections 1-7 and submit the claim form to Human Resources/Benefits within 48 hours.

If the injured employee saw an outside treating physician, the employee shall provide the treating physician’s order to return to work to his/her supervisor and the Human Resources/Benefits Office.

The treating physician may stipulate work restrictions that must be adhered to until the employee is able to resumes his or her full duty. In such a case, the employee will be referred to the Hospital’s Limited Duty Program located in the Human Resources/Benefits Office.

B. CRITICAL INCIDENT STRESS DEBRIEFING

Critical Incident is an event, or series of events, that causes moderate to severe stress reactions. In addition to potentially affecting those who suffer injuries or loss, traumatic events affect survivors, rescue workers, and friends and relatives of victims who have been directly involved.

Critical Incidents may be work or personally related and may include any of the following:

- Death
- Suicide attempts
- Sexual assaults
- Physical assaults
- Medical emergencies
- Fires
- Earthquakes
- Natural Disasters

Employee(s) who have been impacted by a traumatic or critical incident on the job should be recommended to receive defusing and debriefing services.

Critical Incident defusing typically occurs immediately within 24 hours following the incident. The purpose is to validate feelings/perceptions and educate regarding some potential typical physiological and psychological reactions.

Critical Incident Stress Debriefing occurs after the initial 24-hour period and usually closer to 48 or 72 hours (up to one week) following the occurrence of an incident.

Debriefings can be arranged as group or individual sessions as determined by the needs of the individuals. The direct recipient of an assault/attack should be seen individually. Other employees directly involved in the incident should be in group debriefings.

Refer to A.D. 4.23 Employee Assistance Program

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 wellbeing. It is offered at no charge to the employee and provides a valuable resource for support and information during difficult times, as well as consultation on day-to-day concerns. EAP is an assessment, short-term counseling and referral service designed to provide you and your family with assistance in managing everyday concerns. EAP offers confidential clinical help for everyday people with everyday problems. For more information on EAP, please contact your location's Employee Assistance Coordinator or visit <http://www.calhr.ca.gov/employees/Pages/eap.aspx>.

This site's Employee Assistance Coordinator is:

Arnel Recio EAP Coordinator

S -COTTAGE, Room # 9**X7483**

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.

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

X. RISK MITIGATION AND HAZARD CORRECTION

Unsafe or unhealthy work equipment, practices, procedures, which threaten the safety or security of workers, shall be corrected in a timely manner. The purpose of this section is to identify expectations related to hazard correction and risk mitigation.

Refer to A.D. 6.01 Security of the Hospital

A. CLINICAL ASSESSMENT AND MITIGATION

Each patient's risk for violence against employees is assessed by a psychiatrist and psychologist at admission to the hospital and periodically thereafter. Psychologists administer two different measures of a patient's risk of violence towards staff members; the Dynamic Appraisal of Situational Aggression (DASA) shortly after admission and the Short-Term Assessment of Risk and Treatability (START) at each annual treatment review. Other violence risk assessment instruments (i.e. Historical Clinical and Risk Management- 20, Violence Risk Appraisal Guide) are used if the treating clinician requires additional information about a patient's risk for future aggression.

Based on the patient's risk of aggression, individualized treatment strategies are developed by the Treatment Teams to mitigate the potential for aggression, and are incorporated into each patient's Treatment Plan. Treatment strategies may include individual therapy, group treatment focused on managing anger or curbing aggressive behavior, or medication. Treatment Team members have frequent interaction with the patients and their daily interactions are focused on prevention, early interventions, and de-escalating a patient displaying behaviors suggestive of aggression, such as yelling, verbal threats, intimidating behaviors, staring, or agitation. Psychiatrists with concerns about a patient's risk for aggression towards employees can also seek out psychopharmacological consultation. These specialized psychiatrists are available to assist with patients who are difficult to medicate.

The GOALS program (Granting of Alternate Levels System) also provides a reward system for patients who are non-violent and cooperative with their treatment programming.

