

Washington State Department of Social and Health Services

*Child Study and
Treatment Center*

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Transforming
Lives

CHILD STUDY AND TREATMENT CENTER

WORKPLACE SAFETY PLAN



Washington State
Department of Social
& Health Services

Transforming lives

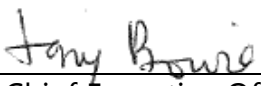
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TABLE OF CONTENTS

1.0 PURPOSE.....	3
2.0 SCOPE	3
3.0 HOSPITAL LEADERSHIP COMMITMENT	3
4.0 SAFETY AND HEALTH RESPONSIBILITIES	3
5.0 SAFETY COMMITTEES AND SAFETY INFORMATION.....	5
6.0 REPORTING AND RECORD KEEPING -INJURY, ILLNESS AND NEAR MISS.....	6
7.0 HAZARD PREVENTION AND CONTROL.....	9
8.0 HAZARD RECOGNITION AND REPORTING PROCEDURES.....	14
9.0 EMERGENCY PLANNING	15
10.0 SAFETY AND HEALTH TRAINING AND EDUCATION	17
11.0 WORKPLACE VIOLENCE PREVENTION	18
12.0 WORKPLACE SAFETY GOALS AND PERFORMANCE IMPROVEMENT	23
13.0 WORKPLACE SAFETY ANNUAL EVALUATION	23

1.0 PURPOSE

The purpose of the Workplace Safety Plan is to improve and maintain workplace safety at Child Study and Treatment Center (CSTC) by providing information, policies and guidance for the proactive identification of safety risks and implementation of processes and mitigation action to prevent accidents, injuries, illness and workplace violence.

2.0 SCOPE

The Workplace Safety Plan (WSP) is applicable to all hospital staff including DSHS Maintenance and Operations Division (MOD), Consolidated Business Services Region 3 (CBS3), contractors, professional trainees, and volunteers. Central Contracts and Legal Services (CCLS) employees work collaboratively with CSTC personnel to create and maintain a safe work environment through the use of a Service Level Agreement (SLA) to identify hospital and CCLS responsibilities and service obligations.

The Workplace Safety Plan incorporates:

- Applicable federal and state laws and rules including the:
 - Occupational Safety and Health Administration (OSHA),
 - Labor and Industries Division of Occupational Safety and Health (DOSH),
 - [WAC 296-800-140](#): Accident Prevention Program,
 - [WAC 296-800-130](#): Safety Committees, and
 - [RCW 72.23.400](#): Workplace Safety Plan
- Applicable accreditation standards of The Joint Commission (TJC) and Centers for Medicare & Medicaid Services (CMS) regulations
- [DSHS Administrative Policy 18.67](#)

3.0 EXECUTIVE LEADERSHIP COMMITMENT

Executive Leadership places a high value on workplace safety and is committed to providing a safe environment by devoting resources for staff training, safety committees, emergency management, facilities maintenance and incident reporting and investigation systems. Executive Leadership is also committed to providing support to injured employees and victims of workplace violence by devoting resources for incident level debriefings and Critical Incident Stress Management (CISM) debriefings.

The hospital Chief Executive Officer (CEO) has delegated authority to the Safety Officer, Infection Control / Employee Health Nurse, and Executive Leadership Team members to stop any action that places the lives of employees, patients, contractors, professional trainees and visitors in immediate danger.

4.0 SAFETY AND HEALTH RESPONSIBILITIES

Workplace safety requires ongoing vigilance, communication and collaboration by Executive Leadership Team, supervisors, and employees to identify and eliminate workplace hazards and prevent workplace violence.

4.1 Executive Leadership Responsibilities

It is Executive Leadership's responsibility to create and maintain workplace safety, which includes:

- Maintaining a Safety Committee in accordance [WAC 296-800-13020](#) and providing employees sufficient time to participate on the committee.
- Ensuring injuries and illnesses are recorded and reported and an OSHA Summary, which is signed by the Chief Executive Officer and posted per [WAC 296-800](#).
- Reviewing workplace safety data and implementing prevention and mitigation measures to improve workplace safety.
- Providing guidance and supervision to hospital personnel to ensure compliance with the Workplace Safety Plan.
- Recruitment and retention of qualified staff to ensure effective patient care and maintenance of a safe workplace.
- Creating, maintaining, and promoting a culture of safety.

