



**Child Study & Treatment Center
Behavioral Health Administration**

Chapter:	Safety & Health		
Policy:	Workplace Safety Plan / Accident Prevention Program (APP)		
Authorizing Sources:	WAC 296-800-140		
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1.0 PURPOSE:

To provide a Workplace Safety Plan for all state hospitals that incorporates federal and state laws including Occupational Safety and Health Administration (OSHA)/Washington State Department of Occupational Safety and Health (DOSH), as well as Washington State law for the management of the environmental safety of patients, staff and others through proactive identification of safety risks and the planning and implementation of processes to minimize the likelihood of accidents and injuries. Also incorporated are standards of compliance of The Joint Commission and Centers for Medicare/Medicaid accreditation and certification of hospitals and specific guidance related to workplace violence.

2.0 AUTHORITY:

Child Study and Treatment Center is operated by the State of Washington under the auspices of the Department of Social and Health Services, (DSHS), and the Behavioral Health and Service Integration Administration (BHSIA) in accordance with state and federal law as applicable.

The CEO has delegated authority to the Safety Manager and leadership to stop any action that places the lives of employees, patients, contractors and visitors in immediate danger.

3.0 SCOPE:

- Safety Management Plan: Applicable to all staff, including contract and support services employees, (i.e. Consolidated Maintenance Operations, Central Institutional Business Services, etc.), interns, students and volunteers and includes prevention of risk related to the environment and provision of patient care.
- Accident Prevention Program (APP): Applicable to all CSTC staff including support services employees (i.e. Consolidated Maintenance Operations (CMO), Central Institutional Business Services (CIBS) and encompasses any accidents, threats or acts of violence that may result in emotional or physical injury or otherwise places one's safety and productivity at risk. This includes supporting employees who are victims of domestic violence when requested, and assisting employees to access the Employee Assistance Program for counseling and referral.
- Child Study and Treatment Center incorporates the Accident Prevention Programs (APP) of the Consolidated Maintenance Operations (CMO) and Central Institutional Business Services (CIBS) into its business plan and strategic goals. CMO and CIBS' employees utilize their own APP which aligns with CSTC guidelines for employee safe work practices. CMO and CIBS employees will work in concert with CSTC staff to create a safe and healthful work environment by adhering to CMO /CIBS' guidelines and CSTC policies and programs. The ongoing interaction between organizations involves much more than accident prevention. It involves employee, client and resident interaction. In order to clarify this relationship, CMO / CIBS' employees and CSTC organizations cooperate utilizing the written Service Level Agreement (SLA). The intent of the SLA is to describe the mutually agreed upon responsibilities, standards, and services obligation between agencies. CSTC will retain a copy of the CMO and CIBS' Plans to ensure they meet CSTC criteria. CSTC Safety staff will collaborate with CMO and CIBS' safety personnel to create an ongoing and effective safe and healthful working environment

4.0 MANAGEMENT COMMITMENT:

DSHS and Child Study and Treatment Center place a high value on the safety of their employees and are committed to providing a safe and healthy environment for all employees, patients and others entering the hospital's facilities. This policy has been developed for Safety Management and Injury Prevention and involves management, supervisors, and employees in identifying and eliminating hazards that may develop during work processes.

All hospital staffs are responsible for preserving a safe environment regardless of duty of assignment, level of supervision or command. The Child Study and Treatment Center Safety Manager, Safety Committee Chair and members of the safety committee are responsible for this plan. The CEO is responsible for ensuring the existence and the effectiveness of a comprehensive Safety Management Plan/Accident Prevention Program.

Employees are required to comply with all hospital safety rules and are encouraged to actively participate in identifying ways to make our hospital a safer place to work.

Co-located support operations areas are required to follow CSTC's Accident Prevention Program. In addition, these areas are required to have their own Accident Prevention Program tailored specifically to their area.

Management is committed to allocating resources necessary to implement all processes encompassed within this plan:

- Maintaining safety committee(s) composed of management and elected employees;
- Identifying and taking action(s) to eliminate or mitigate hazards;
- Planning for foreseeable emergencies;
- Providing initial and ongoing training for employees and supervisors;
- Implementing a disciplinary policy to ensure that hospital safety policies are followed.

It is Management's assertion that no task is so important that an employee must violate a safety rule or take a risk of injury or illness in order to "get the job done".

Safety is a team effort – Let us all work together to keep this a safe and healthy workplace.

We Believe

- All incidents, injuries and illnesses have the potential to negatively impact quality of life and can be reduced through mitigation strategies
- Every day, every task can be completed in a safe manner.
- Everyone is responsible and accountable for their safety and the safety of the patients we serve and others entering CSTC facilities.
- Accident prevention is a partnership between staff, management and Collective Bargaining Units.

5.0 SAFETY AND HEALTH RESPONSIBILITIES:

5.1 Executive Leadership Responsibilities:

- Ensure that the hospital maintains a safety committee that has both employee elected and employer-selected members in accordance WAC 296-800-13020.

- Ensure that the hospital safety committee(s) meets monthly and provide all required documentation.
- Ensure that the safety committee(s) carries out their responsibilities as described in this program.
- Ensure that sufficient employee time, supervisor support, and funds are budgeted for Personal Protective Equipment (PPE) equipment and training to implement the safety program.
- Ensure that incidents are fully investigated and appropriate corrective action implemented to mitigate risk and prevent reoccurrence.
- Ensure a record of injuries and illnesses is maintained and posted as described in this program.
- Ensure that an annual review of the Accident Prevention Program / Workplace Safety Plan, , is conducted to ensure compliance with State/Federal law and hospital needs, Centers for Medicare and Medicaid (CMS) certification and The Joint Commission accreditation elements of performance. Where indicated, develop performance improvement activities.
- Ensure that staff recommendations or concerns regarding safety are reviewed and written feedback is provided within 60 days.
- Provide guidance and oversight to hospital personnel to ensure compliance with this program. This includes facility management, approval and purchase of equipment, authorization and payment for training, participation in workplace inspections, and evaluation of facility program needs.
- Recruit and retain qualified staff to assure effective treatment and maintenance of a therapeutic milieu.
- Collect and review data and implement quality improvement measures.
- Maintain a communication plan to promote a Culture of Safety.

5.2 Management/Supervisor Responsibilities:

All managers and supervisors are responsible for establishing and documenting appropriate site-specific policies and procedures, to ensure safe practices for their areas of operations.

- Managers and supervisors must maintain appropriate safety management procedural knowledge regarding practices, policies, procedures and emergency management plans and set good example for employees by following safety rules and attending required training.
- Ensure each employee receives and initials, a documented, site-specific Safety orientation/training that includes inherent hazards and safe practices *before* beginning work.
- Ensure each employee is competent to perform their duties safely and receives adequate/required training including prevention and intervention techniques, safe operation of equipment or tasks *before* starting work.
- Ensure that a hazard assessment is conducted on each job class and that each employee receives proper training in the use of the required personal protective equipment (PPE) *before* starting work.
- Ensure staff accounts for the safety and location of patients and monitor environmental factors that affect patient and staff safety ensuring that clinical, environment and security needs are met. Ensure staff completes cottage checks

while respecting patient privacy and dignity (i.e. knocking on door before opening). This process may reflect clinical, environmental, and security differences among cottages. Staff assigned to cottage check continuously circulate through the cottage and intervene with patients as needed. They are not assigned any other duties during that time.

- Ensure that supervision is sufficient to identify unsafe work practices and that employees are provided additional training and/or disciplinary action is conducted as needed. Formal corrective action is documented according to Human Resources Policy.
- Ensure all employee injuries are investigated and all required documentation is properly completed and submitted to the Safety Office.
- Work with the hospital Safety Manager/Officer and DSHS Enterprise Risk Management Office (ERMO) to identify and evaluate changes to work practices or equipment that improves employee safety.

5.3 Employee Responsibilities:

All employees are required to follow established safety policies and procedures and encourage co-workers by their words and example to use safe work practices including but not limited to:

- Following Washington State Safety and Health Core Rules (WAC 296-800) as described in this program/plan, and referenced in hospital policies, protocols and training.
- Reporting all injuries and near miss employee incidents to supervisor promptly regardless of how serious.
- Reporting unsafe conditions or actions to supervisor or safety committee representative promptly.
- Using personal protective equipment (PPE) as required
- Ensuring that PPE is maintained and in good working condition prior to use and any malfunctions or need for service or replacement are promptly reported to supervisor.
- Not removing or interfering with any PPE or equipment safety device or safeguard provided for employee protection.
- Making suggestions to leadership, (e.g. supervisor, program director, safety committee representative or management) about changes you believe will improve employee safety.
- Holding themselves and their colleagues to the standard of being attentive to their environment and always maintaining a safe and respectful environment.

6.0 EMPLOYEE PARTICIPATION

6.1 Safety Committees

Child Study and Treatment Center has an active safety committee to help employees and management work together to identify safety problems, develop solutions, review incident reports and evaluate the effectiveness of the Safety Management Plan/Accident Prevention Program. This committee consists of management-designated representatives and employee-elected representatives from the facility.

- The Safety Committee meets monthly and includes representation of the following areas of the hospital:

Maintenance	Camano Cottage	Quality Management
Custodial Services	Ketron Cottage	Executive Management
Infection Control	Orcas Cottage	Recreation Department
Food Service Manager	Support Services	Clover Park School Districts

The safety committee structure at Child Study and Treatment Center includes sub-group(s) designated for short-or long-term projects (see below). The safety committee meets on a monthly basis and the sub-groups meet bi-weekly or as needed. *See table below for date, time and location for each safety committee meeting.*

Safety Committee	Date & Time	Time	Location
Safety Committee	2 nd Thursday of the Month	9:00 a.m.	CSTC Large Conference Room
Environment of Care	2 nd Thursday of the Month	8:30 a.m.	CSTC Large Conference Room
Workplace Safety Workgroup	1 st and 3 rd Wednesday of the Month	3:00 p.m.	CSTC Large Conference Room
Emergency Preparedness Workgroup	1 st and 3 rd Thursday of the Month	9:00 a.m.	CSTC Large Conference Room
Ad hoc Workgroup	As needed in response to specific issues or trends		

The CSTC Safety Committee is chaired by the CSTC Safety Officer 1. Resource members include the CEO, Director of Administrative and Support Services, Director of Nursing, the Custodial Supervisor, Cook 2, Director of Quality Management, representatives from each of the 3 patient cottages and the school, CMO (CSTC maintenance supervisor) and the DSHS Enterprise Risk Management Office safety consultant. Union representation is welcome.