B. REQUIRED POSTINGS

1. Cal-OSHA Injury/Illness Summary:

Copies of the Cal-OSHA Injury/Illness Log Summary, for DSH-Patton I, are posted on the Safety Bulletin Board in the Administration Building during the months of February, March, and April each year.
2. Safety Posters:
Cal-OSHA required posters are displayed on the Safety Bulletin Board in the Administration Building.
3. Other posting as required
Occasionally the Safety Office will have to post non-annual information (OSHA citations, asbestos notifications, etc.) This information will be posted at the worksite receiving the citation.

C. 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 RESPONSE AND ACTION PLANS)
 - 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;
 - 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.

D. 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.

E. HEAT ILLNESS PREVENTION PLAN

The plan describes DSH-Patton's operations during heat related emergencies and provides guidance for State Hospitals in the preparation of their heat emergency response plans and other related activities. The plan recognizes the need for DSH to communicate and coordinate with State Hospitals.

The purpose of the Heat Illness Prevention Plan is to provide a safe working environment and protect DSH-Patton employees from heat-related illness when they are exposed to high heat, temperature extremes, radiant heat, high humidity, or limited air movement while working on grounds. (Title 8, California Code of Regulations (CCR), Section 3395, Heat Illness Prevention).

The workplace will be evaluated to determine if DSH-Patton employees are at risk from heat-related illness during hot weather and temperature extremes while working. If it is determined that employees are at risk, they will be trained on awareness of heat-related illness: prevention, symptoms, and procedures to follow if symptoms are present.

Implementation of DSH-Patton Heat Illness Prevention Plan

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

Temperatures are recorded daily in the Dispatch Center. Whenever outdoor temperature in the shade reaches 95 degrees F or greater, or the Heat Index reaches 100 degrees or greater and air conditioning is working, the dispatch operator shall announce that grounds shall be closed Refer to A.D. 15.19 Prevention of Heat/Cold Injury.

Training:

Supervisors will provide training to an employee that may be subject to high heat exposure prior to the commencement of the job assignment. All employees will also receive training on heat-related illness during New Employee Orientation and annual Block Training.

Employee Training:

As outlined in CCR Title 8, Section 3395, the following topics on heat-related illness training will be provided to employees subject to high heat exposure:

- Environmental and personal risk factors for heat illness.
- Procedures for identifying, evaluating, and controlling exposure to the environmental and personal risk factors for heat illness.
- The importance of frequent consumption of water.
- The importance of acclimatization.
- The different types of heat illness, including common signs and symptoms.
- The importance of immediately reporting symptoms or signs of heat illness to the employer, supervisor, or designee.
- Procedures for responding to symptoms of possible heat illness, including how emergency medical services will be provided when necessary.
- Procedures for contacting emergency medical services and for transporting employees to a point where they can be reached by medical service personnel, if necessary.

Supervisor Training:

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

- All necessary information to provide site and condition specific employee training.
- DSH-Patton's and the supervisor's responsibility to provide water, shade, cool-down rests, and access to first aid as well as the employee's right to exercise their rights outlined in this plan, without retaliation.
- Procedures the supervisor will follow to implement controls.
- Knowledge and understanding of heat illness, common signs and symptoms, appropriate first aid and/or emergency responses to the different types of heat illness, and awareness that progression from mild symptoms to serious and life threatening illness can be rapid.
- Procedures the supervisor will follow when an employee exhibits symptoms consistent with heat illness, including emergency response procedures.
- The concept of and methods to acclimate an employee exposed to new high heat conditions. The importance of surveillance of new employee acclimatization to high heat conditions for the first 14 days of an assignment.
- How to provide clear and precise directions to the work site.

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

Controls for reducing heat exposure:

DSH-Patton shall address how to reduce the potential for heat stress and illness. Available controls include a work/rest regimen, starting outdoor work earlier in the morning and continuing later in the afternoon to avoid the hottest hours of the day, provisions for gaining access to water and shade, vigilance and early identification of heat illness related symptoms, and the methods used to cool off an employee.

Provisions for Water:

Where drinking water is not plumbed or otherwise continuously supplied, an adequate supply of fresh, pure, suitably cool, potable drinking water will be supplied to employees free of charge per safety standards (**a minimum of 1 quart per hour, per person**). Employees will be notified of the location of drinking water and encouraged to drink frequently. The water should be located as close to the employees as is practicable.