4.2 Supervisors Responsibilities:

It is the supervisor's responsibility to create and maintain workplace safety, which includes:

- Employees receiving a documented site-specific safety orientation and training to ensure the employee performs their duties safely.
- Providing supervision to identify unsafe employee work practices and to provide training or disciplinary action when needed.
- Ensuring employee injuries are reported, investigated and all required documentation is properly completed and submitted.
- Working collaboratively with the hospital Safety Officer and DSHS Enterprise Risk Management Office (ERMO) to identify changes to work practices or equipment that improves workplace safety.
- Employees understand the expectations of a violence free workplace and support is provided to employees who are victims of workplace violence by facilitating debriefings and making referrals to the Critical Incident Stress Management (CISM) team and/or Employee Assistance Program (EAP), as indicated.

4.3 Employee Responsibilities:

It is the employee's responsibility to create and maintain workplace safety, which includes:

- Immediately reporting to supervisors any unsafe conditions, injuries, near miss incidents and threats or acts of violence.
- Using personal protective equipment (PPE) as required and immediately reporting any malfunctions or need for service or replacement to supervisors. Removing or interfering with any PPE or equipment safety device or safeguard is prohibited.
- Utilizing situational awareness to maintain a safe and respectful work environment and behaving respectfully to patient and co-workers at all times, reinforcing a culture of safety.
- Understanding and following patient treatment and safety plans to improve patient care outcomes and decrease safety risks.
- Understanding and complying with safety policies, procedures and training and encourage co-workers to use safe work practices.

5.0 SAFETY COMMITTEE AND INFORMATION

5.1 Safety Committee

The purpose of the Safety Committee is for employees and key members of Executive Leadership to mutually address safety and health issues, in compliance with [WAC 296-800-130](#). The committee is responsible for evaluating the effectiveness of the Workplace Safety Plan and for developing, implementing and overseeing action plans in order to create and maintain a safe workplace.

The Safety Committee consists of employee-elected representatives and management designated representatives, in an amount equal to or less than employee-elected representatives, from the facility. The Safety Committee Chair and committee membership is to be elected and/or re-appointed/replaced at least annually and guests (Ad hoc members) are invited as required.

Committee members include:

- Cottage representatives
- Custodial representative
- Dietary representative
- Forensics representative
- HIMS representative
- Nursing representative
- Recreation representative
- Support Services representation (CBS, MOD, HRD, CPSD)

Ad hoc members include:

- DSHS ERM Consultant(s)
- WFSE/SEIU Representative(s)

The committee structure includes sub-group(s) designated for short-or long-term projects (see below). The safety committee sub-groups meet monthly or as needed. Sub-groups provide monthly updates and recommendations as part of the routine Safety Committee agenda.

Recommendations or concerns brought to the committee by employees are reviewed and the status of action plans are documented in the Safety Committee minutes. Written feedback is provided to the initiator, if known, within 60-days of Safety Committee review. Committee minutes are posted on the Safety Board and distributed as needed. Copies of the minutes are retained per Retention Schedule standards.

5.2 Environment of Care (EOC) Committee

The Environment of Care Committee (EOC) has oversight responsibilities for the Life Safety, Environment of Care, and Emergency Management standards of The Joint Commission (TJC) and related regulations under the Centers for Medicare and Medicaid Services (CMS). The EOC performs retroactive and proactive safety reviews, performs risk assessments of the Environment of Care and develops action plans to improve workplace safety.

The Environment of Care committee reports to the Safety Committee on a monthly basis. The Committee is chaired by the Safety Officer and membership consists of:

- Custodial Supervisor
- Director of Administration & Support Services
- Food Service Manager
- Infection Control / Employee Health Nurse
- MOD Maintenance Supervisor
- Psychiatric Child Care Counselor 3s (Cottage Supervisors)
- Quality Improvement Director

5.3 Safety Bulletin Board

Child Study and Treatment Center maintains safety bulletin boards with all OSHA required postings, Safety Committee meeting minutes and other safety related information and announcements.