The Administrative Assistant 3 assigned to the CEO is designated to keep minutes for the meeting. Copies are posted on the CSTC intranet and distributed to each cottage for posting. After being posted for one month, a copy of the minutes will be filed for one year.

- Responsibilities/duties of the safety committee and/or sub-committee members include:
 - Present an overview of the findings from the self-inspections as they related to the entire hospital
 - Participate in a review of hospital-wide safety data and make recommendations and provide an overview of findings from review of injury reports to their group.
 - Report Safety hazards to the committee and make recommendations to avoid future occurrences.
 - Actively participate in all activities of the safety committee.

- Be available to all staff in their assigned area of representation to answer questions or discuss safety concerns
- Encourage and support co-workers to use safe work practices on the job and encourage co-workers to report hazards.
- Perform and/or review quarterly inspections of another area in the hospital, including the administration building as well as routine self-inspections of their own cottage. Results of the self-inspection and actions taken will be discussed at the monthly sub-committee meetings.
- Communicate with the employees they represent on safety issues including results from safety sub-committee meetings and proposed initiatives.
- Encourage safe work practices among co-workers.
- Review reports of personal injury, 03-133, for their areas and make recommendations for corrective action as required.
- Review safety data related to assigned area and provide input to the committee.
- Review results of employee safety survey, provide input and conduct follow up as indicated.
- Actively participate in all scheduled committee meetings. Present safety concerns of co-workers to committee for discussion and consideration.
- Maintain the safety bulletin board for the area they represent.

6.2 Safety Bulletin Board:

Child Study and Treatment Center has four safety bulletin boards. The main bulletin board is located in the administration building and there is also one on each of the three patient cottages. They contain the following required postings:

- Notice to Employees – If a job injury occurs (F242-191-000);
- Job Safety and Health Protection (F416-081-909);
- Your rights as a Non-Agricultural Worker (F700-074-000);
- OSHA 300A Summary of Work Related Injuries and Illnesses (required from February 1 through April 30 of each year);
- Safety meeting minutes.

7.0 HAZARD RECOGNITION

7.1 Injury Record Keeping and Review

Employees are required to report any injury or work related illness to their immediate supervisor regardless of how serious. Minor injuries such as cuts and scrapes shall be reported as well. The employee must use an Injury and Illness Incident Report (DSHS 03-133 rev. April, 2014) to report all injuries.

The supervisor:

- Investigates an injury or illness using procedures in the "Accident Investigation" section below;
- Completes the "Supervisors Review of Injury and Illness Incident Report" (DSHS 03-133 rev. April 2014) form with the employee;
- Forwards the report to the Safety Officer or delegated staff member.

The Safety Officer (or delegated staff member):

- Reviews the incident form to ensure all pertinent information has been collected;

- Enters data into the Violent Acts Log, and includes related information from the patient incident reporting data base as indicated
- Forwards core report in pdf form to the Director of Quality Management for continuous quality improvement data collection
- Forwards all paperwork to Enterprise Risk Management Office (ERMO) claims department.

DSHS Enterprise Risk Management Office (ERMO) (Claims Unit):

- Inputs and tracks all reports of injury through the RiskMaster system;
- Determines from the Employee Report, Injury Investigation Report, and any L&I claim form associated with the accident, whether it must be recorded on the OSHA Injury and Illness Log and Summary according to the instructions for that form;
- Enters a recordable injury or illness within six days after the hospital becomes aware of it;
- If the injury is not recorded on the OSHA log, it is tracked through the Risk Master System (non-OSHA recordable injuries and near misses);
- Provides each month before the scheduled safety committee meeting, any new injury/claim reports and investigations and current accumulated time loss to the safety committee for review. The safety committee reviews the log for trends and makes recommendations, including conducting a separate investigation of an incident where indicated.

The Safety Manager/Officer is responsible for submitting the OSHA 300 Summary of the previous year to the DSHS ERMO by February 1 of each year and posting a completed copy of the OSHA Summary on the safety bulletin board each February 1 where it remains until April 30. The Summary is signed by the highest ranking official at the facility and kept on file for at least five years. Any employee can view an OSHA log upon request at any time during the year.

7.2 Incident Reporting and Investigation Procedure

Near Miss

Whenever there is an incident that did not but could have resulted in serious injury to an employee (a *near-miss*), the near-miss is reviewed by the supervisor and additional investigator(s) **depending on the seriousness of the injury that could have occurred**. The form is clearly marked to indicate that it was a near-miss and that no actual injury occurred. The report will be used to document the near miss and correct the hazards to reduce and/or eliminate the possibility of an injury.

Employee Injury

When an employee is involved in an on-the-job injury, they must report it to their supervisor immediately and follow the procedures for reporting injuries. When the supervisor becomes aware of an employee injury, the supervisor completes:

- Injury and Illness Incident Report (DSHS 03-133) with the employee to insure all required information is complete. The injury is investigated by the supervisor and additional investigator(s) depending on the seriousness of the injury that occurred. In conducting an investigation, it is important to:

- a) Gather all necessary information.
 - b) Record the sequence of events.
 - c) List all causative factors as they occur in the sequence of events.
 - d) Interview and collect statements from witnesses as indicated.
 - e) Closely review the employee's statement and description of the incident and identify any discrepancies.
 - f) Make determination based on the findings:
 - (1) Unsafe Act
 - (2) Unsafe Conditions
 - (3) Unsafe Acts/Conditions
- The Employee Report of Possible Client Assault (DSHS 03-391) is completed for all incidents resulting from a potential client assault. Attach to the Injury and Illness Incident Report.
 - The CSTC Form "Confidential Report of Unusual Occurrence" (UOR) is completed when any incident of unusual nature occurs involving patients, visitors, employees, equipment, property, etc. The circumstances typically go beyond what would normally be on a regular patient incident reporting form and is submitted to BHSIA headquarters for notification.
 - A Post Exposure Packet is completed in all cases resulting in an exposure incident or blood borne pathogen exposure. This is defined as an eye, mouth, other mucous membrane, non-intact skin, or contacts with blood or other potentially infectious materials that results from the performance of an employee's duties.
 - Labor and Industry (L&I) Form 242-130-1111 is completed by the employee if receiving medical or emergency treatment for a work-related incident/injury or exposure. This form is to be initiated at the physician's office or emergency room. The physician completes the form with the employee and mails a copy to Labor & Industries for processing.

Hospitalization or Fatality Reporting Requirements (WAC 296-27-031 and 296-800-320)

(1) The CEO of the hospital (or designee) must report to DOSH within eight hours of becoming aware of a work-related incident that results in:

- (a) A fatality; or
- (b) An inpatient hospitalization of any employee. (Unless it involves only observation or diagnostic testing).

(2) Staff must report to DOSH within twenty-four hours of a work-related incident that results in either an amputation or the loss of an eye that does not require inpatient hospitalization.

Note:

- 1. Staff must secure the scene of work-related events that result in the death or inpatient hospitalization of any worker. (WAC 296-800-320).
- 2. Staff must not move equipment involved (e.g. personal protective equipment (PPE), tools, machinery or other equipment), unless it is necessary to remove the victim or prevent further injuries.(WAC 296-800-320-10)

(3) If you do not learn about a reportable fatality, inpatient hospitalization, amputation, or loss of an eye at the time it takes place, you must make the report to DOSH within the following time periods after the fatality, inpatient hospitalization, amputation, or loss of an eye is reported to you or any of your agents:

(a) Eight hours for a fatality or an inpatient hospitalization of one or more employees.

(b) Twenty-four hours for an amputation or a loss of an eye that does not require inpatient hospitalization.

(4) If you do not learn right away that the reportable fatality, inpatient hospitalization, amputation, or loss of an eye was the result of a work-related incident, you must make the report to DOSH within the following time periods after you or any of your agents learn that the reportable fatality, inpatient hospitalization, amputation, or loss of an eye was the result of a work-related incident:

(a) Eight hours for a fatality or an inpatient hospitalization of one or more employees.

(b) Twenty-four hours for an amputation or a loss of an eye that does not require inpatient hospitalization.

NOTE:

1. If the amputation or loss of an eye requires inpatient hospitalization, staff must follow the eight-hour requirement in WAC 296-27-031 (1)

2. Inpatient hospitalization that involves only observation or diagnostic testing is not a reportable inpatient hospitalization.

(5) The CEO or designee reports the following information to DOSH:

a) The employer name, location and time of the incident;

b) The number of employees involved and the extent of injuries or illness;

c) A brief description of what happened and;

d) The name and phone number of a contact person.

(6) In the event of an employee work-related hospitalization or fatality:

DO NOT DISTURB the scene except to aid in rescue or make the scene safe.

These actions are particularly helpful in the investigation of an unwitnessed incident.

- Block off and secure area. If in a room, close and lock the room and post a guard, if in a common area, mark off with tape or ribbon and post a guard.
- Do not clean up bodily fluids or pick up other items.
- Keep unnecessary persons out of the area before and after securing it.
- Record the names of persons who have entered the area during and after the incident.
- Record the names of persons who have witnessed the incident.
- Keep records of any items leaving the area before investigators arrive, i.e. clothing, bloody items and weapons.