Provisions for Shade:

One or more shaded areas must be provided and maintained at all times whenever the National Weather Service forecasted outdoor temperature high (as of 5pm, previous day) is over 80 degrees F for the area closest to the location where employees will be working. If the actual temperature exceeds 90 degrees F., shade must be available, regardless of the previous day's predicted high. The amount of shade is sufficient if there is enough area to accommodate the number of employees on recovery or rest periods such that employees can sit comfortably in the shaded area without touching each other.

The distance to the shade must be within a 2 1/2 minute walk from the work site. The shaded area must be easily accessible and in a location that does not deter or discourage access or use. Areas shaded by artificial means, such as the shade provided by a pop-up canopy, must be set up so it is not necessary for employees to contact bare soil while resting. This can be accomplished by providing chairs, benches, sheets, towels, or any other items that let employees sit and rest without contacting dirt. When the ground under the shaded area is grass, providing ground cover or seating is not required. The shaded area must be open to the air or equipped with ventilation or cooling.

Cool-down Rest Periods

Employees shall be allowed and encouraged to take a preventative cool-down rest in the shade when they feel the need to protect themselves from overheating. Such access to shade shall be permitted at all times.

An individual employee who takes a preventative cool-down rest shall be periodically monitored and asked if he or she is experiencing symptoms of heat illness; shall be encouraged to remain in the shade; and shall not be ordered back to work until any signs or symptoms of heat illness have abated, but in no event shall the cool-down rest period be less than 5 minutes, not including the time needed to access the shade. If the employee complains of symptoms related to heat illness, the employer or supervisor must monitor the employee continuously and provide first aid or emergency response as appropriate.

High Heat Procedures

The supervisor shall implement high-heat procedures when the temperature equals or exceeds 95 degrees F. The employer/supervisor shall ensure effective employee observation/monitoring by implementing one or more of the following procedures: the supervisor or designee shall observe for signs of heat illness 20 or fewer employees; or a mandatory buddy system; or regular communication with sole employee by two-way radio or cellular phone; or other means of effective communication.

The supervisor shall authorize one or more employees on each worksite to call for emergency services when required and must allow other employees to call for emergency services when no designated employee is available.

In pre-shift meetings and periodically throughout the work shift, the supervisor must remind employees to drink plenty of water and of their right to take cool-down rest periods when necessary.

First Aid Awareness and Actions in the Event of a Heat-Related Illness:

The following chart helps employees recognize the main types of heat-related illness, symptoms and the appropriate treatment to reduce the effects.

Refer to DSH-Patton Heat Illness Prevention Plan **case of a life threatening medical emergency, dial Ext. 7311 ("Code Blue"). For other emergencies, dial Ext. 7111.**

XI. SAFETY EDUCATION AND TRAINING

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

A. NEW EMPLOYEE ORIENTATION (NEO)

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

B. OVERVIEW OF CLINICAL RISK MANAGEMENT PROGRAM

DSH-Patton uses a comprehensive risk management program that assesses workplace risks associated with treating a mentally ill patient population. The risk management program includes three stages; assessment and mitigation of risk for employee injury, management of an aggressive patient, and investigation and remediation after an assault has occurred.

Components of the program include:

1. Reducing risks through pro-active risk mitigation programs.
2. Systematic identification of potential risk and implementation of appropriate treatment, milieu and environmental interventions.
3. Hierarchy of review commensurate of the identified risk or incident. Controlling the severity of adverse outcomes and their impact on patients and staff when serious incidents occur.
4. Data collection for monitoring outcomes and effectiveness of actions taken.
5. Identification and management of long-term trends and patterns.
6. An oversight mechanism that ensures data is tracked, trended, and analyzed using performance improvement methodology in an effort to provide ongoing oversight and monitoring of the effectiveness of each state hospital's Risk Management Program.
7. Establishing priorities for addressing identified risks to ensure effective utilization of available resources.