The safety bulletin boards 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
- Safety Committee Minutes

- Other safety items suitable for posting on these boards includes:
 - Safety Committee Members
 - Time / Date / Location of Safety Committee Meetings

6.0 REPORTING AND RECORD KEEPING – SAFETY AND NEAR MISS INCIDENT

6.1 Employee Responsibilities

- Employees involved in an **on-the-job injury** must immediately report the injury to their supervisor and complete the [Safety Incident / Close Call Report smart form / hard-copy \(DSHS 03-133\)](#). Completed smart forms are automatically forwarded to the supervisor upon completion of the smart form. Hard-copies are to be submitted to supervisors within 24-hours of the injury or near miss.
- Additionally, all employee injuries must also be documented on an [Seclusion/Restraint Flowsheet](#) or Administrative Report of Incident (02 CSTC 30-37).
- Employees involved in a **near-miss incident** must immediately report the incident to their supervisor. A "Near Miss is an incident that could have resulted in serious injury to an employee. The supervisor must notify the Safety Officer who in turn conducts an investigation to identify causes, hazards and how the incident might have been prevented. The Safety Officer will maintain a log of "Near Miss" events for analysis and performance improvement, and report to Quality Council.
- The [Report of Possible Client Assault \(DSHS 03-391\)](#) form is incorporated into the Safety Incident / Close Call Report smart form or completed separately in hard-copy format and attached to the Safety Incident / Close Call Report to record all incidents resulting from a potential client assault as outlined in [DSHS Administrative Policy 9.02](#).
- A Post Exposure Packet is completed by employees in 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 parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties.
- Labor and Industry (L&I) Activity Prescription Form (242-130-1111) is initiated at the Physician's Office or Emergency Room when receiving medical or emergency treatment for a work-related incident/injury or exposure. The Physician completes the form with the employee and mails a copy to Labor & Industries for processing.

6.2 Supervisor Responsibilities

Supervisors are responsible complete their section of the [Safety Incident / Close Call Report](#). The report is automatically forwarded to the Safety Officer and Enterprise Risk Management Office (ERMO) for processing.

Whenever there is an employee accident that results in death or serious injury the supervisor must ensure a preliminary investigation is conducted.

- This may include participation by union representation, Safety Officer, ERMO staff and others.
- The investigator(s) takes written statements from witnesses, photographs the incident scene and equipment involved, if applicable.
- The investigator(s) must also document as soon as possible after the incident, the condition of equipment, if applicable, and any anything else in the work area that may be relevant.
- The investigator(s) make a written report of their findings and forwards the report to the Safety Office. The report includes a sequence of events leading up to the incident, conclusions about the incident and any recommendations to prevent a similar incident.

6.3 CEO's Administrative Assistant Responsibilities

The CEO's Administrative Assistant reviews all hard-copy [Safety Incident / Close Call Reports](#) to ensure all required and pertinent information has been collected. The Administrative Assistant forwards all documentation to the Enterprise Risk Management Office (ERMO) claims department who in turn inputs the event into the Risk Master database.

6.4 Safety Officer Responsibilities

The Safety Officer is responsible to investigate all injury, illness and reported near-miss occurrences and complete their section of the [Safety Incident / Close Call Report](#). Supervisor investigations must include:

- Gathering all necessary information
- Recording the sequence of events
- Listing all causative factors as they occur in the sequence of events
- Interviewing and collecting statements from witnesses as indicated
- Closely reviewing the employee's statement and description of the incident and identifying any discrepancies between employee's statement and actual findings
- A determination based on the findings:
 - Unsafe Act
 - Unsafe Conditions

- Unsafe Acts/Conditions

The Safety Officer will also provide additional comments or investigation results, if indicated, are included on the form by the Safety Officer.

The Safety Officer is responsible for posting a completed copy of the OSHA Summary for the previous year on the designated safety bulletin boards each February 1 until April 30. The summary is kept on file and retained per the DSHS Retention Schedule. Any employee can view an OSHA log upon request at any time during the year.

6.5 DSHS Enterprise Risk Management Office (ERMO) Responsibilities

ERMO investigators complete a secondary review of all serious assaults where an injury requires medical treatment beyond first-aid. A report is provided to Executive Leadership and the Safety Officer and recommendations are provided to the Safety Committee.

The ERMO claims unit inputs and tracks all safety/near miss reports through the Risk Master system and determines whether the incident must be recorded on the OSHA Injury and Illness Log and Summary. All recordable injuries/ illnesses must be entered within six days after the hospital becomes aware of the incident.

ERMO provides data reports to the Safety Committee on at least a monthly basis and prior to each Safety Committee meeting. The committee reviews incident reports and ERMO data and may decide to conduct separate incident investigations and/or develop action plans as indicated.