(7) Investigation of the Incident:

Whenever there is an employee accident that results in death or serious injuries that have immediate symptoms, a preliminary investigation is conducted by the immediate supervisor of the deceased, and/or the Safety Officer of the hospital, a person designated by ERMO, and/or any other persons whose expertise can help

with the investigation. The investigator(s) takes written statements from witnesses, photographs the incident scene and any equipment involved. The investigator(s) must also document as soon as possible after the incident, the condition of equipment and any anything else in the work area that may be relevant.

(8) Documentation

The investigator(s) completes a written report of findings Including:

- (a) The sequence of events leading up to the incident;
- (b) Conclusions about the incident; and
- (c) Any recommendations to prevent a similar incident in the future.
- (d) A copy of the report is maintained by the CEO.

7.3 Patient and Visitor Injuries

All patient injuries are reported to the Quality Management Department via Cache data and monthly WPSHA reporting by Medical Records.

7.4 Hazardous Materials and Waste Spills and Exposures

Processes for reporting and investigating hazardous materials and waste spills and exposures are described in the Hazardous Materials Management / Communication Plan.

7.5 Fire Safety Management Deficiencies and Failures

Processes for reporting and investigating fires described in the Fire/Safety Management Plan.

7.6 Product Safety Recalls

All equipment hazard notices and recalls are coordinated through the Safety Office and forwarded to identified departments for review and action as indicated.

7.7 Utility System Failure or User Errors

Failures or user errors related to utility systems are reported by Consolidated Support Services as described in the Utility Management Plan.

7.8 General Hazards

Every employee has the right and responsibility to identify hazards and to report them for corrective action. This must be done by immediately notifying the immediate supervisor and/or the supervisor of the area where the hazard has been identified. The following procedures apply when reporting identified hazards:

- Notify supervisor immediately. Complete a CSTC Work Order Request found on the CSTC Intranet and route to the CEO's Administrative Assistant 3
- If no action is taken, notify the Safety Manager by telephone and/or complete an Internal Hazard Reporting Form. Complete this form in as much detail as possible. Reports may be anonymous; however, providing a name and telephone number will assist in obtaining additional information that may be necessary to rectify the hazard.
- Hazard reports are evaluated by the Safety Manager to determine causative factors and implement corrective actions.
- All reports and action(s) taken are reviewed by the Safety Committee during regular monthly meetings. Copies of reports are submitted to all concerned parties and to the initiator if identified.

7.9 Interim Life Safety Measures (ILSM)

Potential hazards related to construction, renovation or maintenance activity are assessed through the Infection Control Risk Assessment (ICRA) process that identifies potential new or altered risks related to infection control, utilities or building systems, fire safety or interim life safety, general safety issues, emergency preparedness or response, and security. The ICRA is reviewed and monitored by the COO, Safety Manager, Security and Infection Control Coordinator and reported to the Safety Committee.

Projects that could significantly impact life and/or fire safety result in the development of an Interim Life Safety Plan, which includes specific training materials and information, the implementation of expanded fire drills, daily/weekly inspections/documentation and compliance of all contractors with ILSM during the construction period. The Safety Manager coordinates the planning, implementation and monitoring of all interim life safety measures in coordination with other departments (e.g. CMO) as indicated.

Interim Life Safety Measures (ILSM) is a series of operational activities that must be implemented to temporarily reduce the hazards posed by:

- 1) Construction activities (in or adjacent to all construction areas)
- 2) Temporary Life Safety Code deficiencies including but not limited to the following:
 - a) Fire, smoke or sprinkler systems temporarily out of service
 - b) Exit(s) blocked
 - c) Access for emergency response team is blocked
 - d) Fire walls/doors are breached
 - e) Fire doors/windows are missing
 - f) Other

Interim Life Safety Measures (as identified during planning phase)

1. Ensure free and unobstructed exits. Staff must receive additional training when alternative exits are designated. Buildings or areas under construction must maintain escape routes for construction workers at all times. Staff or designees must inspect means of exiting from construction areas daily.
2. Ensure free and unobstructed access to emergency services for fire, police and other emergency forces. Fire hydrants, fire lanes, etc. must be readily available for immediate fire department use.
3. Ensure fire alarm, detection and suppression systems are in good working order. Provide a temporary but equivalent system when any fire system becomes impaired. Inspect and test temporary systems monthly. Provide a fire watch whenever fire alarm or sprinkler system will be out of service more than 4 hours.
4. Ensure temporary construction partitions are smoke-tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire.
5. Provide additional firefighting equipment and train staff in its use.
6. Prohibit smoking throughout buildings as well as in and adjacent to construction areas.

7. Develop and enforce storage, housekeeping and debris removal to reduce the building's flammable and combustible fire load to the lowest feasible level.
8. Conduct a minimum of two fire drills per shift per quarter.
9. Increase hazard surveillance of buildings, grounds and equipment, with special attention given to excavations, construction areas, and construction storage and field offices.
10. Train staff to compensate for impaired structural or compartmental fire safety features.
11. Conduct organization-wide safety education programs to promote awareness of LSC deficiencies, construction hazards and ILSMs. During periods of temporary Life Safety Code deficiencies, Attachment A - Interim Life Safety Measures (ILSM) Evaluation Sheet will be the tool used to determine if ILSMs are required.

7.10 Statement of Conditions

The Safety Manager has the primary responsibility for the Statement of Conditions and the document is maintained in the Safety Office. The Safety Manager maintains building floor plans and coordinates the identification and resolution of facility deficiencies and provides oversight for the initiation and completion of Plans for Improvement (PFI). The Safety Manager is responsible for identifying any corrections that require special funding or scheduling and ensuring that a PFI is developed, when indicated.

7.11 Safety Inspection Procedures

Child Study and Treatment Center is committed to aggressively identifying hazardous conditions and practices which are likely to result in injury or illness to employee and takes prompt action to eliminate any identified hazards. In addition to reviewing injury records and investigating accidents for their causes, management and the safety committee regularly check the workplace for hazards as described below:

Quarterly Environmental Safety Inspections

Environmental safety inspections are conducted quarterly to ensure that all patient care areas are inspected for hazards, at a minimum, bi-annually and all non-patient care areas, at a minimum, annually to evaluate staff knowledge and skill, observe current practice, and evaluate environmental conditions. These inspections are conducted by Safety Committee, Infection Control and Housekeeping representatives or CMO and at least one member of the Executive Leadership Team. These inspections are in addition to documented hourly environmental checks completed by nursing staff in all patient care areas. Representatives discuss with co-workers any safety concerns and report any hazards or concerns to the Safety committee for consideration. The results of the area inspections and any action taken are reported to the Safety Committee

Periodic Change Process:

A team is formed to look at any significant changes the hospital makes to identify safety issues that may arise because of these changes. Examples of when this is necessary could include new equipment, significant changes to processes (i.e. Non-smoking campus, or anti-ligature changes) or a change to the building structure. This team is made up of affected staff and safety representatives and will examine the changed

conditions and make recommendations to eliminate or control any hazards that were or may be created as a result of the change.

Proactive Risk Assessment

The CSTC Safety Manager in coordination with hospital leadership, Consolidated Maintenance and Safety Committee members conducts an annual comprehensive risk assessment to proactively evaluate risks associated with buildings, grounds, equipment, and internal physical systems that have the potential to impact the safety of patients, staff and visitors. Results of the annual risk assessment are used to restore safety to the environment, ensure compliance with safety standards, create new or revise existing safety policies and procedures, increase hazard surveillance elements, and/or enhance safety orientation and education. Risks are prioritized to ensure appropriate controls are implemented to achieve the lowest potential for adverse impact on the safety and health of patients, staff, and other people coming into the hospital's facilities. The prioritized risks are then either addressed immediately or integrated into the planning and performance improvement processes of the hospital. Specific findings, recommendations, and opportunities for improvement are documented in Safety Committee meeting minutes and reported to all program managers and cottage supervisors. (TJC CAMH EC 01.01.01, etc.)

Annual Loss Control Evaluation (ALCE)

Each year the DSHS Enterprise Risk Management Office (ERMO) conducts an annual inspection of the facility. This gives the facility an opportunity to have an outside inspector walk-through the facility and look for hazards that may be missed during routine inspections. Inspections follow a formalized inspection process that is shared with staff. All inspections have corrective action measures with due dates to ensure each hazard is corrected in a timely manner.

Job Hazard Analysis

As a part of Child Study and Treatment Center's on-going safety program, a "Job Hazard Analysis" (JHA) form is used to assess risks associated with the type of job tasks each job class performs. This analysis is completed by a supervisor and/or safety committee member along with an employee familiar with the task. The JHA defines the steps of the task, what hazards may be present during the task and what can be done to eliminate or protect workers from those hazards. Employees are trained if there are changes to current procedures or Personal Protective Equipment (PPE). The results are reported to the safety committee. Each job task is analyzed at least once every two years or whenever there is a change in how the task is performed or if there is a serious injury while performing the task.

8.0 HAZARD PREVENTION AND CONTROL

Child Study and Treatment Center is committed to eliminating or controlling workplace hazards that could cause injury or illness to our employees or patients. Policies and practices conform to the requirements of State/Federal safety standards where there are specific rules about a hazard or potential hazards. Facilities are designed and equipment chosen to eliminate or at a minimum, limit employee exposure to hazards. Where these engineering controls are not possible, we write work rules that effectively prevent or mitigate employee

exposure to the hazard. When the above methods of control are not possible or are not fully effective we require employees to use personal protective equipment (PPE) such as safety glasses, hearing protection, foot protection etc.

8.1 Basic Safety Rules

The following basic safety rules have been established at the facility to make it a safe and efficient place to work. These rules are in addition to safety rules that must be followed when doing particular jobs or operating certain equipment. Manufacturer's instructions guide use of equipment and are incorporated into specific rules. Failure to comply with these rules may result in disciplinary action.