C. 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 is responsible for informing employees of policy updates and providing the necessary training. Training topics shall include but is not limited to:

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

D. EMPLOYEE TRAINING

Training in Therapeutic Strategies and Interventions (TSI) is given to all employees who have patient contact. This training also includes safety guidelines about not being alone with patients behind a closed door (except for medical/psychological treatments), wearing appropriate clothing, and safety when escorting patients outside of the treatment unit. Safety Training is administered during New Employee Orientation, and is renewed annually thereafter.

Each employee is issued and must have on their person at all times a Personal Duress Alarm System (PDAS) Tag which can be activated to summon help. Training on the proper use of this tag is provided to all employees during New Employee Orientation. Daily emails containing reminders, helpful hints, frequently asked questions or other information are also provided. In addition to their PDAS tag, all employees are also required to carry a whistle and instructed on use during New Employee Orientation. This low-tech safety measure allows employees to alert others to any dangerous situation.

Refer to A.D. 6.16 Workplace Security and A.D. 18.12 Personal Duress Alarm System (PDAS)

Training on Specific Hazards

Supervisors are to assure adequate training for employees on specific potential hazards, such as unsafe working conditions, unsafe work practices, heat illness, security issues, biological hazards, communicable diseases and noise, which the employees under their immediate control may be exposed to. This training aids a supervisor in understanding and enforcing proper protective measures.

All supervisors must ensure that the personnel they supervise receive appropriate training whenever a potential hazard is introduced to the work place, training on the specific hazards of work they perform and the proper precautions for protection against those hazards. Training is particularly important for new employees and whenever a new hazard is introduced into the workplace.

Such hazards may include new equipment, hazardous materials, biological hazards, communicable diseases, noise, confined space or procedures. Safety training is also required when employees are given new job assignments on which they have not previously been trained, and whenever a supervisor is made aware of a new or previously unrecognized hazard. This training shall be documented, and facilitated using the "Staff Development Training Attendance Sheet". The Supervisor and the employee will sign the documentation, and the

supervisor will provide a copy to the employee, retain the original in their department's training records, and forward a copy to the Staff Development Center on a quarterly basis.

Specific topics which may be appropriate to department personnel include, but are not limited to the following:

- ✓ Fire prevention techniques and fire extinguisher use.
- ✓ Obtaining emergency medical assistance and first aid.
- ✓ Disaster preparedness and response, including building evacuation procedures.
- ✓ Safety for computer users.
- ✓ Back care, body mechanics, and proper lifting techniques.
- ✓ Hazard communication, including training on SDS, chemical hazards and container labeling.
- ✓ Proper housekeeping.
- ✓ Personal Protective Equipment.
- ✓ Chemical spill reporting procedures.
- ✓ Infection Control.
- ✓ Safe use and proper disposal of needles.
- ✓ Transmission of Rodent-Borne Viruses.
- ✓ Emergency Response to Africanized Honey Bee Swarm.
- ✓ Prevention of Diseases Transmitted by Feral Cats and other Undomesticated Animals.
- ✓ Control of Noise Exposure
- ✓ Heat Illness Prevention
- ✓ Mental Health 101, Introduction to Recovery
- ✓ Positive Behavior Support
- ✓ Wellness and Recovery Care Planning

E. THERAPEUTIC STRATEGIES AND INTERVENTIONS (TSI)

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

Therapeutic Strategies and Intervention (TSI) Training

Therapeutic Strategies and Intervention (TSI) training is a course providing tools for staff to utilize in order to avoid and minimize individual-related injuries (assaults and incidences as a result of 'containments').

DSH-Patton has identified and provides TSI training to all employees who are assigned to a treatment area serving individuals, or whose work places them in physical proximity of those individuals served.

All DSH-Patton employees are required to take 8-16 hours of initial TSI training.

F. MANAGEMENT OF AN AGGRESSIVE PATIENT

On occasion, a patient becomes aggressive towards a staff member without any threats, prior intimidating behavior, or other signs of behavioral agitation.

In these cases, no opportunity to impose the prevention strategies discussed above was possible. However, once an assault on a staff member begins, the staff member attempts to alert others using their PDAS tag or whistle.