6.6 Reporting Requirements for Hospitalizations, Fatalities, Amputations, and Loss of an Eye ([DSHS Administrative Policy 9.01](#), [WAC 296-27-031](#) and [WAC 296-800-320](#))

Chief Executive Officer (CEO) Responsibilities

The CEO or designee must report death of a resident and/or employee to the Behavioral Health Administration (BHA) Assistant Secretary verbally within 2-hours and follow up with a written Critical Incident report within 24-hours. The Assistant Secretary of BHA will notify the Senior Director of Communications, the Chief Risk Officer and the Office of Policy and External Relations Senior Director per [DSHS Administrative Policy 9.01](#).

The CEO or designee will notify the BHA Assistant Secretary of significant injury of a patient and/or staff, including attempted suicide verbally within 2-hours and follow up with a written report within 24-hours. Significant injury is defined as loss of limb, eye or consciousness due to injury or injury requiring medical attention beyond first-aid such as by a medical professional or first responder.

The CEO or designee must report to the Department of Occupational Safety and Health (DOSH) within 8-hours of becoming aware of a work-related incident that results in a fatality or inpatient hospitalization of any employee (unless it involves only observation or diagnostic testing).

The CEO or designee must report to DOSH within 24-hours of becoming aware of a work-related incident that results in either an amputation or the loss of an eye that does not require inpatient hospitalization.

The CEO or designee must report 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
- d. The name and phone number of a contact person

Employee Responsibilities

In the event of an employee work related inpatient hospitalization, fatality, amputation or loss of an eye with or without inpatient hospitalization, the following rules apply:

Staff must NOT:

- Disturb the scene except to aid in rescue or make the scene safe
- Clean up bodily fluids or pick up other items
- Move equipment involved (e.g. personal protective equipment, tools, machinery or other equipment) unless it is necessary to remove the victim or prevent further injuries ([WAC 296-800-32010](http://www.wa.gov/legislation/wac/296-800-32010))

Staff MUST:

- Block off and secure the area. If in a room, the room must be closed and locked, and a guard posted. If in a common area, the area must be mark off with tape or ribbon and a guard posted
- Keep unnecessary persons out of the area before and after securing the area
- 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 (e.g. clothing, bloody items, equipment and weapons)

6.7 Patient / Visitor Injuries

All patient and visitor injuries must be documented on either the Seclusion/Restraint Flowsheet or Administrative Report of Incident form. That information is then reported both monthly and quarterly to Program

Directors/Psychologist 4 and Quality Improvement Director for analysis. Reports are then developed as trending analyses by the Quality Improvement Director for the quarterly Quality Council and Governing Body.

7.0 HAZARD PREVENTION AND CONTROL

Child Study and Treatment Center policies and practices conform to State and Federal safety standards and rules for hazards or potential hazards in the workplace. Facilities are designed and equipment is chosen to eliminate or at a minimum limit employee exposure to hazards. Policies are written to effectively prevent or mitigate employee exposure to the hazard and employees are required to use personal protective equipment that is available to them such as spit shields, safety glasses and hearing protection.

7.1 Statement of Conditions

The Safety Officer is responsible for the Statement of Conditions and the document is maintained in the Safety Office and updated on hospital's The Joint Commission portal. The Safety Officer 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 Officer coordinates with the Maintenance and Operations Division (MOD) in identifying any corrections that require special funding or scheduling and ensuring that a PFI is developed, when indicated (Refer to [CSTC Policy 4.102](#)).

7.2 Basic Safety Rules for Employees

Basic safety rules have been established at CSTC to promote workplace safety. These rules are in addition to safety rules that must be followed when performing particular duties or operating certain equipment. Failure to comply with the following rules may result in disciplinary action:

- Always use safe work practices in performing duties including understanding and using proper lifting techniques, using personal protective equipment (PPE) when required, following safety warning signs and reading and following product labels.
- Manufacturer's instructions must be followed when using or operating equipment. Unsafe equipment must not be operated and equipment shall only be operated when trained and authorized. Supervisors must ensure training is documented before an employee is considered competent to perform duties of the job.
- Unsafe work conditions, practices and hazard conditions must be immediately reported to supervisors and may be reported to Safety Committee representatives.
- Understand and follow the procedures for reporting accidents (Section 7.0).
- Staff must comply with applicable collective bargaining agreements and [DSHS Administrative Policy 18.75](#).