1. Never do anything that is unsafe in order to get the job done. If a job is unsafe, report it to your supervisor or safety committee representative. We will find a safer way to do that job;
2. Report hazardous conditions to your supervisor or safety committee immediately. Do not operate unsafe equipment;
3. Understand and follow the procedure for reporting accidents (section 4);
4. Never operate a piece of equipment unless you have been trained and are authorized. Supervisors must document training before an employee is considered competent to perform duties of the job ;
5. Use your personal protective equipment (PPE) whenever it is required;
6. Obey all safety warning signs;
7. All employees must comply with applicable collective bargaining agreements and DSHS Administrative Policy 18.75 entitled Drug and Alcohol-Free Workplace. Working under the influence of alcohol or illegal drugs or using them at work is prohibited. Use of prescription drugs that may impact judgment or work performance must be disclosed to your supervisor.
8. It is a felony to bring firearms or explosives onto Hospital property;
9. Smoking is only permitted outside the building, 25 feet away from any entry or ventilation intake in accordance with DSHS Administrative Policy No. 18.65 and RCW 70.160.
10. Follow appropriate work habits:
 - Read and follow product labels
 - Refrain from horseplay, fighting and distracting fellow employees
 - Understand and use proper lifting techniques
 - Maintain good housekeeping
 - Keep emergency exits, aisles, walkways and working areas clear of slipping/ tripping hazards
11. Know the location and use of:
 - First aid supplies
 - Emergency procedures (chemical, fire medical, etc.)
 - Emergency telephone numbers
 - Emergency exit and evacuation routes
 - Firefighting equipment
12. Clean up spills immediately. Replace all tools and supplies after use. Do not allow scraps to accumulate where they will become a hazard. Good housekeeping helps prevent injuries.

8.2 Job Related Safety Rules

Child Study and Treatment Center has established safety rules and personal protective equipment (PPE) requirements based upon the job hazard assessment for the common workplace hazardous tasks. All CSTC JHA's and SOP's are found in the Safety Manager's office.

8.3 Discipline for Failure to Follow Basic Safety Rules:

Employees are expected to use good judgment when doing their work and to follow established safety rules. Appropriate action will be taken for failure to follow established safety rules. The discipline process is addressed in the applicable collective bargaining agreements and DSHS Administrative Policy 18.40.

8.4 Equipment Maintenance

Each facility is responsible for servicing and inspecting their equipment following manufacturers' recommendations. The Consolidated Maintenance & Operations (CMO) is responsible for maintaining all equipment and buildings within the facility. All records are kept in the maintenance office. A checklist/record to document the maintenance items is maintained and kept on file for the life of the equipment. Maintenance is tracked through the AMMS system.

Review of Medical equipment will be conducted annually by the WSH Bio-Med Tech to ensure safety requirements are met. A record of these inspections will be maintained per (WSH Policy 2.6.4, "Ward Medical Equipment Management Program"). The CSTC Infection Control Nurse maintains the medical equipment inventory and is the contact with the WSH Bio-Med Tech for all medical equipment matters.

All equipment is required to be examined prior to being used to ensure good working condition.

9.0 EMERGENCY PLANNING

9.1 In case of emergency

Evacuation maps for the facility are posted in all CSTC buildings; patient care and non-patient care areas. Evacuation maps show the location of exits, fire alarm pull stations and fire extinguishers. Fire evacuation drills are conducted at least annually for all buildings and one drill per shift for each quarter of the year. A hazard vulnerability study has been analysis (HVA) is completed to determine which hazards require special attention. The HVA provides a systematic approach to recognizing hazards that may affect demand for the hospitals services or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities The hazard vulnerability analysis is evaluated annually to assess the hospital's current emergency management activities and to identify necessary changes, additional planning activities and specific exercise scenarios. Contingency plans are developed as the result of a hazard vulnerability analysis and are designed to guide personnel in the initial stages of specific emergency situations that may seriously impact or threaten routine capabilities of the hospital. The HVA. The HVA and emergency procedures are located in the Emergency Management Plan. ERMO is available to help develop procedures to deal with each emergency situation that may develop at a facility.

9.2 If an injury occurs:

- First aid supplies are maintained in all patient care locations. An injured, employee must promptly report the injury to their supervisor (or any supervisor is their own is not available).
- All direct care staff are required to have first aid/CPR training. Other employees may also have certification in First aid/CPR.
- In case of serious injury, an injured person is not to be moved unless absolutely necessary. A person trained in providing the assistance needed must always be consulted and will conduct first aid or make emergency intervention decisions, including calling for emergency assistance from first responders. CSTC procedure is to call WSH Security who will call 911 as appropriate.

9.3 Infectious Disease Exposure Hazard:

Infectious diseases are a risk with some job tasks at the facility. Child Study and Treatment Center has developed an exposure control plan to mitigate the risks of Blood borne Pathogens and infectious diseases. All information regarding Blood borne Pathogens and infectious diseases can be found in the Infection Control Office. The Exposure control plan covers HIV/AIDS and Hepatitis B; the primary infectious diseases of concern in blood. Universal precautions, work policies, and PPE are covered under the plan as well as how to report any exposure to infectious diseases. All reports are kept confidential as required by HIPAA and other DOSH regulation.

As a matter of routine, DSHS employees come in daily contact with a high volume and broad range of clients, residents, other staff, contractors, and general members of the public. Accordingly, employees should anticipate being regularly exposed to any number of infectious diseases. In all cases, taking universal precautions and being constantly vigilant will be the best defense.

A. The most frequent contagions employees can expected to be exposed to in the course of their daily official duties are common infectious agents that include such things as the common cold and influenza. Depending on the specific strain, these annually occurring contagions can have the greatest impact on Department staff and productivity. To reduce the likelihood of spreading these virus' or becoming infected, all employees are highly encouraged to:

- Perform frequent hand washing using plain soap and hot water throughout the day, including the tops of the hands.
- During the course of performing daily business be sure to keep hands away from the face. Avoid touching your eyes, nose and mouth with unwashed hands;
- Maintain a respectable, professional distance from others in the workplace to help prevent the easy passage of contagions;
- Do not cough or sneeze directly into the hand. Use proper etiquette around others by coughing/sneezing into disposable tissues, or, in the absence of tissues, using the crook of the elbow instead;
- Get an annual flu shot;

- Staff who have obvious symptoms, are to remain home from work to keep from potentially exposing others.
- B. Employees should also expect to occasionally be conducting business with clients, residents, other staff, contractors, or general members of the public who may be infected with more severe, though less common, contagions, including such things as: Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV). While that may be troubling, in most cases an employee's exposure will be no greater at work than what they might reasonably expect to experience visiting a grocery store, attending a movie, or walking through a shopping mall.

Nevertheless, employees should always conduct official business with others always keeping Universal Precautions in mind. Universal Precautions refer to the generally accepted preventative practice to treat blood and all other potentially infectious bodily fluids as if they contain blood-borne pathogens, whether the blood or fluid has been identified as having blood-borne pathogens or not. Employees are encouraged to:

- Actively participate in initial and annual refresher Blood-Borne Pathogen training appropriate to position, duties and responsibilities;
- Maintain a respectable, professional distance from others in the workplace to help prevent easy passage of any contagion;
- Wash hands frequently, and between washings use alcohol-based sanitizers or waterless hand cleaner;
- Wear gloves appropriate to the task whenever there is any possibility of coming into contact with potentially infectious fluids (e.g. performing first aid, handling SHARPS containers, cleaning up bodily discharges, removing trash, etc.);
- If there is a possibility of fluids being splashed onto an employee performing clean-up or a rescue, they should wear gloves, full body gowns, face masks and eye protection;
- At locations with an increased possibility for exposure to blood or other potentially infectious bodily fluids (e.g., hospitals, 24-hour facilities), employees should be certain to review and become very familiar with their site's specific Infectious Disease Exposure Control Plan.

- C. Employees are to exercise recommended precautions during any outbreak of a virus with high potential for exposure. The Infection Control nurse at each facility will support employees with information and recommendations as indicated. As in the case of the 2014 outbreak of Viral Hemorrhagic Fever (Ebola) in Africa, where there was little risk of exposure, hospital leadership will make efforts to keep staff accurately informed and maintain awareness that is proportionate to risk. Possible DSHS staff introduction to these more fervent contagions in the course of performing state business is extremely remote. The most likely means of any sort of exposure would be through some form of second or third-hand contact with the general public (e.g., exposure to a client or staff member who has a family member who may have been exposed to a contagion). To dispel all the misinformation regarding these extreme contagions, DSHS employees should review the Washington State Department of Health website for the most current and factual information available.

As precaution, it is important all staff know what to do if a potential exposure is suspected and factually supported through verifiable context and presentation of symptoms. If you learn during the course of business that: 1) a patient, staff member, or anyone in a client or staff member's immediate circle has recently returned from visiting, working, or volunteering in a known outbreak area of the world; and, 2) the returning person is reporting or presenting symptoms of an illness, then:

- As with all circumstances, practice Universal Precautions while performing your duties;
- Notify the local county public health department, and take the directions they provide;
- If the local health department directs you call 911, do so, and have the person wait in a separate room to keep them excluded from others until Emergency Medical Services arrives;
- Notify the chain of command through normal incident reporting procedures.

10 SAFETY AND HEALTH TRAINING AND EDUCATION

10.1 Safety Training

Training is an essential part of CSTC's plan to maintain a safe work environment. The Safety Officer and Supervisors will conduct a basic safety orientation to ensure that all employees are trained *before* they start a task that requires training. The supervisor is responsible to verify that each employee has received an initial orientation along with any training needed to do the job safely and that the employee file documents the training. The Safety Officer or Training Manager will make sure that an outline and materials list is available for each training course provided:

Basic Orientation

On the first day of hire, and annually or as required by job class and training type, CSTC employees are required to complete New Employee Orientation (NEO) that includes all OSHA required Safety, Accident Prevention, Workplace Safety Plan, Infection Control and other DSHS and CSTC mandatory training such as outlined in the CSTC Annual Training Plan and the JHA for that job. All training curriculum and documentation is maintained by the CSTC Training Manager.