Once an assault begins, other staff members move to assist the victim employee by containing the patient with the TSI techniques. With the intention of minimizing any potential harm to the employee, the patient is subdued as quickly as possible.

Employees responding to the assault have access to protective equipment, such as a containment blanket, spit masks, and gurneys to aid in restraining the patient.

Additionally, emergency doses of medication can be quickly ordered to administer to patients who remain aggressive.

XII. HAZARDOUS MATERIALS COMMUNICATION PROGRAM

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

A. COMMUNICATION

1. Definition of a Potentially Hazardous Material

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

2. Right To Know

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

3. Hazardous Material Inventory

The Hazard Communication Coordinator will assist each program in developing an inventory of hazardous materials that workers may be exposed to during normal work procedures or in the case of emergencies such as exposure, leaks, and spills. This inventory must be updated annually. A copy of the current inventory is retained in the MSDS Manual. In most cases, the manufacturer or supplier of the chemical will do hazard evaluation. This hazard information is then required to appear on the label of

each container. The supervisor is responsible for making sure that each chemical container is checked for hazard information. Each supervisor must check their inventory list against the MSDS forms received from suppliers.

4. Hazard Materials Coordinator

DSH-Patton's Hazardous Materials communication coordinator is Kris Badkar (Ext.7229) located in the Safety Office.

Refer to A.D. 18.11 Hazardous Substance Identification, Purchasing, Handling, Storage, & Disposal

B. SAFETY DATA SHEETS (SDS)

DSH-Patton uses the SDS/MSDS online program for registering products used at the hospital. Safety Data Sheets are available to all staff through use of this program. The link is on the DSH-Patton Intranet home page. Hard copies of the SDS/MSDS for products used by all staff are located in each work area.

1. Labeling Requirements

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

2. Hazards and Protective Measures

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

C. TRAINING

1. The Hazmat Coordinator provides new employees an overview of DSH-Patton's Hazard Communication Plan (HCP) based on the "Right-to-Know." The labels, pictograms or signal words, SDS, and employees training system (chemical inventory, video, quiz etc.) will be the basis for this training.
2. Training on the proper handling and disposal techniques of hazardous materials/substances/wastes shall be provided for all new employees as part of hospital's new employee orientation.

3. Employees who transfer from one area of the facility to another and employees of contractors who work with or have potential for exposure to hazardous materials will receive training at their work site. Ongoing Hazardous Material Safety Training shall be conducted by supervisors for employees who have the potential to be exposed to hazardous materials on a routine basis. All employees shall receive HMST annually.
 4. Requirements of the Employee Training shall include:
 - a. Federal Hazard Communication Regulation.
 - b. The location(s) of the SDS Binder.
 - c. Location and availability of the written DSH-Patton Hazard Communication Program³⁵.
 - d. Location and availability of DSH-Patton's A.D. 18.11 Hazardous Substance Identification, Purchasing, Handling, Storage, & Disposal and A.D. 10.03 Biohazardous (Infectious), Pharmaceutical, & Sharps.
 - e. Site specific training for hazardous materials unique to their area of responsibility is conducted by area Supervisor.
 - f. Employees working with hazardous waste are to receive appropriate training in the safe handling and disposal of the specific waste with which they are assigned
 - g. Supervisors shall include hazardous materials in the safety inspection checklist during the monthly safety meetings. Agenda shall include labeling, segregation, storage, and review of current inventory lists
 - h. Methods and observations that may be used to detect presence or release of hazardous materials in the work area such as monitoring devices, visual appearance, or odor.
 5. Outside contractors employed by DSH-Patton shall be:
 - a. Informed of the Right to Know Law.
 - b. Asked to ensure they maintain SDS on any hazardous materials they will use.
 - c. Comply with Cal/OSHA code for safe handling.
-

XIII. ERGONOMICS PROGRAM

A. ERGONOMIC HANDBOOK

DSH-Patton (DSH-P) identifies and minimizes or eliminates risk factors that may contribute to musculoskeletal disorders (MSD) and repetitive motion injuries (RMI).