- Except for law enforcement personnel, it is unlawful for any person to possess a firearm on hospital grounds in accordance with [BHA Policy 3.07: Possession of Firearms](#).+
- Any object, instrument that can be used as a weapon or explosive is strictly prohibited from hospital property.
- Smoking inside the building or within 25-feet from any entry or ventilation intake is prohibited in accordance with [DSHS Administrative Policy 18.65](#) and [RCW 70.160](#). Everyone at CSTC will be required to restrict their smoking or use of tobacco products to designated areas. The designated smoking areas will have proper receptacles to dispose of tobacco products in a safe manner and away from patient whereabouts.
- Employees must refrain from behavior that is distracting to co-workers, or detracts from the therapeutic environment.
- Employees must maintain good housekeeping, clean up spills immediately and keep emergency exits, aisles, walkways and working areas clear of slipping or tripping hazards. Replace all tools, supplies, recreational equipment after use, and not allow debris to accumulate where it will become a hazard. Staff must refrain from horseplay, fighting and distracting fellow employees
- Staff must know the location and use of:
 - First-aid supplies
 - Emergency procedures (chemical, fire medical, etc.)
 - Emergency telephone numbers
 - Emergency exit and evacuation routes
 - Emergency equipment
 - Fire safety equipment
 - Emergency shut-off valves (gas, water, power, etc.)

7.3 Discipline for Failure to Follow Basic Safety Rules

Employees are expected to use good judgment when performing work duties 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](#).

7.4 Environment of Care Plans

CSTC has developed detailed Environment of Care (EOC) plans required by rules and regulations set by DOSH, CMS, and TJC. These plans are updated annually by the Safety Officer. They consist of:

- Safety Management Plan
- Security Management Plan
- Hazardous Materials Plan

- Emergency Management Plan/COOP
- Fire Safety Management Plan
- Chemical Hazard Communication Plan
- Medical Equipment Plan
- Utility Systems Management Plan
- Interim Life Safety Plan
- Environmental Services Plan

7.5 Equipment Maintenance

CSTC is responsible for inspecting and servicing equipment following manufacturers' recommendations. Maintenance and Operations Division (MOD) is responsible for maintaining all equipment and buildings within the facility. All records are to be kept by the department. A record of documented maintenance will be maintained and kept on file for the life of all equipment. Additionally, maintenance and work orders are tracked through the electronic Advanced Maintenance Management System (AMMS).

All equipment is required to be examined prior to being used to ensure good working condition. Medical equipment is maintained in accordance with the Medical Equipment Management Plan. Recreational Equipment, (bikes, safety equipment, etc.) is inspected and maintained by the Recreational Therapy Department. All equipment hazard notices and recalls are coordinated through the Safety Office and forwarded to appropriate departments for review and action as indicated.

7.6 Interim Life Safety Measures, Infection Control Risk Assessment, Job Hazard Analysis and Personal Protective Equipment

Interim Life Safety Measures (ILSM)

Projects that could significantly impact life and/or fire safety result in the development of an ILSM, including specific training materials and information, the implementation of expanded fire drills, inspections, and documentation of contractor compliance with ILSM during the construction period. The Safety Officer coordinates the planning, implementation and monitoring of all interim life safety measures in coordination with other departments (e.g. MOD) as indicated (Refer to [CSTC Policy 6.02](#)).

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

1. Construction activities (in or adjacent to all construction areas)
2. Temporary Life Safety Code deficiencies including but not limited to the following:
 - Fire, smoke or sprinkler systems temporarily out of service
 - Blocked exits
 - Fire walls/doors that are breached

- Fire doors/windows that are missing
- Reduced or absent utilities (e.g. heat, water, electricity)

Interim Life Safety Measures (as identified during the planning phase):

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

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.
4. Temporary systems monthly. Immediately initiate and document a fire watch whenever a fire alarm or sprinkler system is being tested, serviced, and/or repaired or there has been a system failure. If the fire alarm system or required automatic sprinkler system is out of service for more than four (4) hours in a 24-hour period, the Authority Having Jurisdiction (AHJ) must be notified.
5. 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.
6. Provide additional firefighting equipment and train staff in its use.
7. Prohibit smoking throughout buildings as well as in, and adjacent to, construction areas.
8. Develop and enforce storage, housekeeping and debris removal to reduce the building's flammable and combustible fire load to the lowest feasible level.
9. Conduct a minimum of two fire drills per shift per quarter.
10. Increase hazard surveillance of buildings, grounds and equipment, with special attention given to excavations, construction areas, and construction storage and field offices.

11. Inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the hospital's interim life safety measure (ILSM) policy.
12. Train staff to compensate for impaired structural or compartmental fire safety features.
13. 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.