Orientation for Nursing Staff

Upon completion of the basic NEO nursing staff complete additional training utilizing a Competency Based Evaluation Tool related to working with people with mental illness. They are oriented and trained regarding specialized knowledge, skills and abilities using the Nursing Department Competency Checklist, Medical Equipment Competency Assessment, PYXIS training, advanced Assessment of Patients in Seclusion and Restraint.

Other Required Training

Other safety training particularly as it relates to a position's JHA will be conducted as needed by the supervisor prior to an employee performing a specific task. All training is documented and maintained in the employee file and/or the DSHS Learning Management System on line program.

CMO staff receive site-specific training prior to working at the state hospital facility and prior to being assigned duties at CSTC. Additional topics required for CMO employees are conducted and documented by the CMO Safety Office. These include, but may not be limited to:

- Confined Space
- Lockout-Tag out
- Respirator use and fit testing
- Hearing audiograms
- Hazard Communication specific training for chemicals uses
- Fall Protection training at heights four feet or higher
- Basic power tool safety
- Hand tool safety
- Specific Mobile Equipment training
- Heavy equipment training
- Basic welding safety
- Ladder use and inspection

10.2 Other Hazard Control Programs

In addition to this basic Accident Prevention Program, CSTC has developed detailed Environment of Care Plans required by The Joint Commission. These plans – listed below- and related documentation are overseen by the Director of Quality Management and evaluated / updated by subject matter experts on an annual basis.

1. Safety Management Plan
2. Security Management Plan
3. Hazardous Materials Management and Communication Plans
4. Emergency Management / COOP Plan
5. Fire Safety Management Plan
6. Chemical Hazard Communication Program
7. Medical Equipment Plan
8. Utility Systems Management Plan & Documentation
9. Safe Patient Handling Plan
10. Personal Protective Equipment and Job Hazard Assessments

Consolidated Maintenance Organization maintains documentation related to their APP and related programs, including those programs and preventive maintenance that occurs for CSTC.

11 WORKPLACE SAFETY PLAN

11.1 Purpose

The Child Study and Treatment Center Workplace Safety Prevention Plan demonstrates the hospital's commitment to reduce and eliminate workplace violence. CSTC recognizes that as a psychiatric hospital some patients create an additional risk of violence in the workplace. The hospital mitigates risk of staff injury due to patient assault through a continuous commitment to providing effective: evidence-based treatment combined with a nationally recognized behavioral crisis intervention model (CPI), enhanced staff safety training including early intervention / de-

escalation and principles of positive interaction with patients, and effective partnership with the WSH Security Force. CSTC promotes a Culture of Safety (CSTC Policy 210) and conducts staff safety surveys to encourage staff input to identify risk situations and contribute to solutions. CSTC also has a monthly Safety Committee and a bi-weekly Workplace Safety Workgroup, sponsored by the CEO, facilitated by the Safety Officer and Quality Management Director and staffed by psychiatric child care counselors who are shift leads.

At the foundation of our Workplace Safety / Violence Prevention Plan is the recognition that:

- Management is committed to Zero Tolerance for violence in the workplace.
- A proactive patient-centered approach including individualized treatment and safety planning along with evidence-based therapies and personal skills development reduces the risk of patients acting out through violence.
- Collaborative interaction with patients leads to greater patient engagement in treatment and improved behavioral and interpersonal skills ;
- Reduced use of restrictive interventions (seclusion and restraint) coupled with active treatment and effective de-escalation reduces staff and patient injuries;
- Staff commitment to a Culture of Safety and respect for our patients creates safety for all;

Because CSTC, as a health care facility is by nature high risk, all efforts are taken to anticipate patients at risk for adverse and assaultive behavior and to develop behavior and treatment plans designed to proactively minimize risk to staff and other patients. Staff are trained in de-escalation and physical restraint utilizing the methods developed by Crisis Prevention Inc. Refreshers and re-training are utilized to reinforce methods and effective communication and teamwork so that staff are competent when facing escalating verbal or physical patient behavior.

11.2 Scope

The CSTC Workplace Safety / Violence Prevention Plan applies to all employees, contract staff, interns, students and volunteers, buildings and property and to any acts of violence that might be perpetrated on an employee. Such violent acts may include assault, threatening behavior or harassment that results in emotional or physical injury or otherwise places one's safety and productivity at risk.

This Plan also addresses support to employees who are victims of domestic violence mirroring DSHS Administrative Policy No. 18.67 in its commitment to work with employees to prevent abuse, stalking and harassment from occurring in the workplace and offering employees who are victims of domestic violence referral to appropriate resources.

11.3 Definition

The National Institute for Occupational Safety and Health (NIOSH) defines Workplace Violence as "violent acts directed toward persons at work or on duty."¹ Washington State

¹ In its report "Prevent Workplace Violence in Psychiatric Settings, Washington's Department of Labor and Industries states that the health care sector leads all other industry sectors in incidence of nonfatal workplace assaults with 48% of all nonfatal injuries from violent acts against workers occurring in this sector. According to the National Crime Victimization Survey, mental health workers experienced the highest rate of simple assaults in the health care sector. The National

Department of Social and Health Services (DSHS) defines workplace as any location, permanent or temporary, where an employee performs work-related duties, including but not limited to buildings and surrounding perimeters, parking lots, field locations, home and community activities, alternate work locations, agency vehicles, and travel to, from and during work assignments (DSHS Administrative Policy No.18.67).

Workplace violence takes several forms, including verbal threats, threatening behavior, or physical assaults. It may be further differentiated as:

- Stranger violence: an assailant who has no legitimate business relationship to the workplace, or the worker ,
 - Domestic violence: an assailant who has a personal relationship with the victim
 - Workplace violence: an assailant who either receives services from or is under the supervision of the affected workplace or the victim or by co-workers
- Each of these involves different risk factors and means of prevention / response. A risk factor is a condition or circumstance that may increase the likelihood of violence occurring in a particular setting. Health care settings are high risk environments for the occurrence of workplace violence, particularly those that provide services to persons with unstable or volatile conditions and/or behaviors. (See footnote 1)

11.4 Background:

Washington State House Bill 2899 passed in 2000 and incorporated into law as RCW 49.19.020 requires each health care setting in the state to:

- Develop and implement a plan to reasonably prevent and protect employees from violence at the setting.
- Conduct a security and safety assessment to identify existing or potential hazards for violence and determine the appropriate preventive action to be taken.
- Consider for incorporation guidelines on violence in the workplace or health care settings issued by the Department of Health, the Department of Social and Health services, the Department of Labor and Industries, the federal Occupational Safety and Health Administration, Medicare and health care setting accrediting organizations.

RCW 72.23.400 relating to Public and Private Facilities for the Mentally Ill further delineates this law for state hospitals, requiring input to the plan from management, unions, nursing, psychiatry and key function staff as appropriate and requiring that the plan be evaluated, reviewed and amended as necessary at least annually.(See Appendix A)

The plan is to address security considerations related to the following items, as appropriate to the particular state hospital, based on identified hazards:

Occupational Safety and Health Administration's publication "Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers" (OSHA 3148-01R, 2004) identifies common risk factors and offers guidelines for workplace violence prevention programs which have been incorporated in this plan including practical corrective methods to help prevent and mitigate the effects of workplace violence.

- a) Physical attributes including access control, egress control, door locks, lighting and alarm systems
- b) Staffing including security staffing
- c) Personnel policies
- d) First aid and emergency procedures
- e) Reporting violent acts, taking appropriate actions in response to violent acts and follow-up procedures after violent acts
- f) Development of criteria for determining and reporting verbal threats,
- g) Employee education and training; and
- h) Clinical and patient policies and procedures including those related to smoking, activity, leisure, and therapeutic programs; communication between shifts; and restraint and seclusion

Additionally, RCW 72.23.451 requires the Department of Social and Health Services (DSHS) to report to the House Committee on Commerce and Labor and the Senate Committee on Commerce and Trade on the department's efforts to reduce violence in state hospitals. This report, "Workplace Safety in State Hospitals" is written in collaboration by all three state hospitals, Eastern State, Western State and Child Study and Treatment Center and submitted to the Legislature by September 1 of each year.

Finally, the Workplace Safety and Violence Prevention Plan reflects CSTC's Policies 200 and 209 and is further grounded in The Joint Commission (TJC) standard LD 03.01.01 which identifies that "...leadership must work to create and maintain a culture of safety and quality" ("CAMH,"2012).

11.5 Executive Leadership Responsibilities:

- Create and maintain a culture of safety and a means for employees to report issues without fear of reprisal.
- Provide an annual Workplace Safety Report to the legislature outlining the hospital's efforts to reduce workplace violence in accordance with state law.
- Annually review the Workplace Safety Plan in accordance with RCW 72.43.400
- Recruit train and retain qualified staff to ensure effective treatment
- Review and communicate Quality Improvement data to enhance accountability for workplace safety

11.6 Management/Supervisor Responsibilities:

- Ensure employees understand the expectations of a violence free workplace.
- Conduct employee competency evaluation annually
- Hold staff accountable for participation and competency in key skills and abilities related to workplace safety and prevention of patient to staff assaults;
- Identify employee needs for knowledge and skills or a refresher in non-violent crisis intervention techniques
- Fully investigate all occurrences of serious staff injuries related to workplace violence Workplace Safety Plan Workplace Safety Plan and implement corrective action(s) to eliminate or mitigate issue.