Contributing Risk Factors – factors or aspects of work tasks that can lead to fatigue, MSD symptoms, RMI, or other types of problems. These factors may be present in one or more of the tasks employees must perform to accomplish their jobs. Risk factors include awkward/static postures, repetitive motions, forceful exertions, contact stress or pressure

points, continuous or high intensity vibration, and environmental factors such as lighting and extreme temperatures.

Ergonomic Assessment – an evaluation that provides information to determine whether the existing work condition promotes safe and efficient work habits in the interaction of people and the objects they use most frequently.

Training - All PSH employees have access to the Ergonomics Handbook and other Ergonomic educational materials (e.g. Computer User's Handbook) through the Safety Office. Ergonomic training is provided during New Employee Orientation and as needed. It is the area supervisor/manager's responsibility to ensure appropriate training is available through the Safety Office for each employee who works at a job with exposure to specific risk factors and each employee in a job where a work-related MSD has been recorded. The ergonomic training shall include the following elements:

- a. How to recognize workplace risk factors associated with work-related MSD and the ways to reduce exposure to those risk factors
- b. The signs and symptoms of work related MSD, the importance of early reporting, and medical management procedures
- c. Reporting procedures and the person to whom the employee is to report workplace risk factors and work-related MSD
- d. The process DSH-P is taking to address and control workplace risk factors, each employee's role in the process, and how to participate in the process
- e. Opportunity to practice and demonstrate proper use of implemented control measures and safe work methods that apply to the job

All training is to be documented by using the Staff Development Attendance Sheet (SDC003 Form) and the record is to be kept by the Safety Office for 30 years.

B. ERGONOMIC TRAINING POWERPOINT

The Ergonomic Power Point is available through the Safety Office.

C. ERGONOMIC EVALUATION REQUEST FORM

DSH-Patton employees may request an ergonomic evaluation of their workstation through their immediate supervisor utilizing Form PSH3214 Ergonomic Request. Form is available from Safety Office.

XIV. RETURN-TO-WORK PROGRAM

DSH-Patton employees are protected under the State of California Workers' Compensation Laws for industrial injuries or illnesses. An industrial injury or illness is defined as one, which occurs during the course of employment and arises out of employment.

Employee injuries/illnesses which arise out of and during the course of employment are "recordable" in the CAL/OSHA 300 log if the injury/illness causes:

- Death
- Illness
- Injury which result in one or more of the following:
 - loss of work days

loss of consciousness
restriction of work or motion
termination of employment
medical treatment (other than first aid)

An injury/illness which requires "first aid treatment" only is defined as any one-time treatment, and any follow-up visit for the purpose of observation, of minor scratches, cuts, burns, splinters, and so forth which do not ordinarily require medical care. Such one-time treatment and follow-up visit for the purpose of observation is considered first aid even though provided by a physician or registered professional.

An authorized treating physician is defined as a physician authorized by the Department of Mental Health and by State Compensation Insurance Fund (SCIF) to treat the employee's occupational injury/illness. Refer to A.D. 4.07 Industrial Illness/Injury

A. RETURN TO WORK COORDINATOR RESPONSIBILITIES

When an employee with a "recordable" injury/illness is released by a treating physician to return to limited duty or when work restrictions have been modified, the employee shall report to the Human Resources Office.

The Human Resources Office staff will not change the treating physician's order as to medical limitations. If needed, the Human Resources Office will contact the treating physician to clarify the work restrictions and/or timeframes. The employee shall report to the Human Resources Office during normal business hours when he/she receives his/her treating physician's order to return to full duty.

When the date of the treating physician's order to return to full duty is after normal business hours, the employee shall report for duty and work with his/her supervisor to coordinate his/her work assignment. The supervisor must notify the Human Resources Office of the employee's return to full duty by the next business day. The original treating physician's order shall be directed to Human Resources. The Human Resources staff will provide the Employee Clinic with copies of the treating physician's orders.

Employees with non-Industrial injuries/illness are to communicate with their Supervisor, and if warranted, their personnel specialist in Human Resources.

Refer to A.D. 4.10 Limited Duty Assignments.