Infection Control Risk Assessment (ICRA)

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 Chief Executive Officer, Safety Officer, and Infection Control/Employee Health Nurse and reported to the Safety Committee.

Job Hazard Analysis and Personal Protective Equipment

A Job Hazard Analysis (JHA) form is utilized to evaluate each type of job task employees perform. The JHA is to be completed by a supervisor per [CSTC Policy 11.106](#). 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 PPE.

Additionally, a Hazard Assessment Checklist (HAC), which identifies Personal Protective Equipment (PPE) related to a particular hazard is also to be completed. Employees are trained during their New Employee Orientation on PPE for their particular job class as it applies to hazards. If a new PPE is identified, a description is added to the corresponding JHA and/or HAC and employees who are affected are trained.

Each job task is reviewed at least once every 2-years and whenever there is a change in how the task is performed or if there is a serious injury while performing the task. JHA and HAC results are reported to the Safety Committee.

8.0 HAZARD RECOGNITION REPORTING PROCEDURES

Every employee has the right and responsibility to identify hazards and to correct or report them for corrective action. This must be done by immediately notifying their direct supervisor and/or the supervisor of the area where the hazard has been identified.

Supervisors must ensure that corrective measures are taken which may include completion of a work order, or immediate correction of the hazard. All personnel with

IT computer system access are eligible to submit work requests through MOD's Advanced Maintenance Management System (AMMS), per [CSTC Policy 4.05](#). If there is a delay in resolution of the hazard, the Safety Officer or the CEO's office is notified.

The MOD Maintenance Supervisor works in partnership with the Chief Executive Officer and the Safety Officer to ensure that work orders are logged, distributed and prioritized. Hazards that are not resolved or constitute a pattern of recurrence are brought to the monthly Environment of Care Committee to discuss and resolve.

8.1 Environmental Safety Inspections

Child Study and Treatment Center is committed to identifying and eliminating hazardous conditions and practices. In addition to reviewing injury records and investigating accidents for their causes, management, staff and the Safety Committee regularly check the workplace for hazards.

Staff located on the cottages may enter work orders for addressing hazards. The work orders are immediately communicated via the AMMS to MOD. The Safety Officer reviews requested work orders and, with the CEO and Maintenance Supervisor, maintains a prioritized list of work to be done. Work orders related to safety are always prioritized first. Prioritized safety work order will be reviewed at the monthly Environment of Care Committee to ensure that work is not delayed, or reasons for any delay are understood and timelines adjusted as necessary.

The Safety Officer also conducts a team-based annual safety review of every building and every room. In addition to reviewing injury records and investigating accidents for their causes, management and the Safety Committee regularly check the workplace for hazards. Information forms from quarterly Safety Committee reviews are maintained by the Safety Officer who follows up on identified issues.

8.2 Periodic Change Process

CSTC's accrediting body, The Joint Commission (TJC), requires that any major change undertaken by the hospital must be evaluated in advance to identify safety issues that may arise because of the change. This might concern a change in building structure, for example. A cross-functional team made up of those most closely affected by the change is engaged in examining the conditions and makes recommendations for elimination or control of hazards that may be or are being created as a result of the change.

8.3 Proactive Risk Assessment

The Safety Officer in coordination with Executive Leadership, the Maintenance and Operations Division and Environment of Care Committee 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 create new or revise existing safety policies, ensure compliance with safety standards, increase hazard surveillance elements, and/or enhance safety orientation and education.

This annual risk assessment is portioned out across the year to ensure that it is completed by the end of August prior to the scheduled ERMO Safety Health and Performance Assessment (SHPA) (Refer to Section 11.2).

Risks are prioritized to ensure appropriate controls are implemented to mitigate potential adverse impacts on the safety and health of patients, staff and others. The prioritized risks are then either addressed immediately or integrated into the planning and performance improvement processes. Specific findings, recommendations, and opportunities for improvement are documented in Environment of Care Committee minutes and reported to all PCCC3s, and included in the Environment of Care Report provided at Governing Body.

8.4 Safety Health and Performance Assessment (SHPA)

Safety staff from ERMO will conduct an annual inspection of the hospital and the workplace safety program to ensure compliance with applicable regulations, DSHS policies and hospital policies. The inspection provides the hospital with information about hazards that may be missed during routine inspections. Action plans are developed for all inspection findings with identified target dates to ensure each hazard is corrected in a timely manner.