- Support employees that are victims of workplace violence, offering services to mitigate trauma if indicated. (E.g. Debriefing, Critical Incident Stress Management (CISM) or referral to Employee Assistance Program (EAP)..
- Ensure accurate reporting of incidents (e.g. the Patient Incident Reporting Form and data base) and Employee injuries (DSHS Form 31-133 rev. April 2014)

11.7 Employee Responsibilities:

- Be respectful to patients and co-workers at all times, reinforcing a culture of safety;
- Follow the patient's Safety Plan addressing any questions to supervisor and updating as indicated;
- Annually review the Workplace Safety Plan and DSHS Policy 18.67;
- Report threats or acts of violence to supervisor and document immediately;
- Utilize least restrictive interventions when responding to escalating patient behavior;
- Follow training recommendations related to de-escalation and containment;
- Maintain constant awareness of the environment.

11.8 Risk Assessment

Effective treatment requires the accurate analysis of behavior and consideration of the patient's predisposing and co-existing conditions and circumstances often identified in the admission assessment. It is important to identify vulnerabilities that increase the potential for maladaptive behavior. Vulnerabilities can be episodic (e.g. specific triggers or stressors), short-term (e.g. sleep patterns), long-term or permanent in nature such as developmental disorders, type of mental illness, substance abuse or even side-effects of medication. Risk assessment continues throughout a patient's admission and has a dynamic relationship with the patient's individualized treatment plan. Different tools may be utilized to determine risk. A behavior chain analysis is one tool that examines the links of a behavior chain, including, triggers, emotional, cognitive and behavioral responses, and outcomes that reinforce or support behavior. Communication of risks and new / current information about patients' vulnerabilities and effective treatment responses must be communicated during treatment plan reviews and daily shift changes and report.

11.9 Treatment Plans and Cottage Milieu:

The primary focus of treatment is remediation of the causes of unsafe behavior, behavior change, skills building and personal growth resulting in the ability to resume safe and effective community and/or family living. Preventing and constructively dealing with unsafe and violent behavior is therefore a priority for patient care as well as the hospital's Workplace Safety Plan. CSTC's treatment protocols are grounded in the philosophy of an effective "treatment milieu". Training guides staff in the components of cognitive behavioral treatment and the resiliency of children and youth (from the Recovery Model) and how these are utilized to inform individual treatment plans and the achievement of short and long-term goals. The multidisciplinary treatment team works proactively with clients to reduce incidents of unsafe behavior, including assault. All direct care staff are

trained in the principles of effective treatment, teamwork and a common understanding of the behavioral strategies and evidence-based interventions employed in their cottage and across the campus.

CSTC line staff conduct team debriefings of incidents of seclusion, restraint and assaults utilizing post incident as well as structured inter-shift meetings to support staff as well as identify effective interventions employed and opportunities for improved awareness or skill development. Effective team process and communication is essential to managing an environment with inherent risks for disruption.

Special Population Considerations

There are often special risk considerations for specific populations. Such risks, vulnerabilities and corresponding tailored approaches are included in training and orientation to the patient unit. Special populations include, but are not limited to:

- Children and Adolescents
- Developmental Disabilities
- Civil commitments
- Forensics
- Co-occurring diagnoses
- Family system dynamics and family therapy

Patient Treatment Planning

Patients with an increased risk for assault have treatment plans which address their risk and Safety Plans which clearly identify triggers and effective prevention / de-escalation. Violent acts are tracked over time to identify frequency and severity of assaults. The CSTC cottages' weekly inter-shift meetings engage the interdisciplinary team and psychiatric consultation to develop treatment strategies, tailor responses and examine / debrief interventions or critical events.

11.10 Training to Reduce Workplace Violence

Staff development and supervisors at each state psychiatric hospital are responsible for ensuring that all staff complete mandatory training.

Direct care (milieu) staff are trained in prevention practices that range from - constant awareness of the environment and milieu dynamics, ongoing risk assessment, de-escalation, effective documentation, individual patient and group psycho-education to - CPI, CSTC's formal non-violent crisis intervention training program that includes training on safe physical interventions to contain patients who are violent and assaultive.

The Crisis Prevention Institute's (CPI) Nonviolent Crisis Intervention program clarifies the basic elements of violent behavior. It proceeds to identify how a crisis may escalate, and, conversely, de-escalate. The program identifies strategies that have been proven successful for millions of human service professionals throughout the world. The Nonviolent Crisis Intervention Training for direct care staff includes situational applications, formal refreshers, and policy discussions. Participants must demonstrate CPI's Principles of Personal Safety to avoid injury if behavior escalates

to a physical level while continuing to provide for the care, welfare, safety, and security of all of those involved in a crisis situation.

11.11 Quality Management

Data Review

Workplace violence of any kind is reported through administrative channels and tracked in incident data bases. Administrative forms (Patient Incident Report) document assaults and are reviewed and signature approved by cottage leadership.

CSTC tracks all workplace injuries due to assault in the Continuous Quality Improvement and Violent Acts Log databases. All injuries are tracked as well by the ERMO Office through the Risk Master Data base. CSTC therefore has the capacity to compile data for analysis of frequency, severity and circumstances contributing to a deeper understanding of workplace violence among our patient population and staff and the potential for a systemic solution:

- Staff involved
- Assailant identifier (patient, employee, visitor, other)
- Incident date, time, shift
- Use of restraint
- Use of seclusion
- Cause of injury
- Patient assault involved
- Object used in assault
- Staff-initiated contact
- Re-injury (history of previous incidents of victimization)
- Injury severity rating
- Type of injury
- Body part affected
- Description of precipitating event(s)

Data is analyzed at the monthly Safety Committee, bi-weekly Workplace Safety Workgroup meeting, the monthly Quality Council and also at the Quarterly Governing Body Meeting. Patterns and trends are identified and corrective action plans are proposed to Leadership. The Workplace Safety Workgroup participates in the evolution of the data base on the basis of monthly review of indicators and identification of need to explore data at a deeper level.

Workplace Safety Surveys

Employee surveys are used on a strategic basis at CSTC to obtain feedback on perceived personal safety, communication, teamwork and leadership effectiveness related to safety. Surveys are a valuable tool in identifying or confirming the need for improved security measures, training, supervision or management responsiveness. Surveys and follow-up focus, and/or interdisciplinary work-groups employ lean problem solving specific to identified needs and pilot or implement countermeasures. This type of collaboration affirms staff voice, and knowledgeable input about working in a high risk environment. It also conveys management's

interest and concern for staff safety and acknowledgement of the importance of employee input.

Support to employees

Management recognizes that victims of workplace violence suffer a variety of consequences that may include physical injury, psychological trauma, reduced confidence, and concerns about returning to work.

All employees injured at work have access to first aid measures as indicated. Most injuries that result from hands-on containment or workplace violence are easily remedied by cleansing, applying comfort item such as ice to reduce swelling, bandage, etc. In the event that an employee sustains a more serious injury the supervisor assists the employee to obtain additional medical attention if indicated.

Leadership at CSTC communicates personal interest in employees who have been injured by an episode of Workplace Violence. The CEO follows up routinely with employees. Direct supervisors provide support as indicated. Staff are made aware of the services of the Employee Assistance Program and on an individual and confidential basis may request help from the Human Resource Department in accessing personal support. Critical Incident Stress Management (CISM) is also available as indicated on a voluntary basis for groups or individual team members who have been impacted.

Employees who self-identify as victims of domestic abuse may access the employee assistance program for referral to special resources.

11.12 Administrative, Engineering Controls and Work Practices

CSTC complies with Labor and Industry and OSHA regulations that apply to workplace violence. hazards and accident prevention including mandatory employment practices such as background checks, primary source verification of qualifications, reporting of employee work-related hospitalization and/or fatality and provision of safety orientation and training tailored to our specific hospital environment and population.

Other environmental controls employed at CSTC include entrance security (locks), a system of visitor or contractor access control, identification or security badges worn by all CSTC employees, contractors and visitors, alarm systems on the units, strategically placed convex mirrors for heightened visibility, hand held radios carried by direct care staff, closed circuit video, and the use of “quiet/comfort rooms” for de-escalation when patients are escalating or unsafe.

Furnishings are purchased and the physical milieu is designed with safety in mind. Care is taken to avoid an institutional appearance to the extent possible. Patient risk to self and others requires heightened staff awareness and due attention to any prospect of utilizing objects as weapons against themselves or others.

The Joint Commission (TJC) accreditation standards address all aspects of patient care and the environment. On-site surveys are conducted every three years and self-

assessments are required at intervening cycles to ensure that all standards in the Comprehensive Accreditation Manual are being implemented within standards.

Precautions against workplace violence at CSTC include Policy 209 Preventing Workplace Violence which clearly states management's zero tolerance policy, prohibition of actual or potential weapons on campus grounds, and a state-of-the-art patient behavior intervention program and non-violent crisis response that includes verbal and physical de-escalation techniques and training in team communication. CSTC establishes clear lines of authority and responsibilities, requires annual competency assessment, review of policies and procedure and annual safety training. Direct access to Leadership is available to express concerns or advise of safety risks.

Security

The extension to WSH Security Dispatch is visible on every unit (Ext. 2222). WSH Security Officers are well-informed about the nature of the population served at CSTC and the treatment teams and programs. WSH Security is the authorized liaison with local police authorities and readily responds to CSTC needs for heightened security or containment of a violent incident on a 24/7 basis.

12. Safety Management Plan / Accident Prevention Program Planning Objectives

The Safety Manager, Safety Committee and identified staff is responsible for the development of annual Planning Objectives. Some objectives include measurable outcomes and establish performance improvement standards for the specific plan. Assessment of effectiveness and performance is accomplished by evaluating the progress made toward stated objectives. The Safety Committee selects one to three of the planning objectives for routine reporting at Safety Committee meetings. The objectives chosen for monitoring are those identified as having the highest priority for the hospital.