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

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

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

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

Supervisors shall investigate the incident for the purpose of determining the cause(s). All investigations should be conducted within 24 hours of an incident. Documentation of the incident will be done using Wellness and Recovery Model Support System (WaRMSS) and the Workers Compensation Claims Management System. This report will be reviewed by the Human Resources Department to determine what corrective action(s) should be taken.

Investigations of incidents, injuries, illnesses and/or exposures shall be coordinated by the Return to work Coordinator within the Human Resources/Benefits Office and the Safety Management Office.

Refer to A.D. 4.07 Industrial Injury/Illness, A.D. 4.08 Employee Clinic Services and A.D. 4.10 Limited Duty Assignments

C. LIMITED DUTY PROGRAM

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

The Limited Duty directive (A.D. 4.10 Limited Duty Assignments) outlines the policies and procedures regarding limited duty assignments which are available to encourage and assist temporarily disabled employees to return to duty as soon as medically feasible.

A limited duty assignment is a modified work assignment that an employee may request while recovering from a temporary disabling occupational or non-occupational injury or illness.

The limited duty benefit is generally for a maximum of 45 calendar days per injury/illness and may be extended for 15 calendar days with a justification based on medical verification, which indicates the employee will return to full duty within the additional limited duty period. For Bargaining Unit 15 and 18 employees, the duration of a limited duty assignment shall be no more than 60 calendar days.

For non-work related injuries/illnesses, employees must report to the Employees Clinic. The Employees Clinic staff will refer employee to Human Resources for potential Limited Duty Assignment.

For work-related injuries/illnesses, employees shall report directly to Human Resources for Limited Duty Assignment. The employee must provide to Human Resources a return to work medical release substantiation from the treating physician which indicates the need for specific limitation(s), duration and applicable restrictions regarding individuals served care/contact.

Limited duty shall only be provided to those temporarily disabled employees whose medical prognosis indicates that they can progressively return to full duty within the limited duty period.

Human Resources and Employee Clinic staff will not change the treating physician's order as to medical limitations.

If needed, the Personnel Officer/Benefits/designee will contact the treating physician to clarify the work restrictions and/or timeframes.

D. FITNESS FOR DUTY EXAMINATION

In accordance with Government Code Section 19253.5, management may require an employee to submit to a medical examination to evaluate their ability to perform their assigned duties.

Each employee shall maintain the physical and/or mental capacity to perform the work of his/her classification, and may be required to submit to examination by physicians designated to evaluate the capacity of the employee to perform his/her work duties.

A fitness for duty medical evaluation should not be used in lieu of taking good faith personnel actions in resolving such issues as: substandard performance, pending adverse actions, insubordination situations, attendance issues, rejection during probation, etc.

If a Program Director/Department Head reasonably questions an employee's capacity to perform the work of his/her classification, s/he shall submit a request for medical/psychiatric examination to the appropriate administrator.

If the request for a fitness for duty examination is approved by the administrator, the Human Resources Director will:

- Authorize the Employee Clinic to schedule appropriate examination(s).
- Notify the employee and the employee's supervisor of the physician, address, and appointment time in writing.

The Employee Clinic will schedule an appointment for medical examination of the employee; and if appropriate, will schedule an appointment for the Program Director/Department Head to meet and provide first-hand information to the evaluating physician.

Refer to A.D. 4.43 Medical Fitness for Duty

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 their own site-specific Infection Control Program and Committee.

The DSH-PATTON Infection Control Program Plan is maintained by the Public Health Office (Ext. 7418) and is available to staff on the Patton Intranet.

XVI. RESPIRATORY PROTECTION PROGRAM

Hospitals maintain respiratory protection programs in order to comply with the guidelines contained in the California Code of Regulations, Title 8, Section 5144. Whenever possible, engineering controls will be used to provide a safe working environment for employees. When engineering controls are not possible, respiratory protection programs will provide appropriate guidelines for respirator usage.

DSH-Patton uses a Respiratory Protection Program. Employees who work in areas of dust, fumes, vapors or gases are cleared by a health professional for use of a respirator. Respirator training is conducted, including fit testing. Refer to Infection Control Manual, Section 310 Aerosol Transmissible Disease Exposure Control & Respiratory Protection Plan.