9.0 EMERGENCY PLANNING

9.1 Evacuation Maps and Fire Drills

Evacuation maps for the facility are posted in all buildings including patient care and non-patient care areas. Evacuation maps show the location of exits, fire alarm pull stations, AED and fire extinguishers. Fire evacuation drills are conducted quarterly in all buildings and quarterly on each shift on the three cottages.

9.2 Hazard Vulnerability Analysis

A Hazard Vulnerability Analysis (HVA) is completed to determine which hazards require special preparation for emergency response. The HVA provides a systematic approach to recognizing hazards that may affect demand for the hospital's 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 emergency management activities and to identify necessary changes, additional planning activities and specific exercise scenarios, if required.

Contingency plans are developed as the result of the 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 and emergency procedures are located in the Comprehensive Emergency Management Plan on the CSTC intranet and in the red Emergency Preparedness Manual located in various areas throughout the hospital.

9.3 Response to Injuries

First-aid supplies are maintained in multiple locations throughout the hospital. All injuries must be promptly reported to a supervisor. All direct care staff are required to maintain Basic Life Support (BLS) and first-aid training. Other employees may join these trainings as space permits. In case of serious injury:

- Injured persons must not be moved unless absolutely necessary
- Assistance may only be provided to the level of training

Procedures outlined in [CSTC Policy 4.106](#) must be followed regarding patient medical emergency response. Staff is directed to call 911 immediately in a Medical Emergency as well as WSH Security and use their radios to alert staff for need of assistance and the location of the emergency.

9.4 Infectious Disease Exposure Hazard

Infectious diseases are a risk with some job tasks at the facility. Child Study and Treatment Center's [Blood borne Pathogen Exposure Plan](#) is designed to mitigate the risks of Blood borne Pathogens and infectious diseases. The [Infection Control Plan](#) can be found within the Infection Prevention and Control page on the CSTC Intranet. All reports are kept confidential as required by Health Insurance Portability and Accountability Act (HIPAA) and Department of Occupational Safety and Health (DOSH) regulations.

As a matter of routine, all employees come in daily contact with a high volume and broad range of patients, 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 standard precautions and being vigilant is the best defense.

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. Employees should also expect to occasionally be conducting business with patients, other staff, contractors, or general members of the public who may be infected with more severe, though less common, contagions, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

Employees at CSTC have little potential for exposure to extreme infectious diseases such as Viral Hemorrhagic Fever (Ebola). The risk of introduction to

these more fervent contagions in the course of performing routine work 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 public (e.g., exposure to a patient or staff member who has a family member who may have been exposed to a contagion). Employees should review the Washington State Department of Health (DOH) website for the most current and factual information available.

As a 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 routine work that a patient, staff member, or anyone in a patient or staff member's immediate circle has recently returned from visiting, working, or volunteering in a known outbreak area of the world and the returning person is reporting or presenting symptoms of an illness, a supervisor and the Infection Control/Employee Health Nurse should be notified. As required, the local county public health department will be notified.

10.0 SAFETY AND HEALTH TRAINING AND EDUCATION

10.1 Safety Training

Training is essential to provide and maintain a safe work environment. The Safety Officer, supervisors, and Training Coordinator conduct a safety orientation to ensure that all employees are trained and start their work assignment fully prepared.

10.2 Orientation

On the first day of hire, CSTC employees conduct New Employee Orientation (NEO) which includes all OSHA required Safety Training, Accident Prevention, Workplace Safety Plan, Workplace Violence Prevention, Infection Control and other DSHS and CSTC mandatory trainings. NEO occurs on the first full week of every month to accommodate an efficient start for direct care staff on the cottages.

The direct supervisor is responsible for verifying that each of their employees have completed New Employee Orientation (NEO) along with any training needed to perform jobs safely, this includes "shadowing" on the patient unit for Psychiatric Child Care Counselors and may include formal mentoring. The Training Department is responsible to document assigned and track completed training in the DSHS Training Learning Center (TLC). New Staff complete an Infection Control module during NEO and meet face-to-face with both the Safety Officer and the Infection Control Nurse. The CSTC Training Committee reviews staff outstanding trainings to support completion.

10.3 Orientation for Nursing Staff

Upon completion of NEO, Nurses (RNs & LPNs) complete additional training utilizing the Nursing Department Competency Checklist, Medical Equipment Competency Assessment, PYXIS and Medi-Mar training along with Assessment of Patients in Seclusion and Restraint. NEO and enhanced safety training includes violence prevention, situational awareness, and advanced skills in managing escalating situations with patients.