13. Safety Management Plan Accident Prevention Program Performance Improvement

The Safety Manager, Safety Committee and identified staff are responsible for the development of performance improvement (PI) indicators, which are based on priorities identified by the Safety Committee. The Safety Committee and Executive Leadership have the responsibility for approving the indicators, including monitors and thresholds. All PI activities are reported quarterly to the Safety Committee and provided to the Executive Committee and Governing Body. All elements of the PI process are subject to change at any time based on Administrative input.

14 Safety Management Plan / Accident Prevention Program Annual Evaluation

The Safety Manager evaluates the Safety Management/Accident Prevention Plan annually for its scope, objectives, performance, and effectiveness. Any changes in scope are addressed during the annual update of the plan. Annual planning objectives are developed collaboratively with the Safety Committee and hospital administration. These objectives address the primary operational initiatives for maintaining and enhancing the "safety" of the Environment of Care. A year-end

summary of the effectiveness in accomplishing these objectives is presented to the Safety Committee, Executive Committee and Governing Body. The performance of the plan is assessed through progress in achieving the Performance Improvement Standards defined within the plan. The annual evaluations, updates, and planning efforts are presented for committee review and action during the first quarter of the new calendar year.

APPENDIX A

**Child Study and Treatment Center
Workplace Safety Plan – Annual Update**

June, 2016

RCW 72.23.400 requires each state hospital to develop a plan to reasonably prevent and protect employees from violence at the state hospitals. The plan must address specified security and safety considerations (RCW 72.23.400(1)(a.-h.)), as appropriate to the particular state hospital, and must be evaluated, reviewed and amended as necessary, at least annually.

Security and Safety Elements (RCW 72.23.400 (1))	Assessment	Plan Update
<p>a. The physical attributes of the state hospital including:</p> <ol style="list-style-type: none"> 1. Access control 2. Egress control 3. Door locks 4. Lighting 5. Alarm systems 	<p>Physical safety and security reviews covered by the ERMO ALCE² revealed the following:</p> <ol style="list-style-type: none"> 1. Administration building access not controlled 2. Exit Sign above the lunchroom egress door missing on one patient cottage. 3, 4 no findings on ALCE 5. The annual Confidence Testing of the Alarm System Identified maintenance needs. 6. Other findings on ALCE: <ul style="list-style-type: none"> • Appliances plugged into surge 	<p>a) Physical Attributes of the state hospital</p> <p><u>Ongoing:</u></p> <ol style="list-style-type: none"> 1. CSTC conducts an Annual Risk Assessment which is a process of going through every room in every building, identifying potential hazards, or violation of Code and / or The Joint Commission or CMS regulations for Life Safety. As necessary, work-orders are submitted to the Consolidate Maintenance Organization and prioritized for repair/removal and staff education provided. 2. DSHS ERMO conducts an Annual Loss Control Evaluation (ALCE) that assesses facility compliance with OSHA and WAC which includes those elements listed in RCW 72.23.400 under Physical Attributes of the State Hospital (a. 1 <p><u>Update:</u> 2015 ALCE Findings are listed under the Assessment column to the left and correspond to the Security and Safety elements numbered 1-5 in the first column of this table:</p> <ol style="list-style-type: none"> 1. Access Control - Administration building external doors are now locked 24/7 and access controlled via signage, doorbell and camera. 2. Egress Control – Exit Sign installed (replaced) 3. Door locks – N/A 4. Lighting – N/A 5. Alarm Systems –Contractor Simplex Grinnell conducted installations and replacements in buildings 50 and 56. CIBS Maintenance at CSTC is in process of completing assigned work orders on patient cottages and buildings 50, 51 and 56. 6. Other ALCE findings – correspond to bullets in the lower half of the second column of this table. <ul style="list-style-type: none"> • Appliances unplugged and staff education provided

² Enterprise Risk Management Office Annual Loss Control Evaluation

	<p>suppressor in administrative office on Orcas cottage. This is an electrical hazard.</p> <ul style="list-style-type: none"> • Unsecured bookshelf in Ketron cottage. administrative office • Job Hazard Analysis and Personal Protective Equipment Assessment incomplete for some classes • The facility design on Orcas increases risk of staff injury due to: the highest risk patients being housed in a relatively small and confined space. The rest of the cottage contains “blind spots” and does not offer therapeutic spaces to provide room for problem solving or “cooling down” • Updates 4-8 in the third column correspond to findings on CSTC’s annual internal safety assessment and are identified 	<ul style="list-style-type: none"> • Unsecured bookshelf hazard was corrected by securing to wall. • CSTC updated and reorganized the Staff Job Hazard Assessment and Personal Protective Equipment policy and protocols and educated supervisors regarding their role of reinforcing annually at time of staff evaluations. • Facility design on Orcas Cottage: Remedies below under Building Improvement Projects 1) , 2) and 3) <p>ORCAS Cottage Building Improvement Projects: (1-3)</p> <ol style="list-style-type: none"> 1) <u>Orcas Cottage Door Replacement Project</u> completed 6/2015. (Capital Funding) By removing four double doors in strategic places, replacing them with more sturdy and secure single doors, safety, security, visibility and functionality of the patient treatment milieu and living areas were enhanced. This reduces the risk of staff injury due to visual obstruction, hiding areas of patients intending assault, etc. A partition was also added to create a space that functions as a “low stimulation area” to promote patient de-escalation thus avoiding the need for seclusion. 2) <u>Orcas Cottage Housing Unit Addition State Project #2016-409G</u> an architectural firm has been contracted by DSHS to develop facility safety improvements to Orcas Cottage. Work will launch in August ’16. 3) <u>CLIP Capacity Design Effort –State Project 2016-440</u> funds a predesign study including a detailed functional program and life cycle cost analysis for a new 18 bed secure CLIP facility to address the treatment needs of highly aggressive youth. (Proposal to Leg. 2017-19 Budget for construction). 4) <u>CSTC Campus-wide Patient Safety Risk Reduction Project</u> to eliminate risk of self-harm by hanging - focusing primarily on plumbing fixtures or other objects in the physical plant of the patient cottages, particularly the shower/tub rooms and toilet/sink areas. This project was allocated Capital funding in 2015 and launched in the spring of 2016. 5) <u>The Orcas Camera project</u> began in March of 2016 to
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	<p>as part of CSTC's ongoing quality assurance.</p>	<p>address visibility issues by improving the placement of cameras by positioning cameras to strategic locations within the patient cottage. This will provide improved staff observation capabilities and enhanced image clarity. <u>The West Pierce Fire Marshal</u> increased the frequency of inspections and is now conducting approximately 18 inspection visits per year, which improves the ability to identify and conduct repairs, preventive maintenance or hazard prevention, mitigating injury risks to staff and patients in a timely manner.</p> <p>6) <u>Revised CSTC Policy 229</u> for processing work orders for requested CMO repairs to complete needed work in a timelier manner and improve oversight of work completion.</p> <p>7) <u>CSTC updated Policy 439</u> which defines and addresses "contraband" (items concealed by patients that can do harm to self or others) and methods by which staff may conduct personal and living quarters searches.</p> <p>8) <u>State Auto Safety</u> An internal audit was completed on all state vehicles assigned to CSTC to identify any safety equipment needs and set up maintenance program.</p>
<p>b. Staffing, including security staffing</p>	<p>1) Patient safety events occur in the high school, threatening and causing staff and patient injury despite being staffed appropriately according to CSTC policy.</p> <p>2) Staff periodically report communication problems with WSH security response to requests for assistance in handling acute</p>	<p>b. <u>Staffing, including security staffing:</u></p> <p>1) CSTC Personnel Policy 310 addresses Staffing Levels for Patient Care including staff to patient ratios under which all CSTC cottages, schools and patient activities are governed. CSTC Policy 410 which governs Levels of Observation, whereby patients with active high risk behavior that threatens safety to self or others are identified and higher levels of observation are ordered by the doctor to mitigate risk. <u>Update:</u> Policies were changed to provide additional guidance to staff. The current budget does not cover increased staffing. Therefore in 2016, the CSTC CEO forwarded a request for Supplemental Funds to increase by one staff per cottage an additional float or "rover" position, i.e. staff that can be deployed where needed on campus at moment's notice, thus augmenting staffing levels for immediate response. Also requested were additional funds to support a 1 FTE supervisor for the high school to both increase coverage and oversight as well as to identify staff training needs related to patient disruptions during the school day.</p> <p>2) Security Staffing: CSTC relies on WSH Security force for help during emergencies, patient assaults involving staff or peers and elopements. CSTC has met regularly with WSH security to reinforce</p>

	<p>patient events.</p> <p>3) There have been several attempted unauthorized leaves (elopements) from Firwood High School (CSTC Campus).</p>	<p>communication, particularly when staff – either security or CSTC identify need for debriefing a problem. The following steps were taken to improve communication and WSH Security response:</p> <ul style="list-style-type: none"> • Staff Radios: An additional 41 UHF two-way radios were procured to ensure a surplus to cover any radio malfunctioning and to increase accessibility of radios. All classrooms in the two schools were assigned radios and trained to increase communication and calls for support during patient safety or environmental events. • New WSH security radios were purchased and positioned strategically in cottages and schools where none existed before so that direct communication can take place with WSH Security Officers (as opposed to going through dispatch). Radio use training has been provided and refreshed over the last year. <p>3) CSTC requested and Clover Park School Principal complied in moving the principal’s office to Firwood School to allow greater visibility and oversight of staff and patients particularly to discourage elopement via the front door of the school. The route for entering the school was also changed to encourage a safer foot traffic pattern for entry and exit.</p>
<p>c. Personnel policies</p>	<p>1)The 2015 CSTC Culture of Safety Survey conveyed that Staff desire more hands-on training during New Employee Orientation</p> <p>2) Staff indicated need for greater support in aftermath of workplace injury and/or exposure to crisis.</p>	<p>c.</p> <p>1) <u>Face-to-face Staff Safety Training</u> with the CSTC Safety Manager and Infection Control Nurse during New Employee Orientation was expanded in 2015. A Mentoring Model was created by Patient Cottage Supervisors for new staff when they begin duty on the patient cottages. A staff mentor increases the options for new staff to obtain feedback and get answers to questions and concerns, including personal safety. This year’s legislatively mandated (Sidebar to L&I settlement) supported enhanced safety training. being incorporated into New Employee Orientation and topics refined and intensified for an additional 8 hours of training for direct care staff in FY 2017</p> <p>2) <u>Critical Incident Stress Debriefing</u> has been added as a health promotion model applied to workplace violence or critical patient incidents (e.g. self-harm, suicide attempt), i.e. any situation that could emotionally traumatize staff who experience them directly or indirectly. At present CSTC has</p>