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. These sections also list the thresholds that require a facility to provide personal protective equipment to staff exposed to high decibel levels. DSH facilities that exceed the thresholds as defined shall maintain a Hearing Conservation Program.

The above regulation permits exposure of 90db for up to eight work hours. When noise conditions exceed the permissible exposure limit, administrative or engineering controls are utilized.

XVIII. VEHICLE SAFETY POLICY

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-Patton endorses all applicable state motor vehicle regulations relating to driver responsibility. DSH-Patton 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.

Driver Safety

Employees who use vehicles in conducting state business will take defensive driver training as required by the State Administrative Manual. Defensive driving classes are offered on the DSH-Patton Intranet under the link "Training". Employees must maintain their cards, which are valid for four years. Temporary defensive driving permits may be obtained through General Services, at Ext. 6346

Refer to A.D. 7.07 State Vehicle Operation

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

1. Records of hazard and risk assessments and inspections, including the person(s) 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 (*a worker training and instruction form*). We also include the records relating to worker training provided by a construction industry occupational safety and health program approved by Cal/OSHA.

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

A. INJURY/ILLNESS RECORDS

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

1. Obtain a report on every injury or illness requiring medical treatment. An injured employee must be given the *Employee's Claim for Worker's Compensation Benefits*, SCIF Form 3301.
2. Prepare a *Supervisor's Report of Occupational Injury/Illness* (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. 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 Safety 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 Risk Management Office- Sacramento for referral to the DSH legal liaison, and if necessary, the Executive Team.

DSH-Patton only has fifteen working days after receipt of the notice of citation or special order to file an appeal. It is important to expedite the notification process to the Risk Management Office and Legal Office in order to meet this deadline.

XX. 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-Patton intranet, or physically in designated locations at DSH facilities. It is intended for all DSH-Patton staff to provide suggestions, comments, and ideas about how to make DSH-Patton 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-Patton employees, non-employees, patients and members of the public with no official relationship with DSH-Patton.

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-Patton 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

The following forms are found on the DSH-Patton Intranet:

MH5007, Maintenance Work Order Request

MH5420, Occupation Injury or Illness Report (Supervisors Report of Injury/Illness)

Safety Data Sheets

SDC003, Staff Development Attendance Sheet

EOC Inspection Checklist

The following form can be obtained from Human Resources/Benefits:

DWC1, Workers Compensation Claim Form



CALIFORNIA
DEPARTMENT
OF STATE
HOSPITALS

EMPLOYEE CODE OF SAFE PRACTICES

KEEPING YOU SAFE IN THE WORKPLACE

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

July 2015

Employee Code of **Safe** Practices

INTRODUCTION AND SAFETY REMINDERS

How you can stay safe and prevent injuries and assaults

DSH Employee lanyards are specialized break-away safety models.

Employee Code of **Safe** Practices

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

General Safety Reminders

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

Employee Acknowledgement

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

Employee Name (Printed)

Employee Signature

Date

Employee Code of Safe Practices

SPECIFIC SAFETY INITIATIVES

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

DSH Employee lanyards are specialized break-away safety models.

Personal Duress Alarm System (PDAS)

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

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

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

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

Therapeutic Strategies and Interventions

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

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

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



Employee Code of **Safe** Practices

PSYCHIATRIC TECHNICIANS

DSH Employee lanyards are specialized break-away safety models.

WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

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

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

Employee Code of **Safe** Practices

NURSING TEAM

WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

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

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

Employee Code of Safe Practices

UNIT-BASED CLINICAL TEAM

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

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WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

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

Employee Code of **Safe** Practices

OFF UNIT CLINICAL TEAM

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

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WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

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

Employee Code of **Safe** Practices

OFF UNIT SUPPORT TEAM

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

WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

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

HOSPITAL POLICE OFFICERS

WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

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

Employee Code of **Safe** Practices

HOSPITAL POLICE OFFICERS (cont.)

WHENEVER YOU ARE INSIDE THE SECURED TREATMENT AREA WITH PATIENTS

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