		<p>one staff with current expertise and training who leads this implementation with the Safety Manager. This is in addition to the option of using the EAP resources through Human Resources.</p>
<p>d. First aid and emergency procedures</p>	<p>1) The Annual Safety Plan for 2015-2016 includes ensuring a review of cottage resources identified a concern about easy access to support to staff and availability of life-saving resources in an emergency, particularly one that was widespread.</p> <p>2) The Annual Safety Plan includes community partnerships to increase resources during a wide-impact emergency. A Goal for 2015/2016 was to build relationships with local resources to partner as needed in first response.</p> <p>3) Current CSTC Safety Training does not include a separate module on "Active Shooter".</p>	<p><u>Ongoing:</u></p> <p>d. <u>First aid and emergency procedures:</u> continuous improvement in Emergency Preparedness is the responsibility of the CSTC Safety Manager and the Emergency Preparedness Committee which he chairs. CSTC prepares an Annual Plan in accordance with Joint Commission standards. While not considered <i>deficient</i>, numbers 1) and 2) in the middle column of this table are part of Continuing Quality Assurance and Improvement.</p> <p>1) <u>Ensuring support to staff and availability of life saving resources in an emergency.</u> Safety improvements and purchases in 2016:</p> <ul style="list-style-type: none"> • A fourth AED was purchased so that each cottage now has an AED machine along with the Administration Building with close access to both schools. • CSTC Emergency Preparedness Committee augmented emergency supplies with an Emergency Disaster Medical Triage Kit, Emergency crank radio/flashlights and Emergency /Disaster survival kits (Dehydrated pre-packaged meals). • A second full time staff was identified to increase capabilities in certifying staff in CPR/First Aid for new employees who are not certified and updating others' certification every 2 years. <p>2) <u>Broadening community partnerships to increase resources:</u></p> <ul style="list-style-type: none"> • CSTC's Emergency Preparedness Committee planned and conducted two emergency response preparedness drills during the 2015-2016 time period encompassed in this report. 7/29/15 Earthquake Drill, 5/25/16 Power Failure (actual occurrence). • CSTC Safety Officer regularly attends City and County community meetings for emergency preparedness that bring together, first responders, police, schools and hospitals. <p>3) CSTC engaged WSH Security Director who conducted a series of four Active Shooter Incident Trainings for CSTC based upon the Department of Homeland Security Active Shooter Preparedness model. The training was videotaped and uploaded to the CSTC LMS for New Employee Online Orientation. The WSH Security Director will visit each patient cottage prior to September, 2016 to assist the cottage team in tailoring</p>

		an effective response to their particular cottage design.
e. Reporting violent acts, taking appropriate action in response to violent acts, and follow-up procedures after violent acts	On the 2015 Staff Culture of Safety Survey, some staff identified that formal debriefing of violent incidents was lacking, particularly by staff proximate to the time of the event.	<u>Update:</u> The CSTC Workplace Safety Workgroup, a subgroup of the Safety Committee continues to meet twice monthly. In response to the direct-care staff safety finding, formal problem identification was conducted and Lean methods employed to implement a method of staff debriefing that would be simple enough to prevent imposing undue administrative burden on staff, but still allow a systematic framework to implement routine debriefing of patient events that require seclusion and restraint. A pilot is being conducted during the summer – fall of 2016 incorporating the model that staff developed designed to increase staff experience of learning from effective debriefing as well as the team development and communication skills it enhances.
f. Development of criteria for determining and reporting verbal threats.	The child-adolescent population at CSTC is characterized by great difficulty managing internal states. Verbalization of aggression is common, particularly among the very young patients.	<u>Ongoing:</u> CSTC form (30-37a) records patient behavioral events and, injuries, including “Verbal aggression” defined as “...makes clear threats of violence (e.g. “I’m going to kill you.”). This reporting vehicle identifies the target of verbal aggression, i.e. whether it was directed at staff, other patients or families/ visitors to the cottage. Staff help patients manage verbal aggression using cognitive behavioral therapy, and as a bridge to identifying internal states; and skills-based therapy for youth to learn conflict management. It is not always appropriate to shut down verbal expressions of internal states, as most children and youth need a starting place to express themselves and staff work with them to gain more appropriate skills. Appropriate response to support skill-building while not reinforcing bad behavior is conveyed by the assigned psychiatrist and program director.
g. Employee education and training	Culture of Safety Staff Survey responses included the request to expand and enhance direct care staff skills in crisis intervention and de-escalation.	<u>Update:</u> <ol style="list-style-type: none"> 1) CSTC increased the number of certified Crisis Prevention Institute (CPI) trainers from 3 to 4 and obtained certification Life Space Crisis through a contract amendment with CPI. 2) In response to staff requests for refreshers in CPI, a module was developed and added to the training schedule. These are conducted by certified trainers during staff inter-shift meetings so that cottage teams can enhance intervention skills and communication with each other. 3) Mandatory Enhanced Safety Training (EST). “Enhanced Safety Training” was mandated by the

		<p> Sidebar of the settlement of the L&I law suit against Western State Hospital. It dictated the specific topics to be covered as well as the requirement that all staff be trained in FY 2016 and FY 2017. CSTC's EST pairs self-awareness, theoretical models with active, skills-based responses under the topics of s: Debriefing, Trauma Informed Care, Functional Behavioral Analysis, Situational Awareness, and Life Skills Crisis Intervention (LSCI) a crisis prevention model based on staff-patient interaction conflict resolution methods). The training is both didactic and experiential. New Employee Orientation has been modified to include an extra day to allow greater focus on personal safety for new staff and on-cottage mentoring by experienced staff. </p> <p> <u>Ongoing:</u> CSTC treatment is based largely on Cognitive-Behavioral therapy approaches and includes the use of evidence-based treatments (EBT) for children and youth. Among these are Dialectical Behavior Therapy, Motivational Interviewing, Collaborative Problem Solving, and Trauma-Focused Cognitive Behavioral Analysis. </p> <p> <u>Update:</u> In 2016, two Program Directors completed certification training as trainers in Collaborative Problem Solving (CPS). CPS is an EBT proven effective in use with aggressive children and youth who are resistant to treatment. The goal of this training is to adopt more collaboration with patients and eventually reduce the reliance on restrictive interventions such as seclusion and restraint. </p> <p> 1) In the summer of 2015, CSTC sent a team to a 3-day <u>training in Life Skills Crisis Interviewing</u> – a benchmark model for addressing crisis behavior among youth by intervening early in the “Conflict Cycle” The team included three CSTC staff: The CEO and 2 Psychiatric Child Care Counselors and three School representatives: the Principal and the High School Assistant Principal with the intention that “champions” be established for implementing specific skills to reduce crisis behavior in the classrooms. This has seeded interest in LSCI which was included in our enhanced safety training in 2016 and will be expanded in the coming fiscal year. In addition, talks are pending regarding collaborative training with school personnel and supplemental funding has been sought for a formal implementation with official LSCI Senior trainers in FY 2017. </p>
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<p>h. Clinical and patient policies and procedures including those related to:</p> <ol style="list-style-type: none"> 1. Smoking 2. Activity, leisure and therapeutic programs 3. Communication between shifts 4. Restraint and seclusion 	<p>Smoking refuse identified where patients could access.</p> <p>Culture of Safety Staff Survey identified some inconsistency in communication between shifts.</p> <p>Reduction of use of Restraint and seclusion is tracked and analyzed as part of the BHA Strategic Plan</p>	<p>1) <u>Smoking</u>. CSTC promotes an environment of health and wellness. Policy 306 defines restrictions of the use of tobacco products on CSTC grounds by all employees, visitors and patients. CSTC has increased vigilance in keeping grounds free of smoking refuse to ensure the safety of young patients who might pick up stray cigarettes in or adjacent to areas of the campus where smoking is allowed for staff only. Continued vigilance is reinforced regarding smoking areas and restricting patient access to areas where they might pick up refuse.</p> <p>3) <u>Communication between shifts</u>. Each cottage has developed plans for ensuring adequate information being passed from one shift to another, in particular from evening shift (through nights) to day shift.</p> <p>4) <u>Restraint and Seclusion</u> In 2015-16 the Workplace Safety Workgroup in response to the 2015 Culture of Safety Staff Survey and a Lean Process intervention (A3) identified the goal of increasing the practice of “debriefing” across campus, i.e. a time for involved staff to convene in the aftermath of a significant patient incident leading to restraint or seclusion to 1) inquire on effected staff’s well-being, 2) identify what went well in staff / patient interaction 3) what could have gone better and 4) if any follow up is indicated. This 3-month pilot implementation will commence in early FY 2017. Results of the pilot will help us identify implementation issues, challenges, needs for further training and documentation.</p> <p>Two additional goals from the survey are to improve: 1) Communication and 2) teamwork - both key to safety in a treatment environment. The Workplace Safety Workgroup will determine next steps for these in FY 2017, but in the meantime, cottage retreats concern themselves with these areas and planning continues at the staff level to continually improve shift to shift communication.</p>
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