10.4 Other Required Training

All staff are trained in Crisis Prevention Institute's (CPI) Nonviolent Crisis Intervention curriculum (Verbal/Physical De-Escalation or Evasion Techniques). This course is repeated every three years with intermittent refreshers. Training refreshers in CPI are conducted upon request and as needed – usually incorporating a team approach during weekly inter-shift meetings. Other training required by job class and/or based on the JHA is completed prior to an employee performing a specific task. All training is documented and maintained in the employee-training file and the DSHS Training Learning Center (TLC) (Refer to 11.9).

11.0 WORKPLACE VIOLENCE PREVENTION

Child Study and Treatment Center mitigates the risk of workplace violence by providing effective, evidence-based patient care combined with staff training and related safety policies and protocols to promote a safe physical environment and a shared Culture of Safety ([CSTC Policy 1.02](#)). Prevention of workplace violence is based on the following principles:

- Zero tolerance for workplace violence
- A proactive patient centered approach leads to a reduction in violence
- Prioritizing quality and effective patient care that creates a safe environment
- Increasing safety and respect for patients that creates safety for staff
- Staff vigilance and utilizing non-violent crisis intervention, (including de-escalation) when faced with escalating verbal or physical patient behavior prevents injury or assault
- Staff incident debriefing which improves communication and team functioning while assessing what has gone well or needs improvement follows seclusion or restraint or any episode that threatens staff and patient safety. Incident debriefing while not mandatory is highly recommended and includes time-of-incident, review at cottage inter-shift meetings and leadership review of significant events that carry system implications (See also 11.5)

11.1 Definition of Workplace Violence

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as “violent acts directed toward persons at work or on duty.”

Washington State 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 18.67](#)).

11.2 Workplace Safety and Security Assessment (See related 11.8)

The annual Workplace Safety and Security Assessment required under [RCW 72.23.400](#) addresses safety and security considerations related to the following items (Appendix A):

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

11.3 Risk Assessment and Treatment Planning

Patients with an increased risk for assault have Individualized Treatment Plans (ITP) formulated to address the risks along with short and long-term goals, treatment modalities and discharge planning. The ITP includes a tailored Safety Plan, a flexible tool that identifies the patient's personal triggers along with effective prevention and de-escalation techniques. Violent acts are tracked to identify frequency and severity of assaults. Weekly inter-shift meetings include the interdisciplinary team and psychiatric consultation to develop treatment strategies, tailor responses and debrief interventions of critical events.

CSTC staff are trained to utilize the least restrictive, non-violent interventions when faced with escalating verbal or physical patient behavior. CSTC training includes methods of verbal de-escalation and physical restraint based on a nationally recognized behavioral crisis intervention model (Crisis Prevention Institute).

Risk assessment continues throughout a patient's hospital stay 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 a tool that

examines the “links” of a crisis event including, triggers, emotional, cognitive and behavioral responses, and outcomes that reinforce or support behavior. Team communication is critical to understanding daily changes, current vulnerabilities and effective treatment responses. Daily shift change reports facilitate the continuity across shifts and periodic treatment plan meeting with the interdisciplinary team, patient and family support collaboration and communicate treatment strategies and progress towards long-term goals.

11.4 Special Population Considerations

Risk considerations associated with specific populations are noted in the patient intake assessment, social work history and/or treatment plan. Special considerations in the youth population include, but are not limited to:

- Legal status:
 - Involuntary Commitment of a Minor (ITA)
 - Forensic Admission under 10.77
 - Juvenile Justice System involvement
- State Dependency (Foster, or Group Foster Care)
- Failed or failing adoption
- Co-occurring diagnoses:
 - Developmental Disability
 - Substance Abuse
 - Medical Condition

11.5 Effective Patient Care

Preventing and constructively addressing unsafe and violent behavior is a priority for patient care and can help to mitigate risk. CSTC’s treatment protocols are based on principles of a safe and effective treatment environment. All direct care staff are trained in principles of effective treatment and behavior management strategies as well as non-violent crisis intervention and dialectical behavior therapy (DBT) principles.

CSTC employees conduct team debriefings of incidents such as seclusion, restraint and assaults utilizing post-incident discussion to support staff as well as identify effective interventions employed and opportunities for improved awareness or skill development, along with multidisciplinary team meetings, inter-shift and treatment updates and leadership review of serious incidents and those with system implications.

11.6 Administrative and Engineering Controls, Work Practices, Security

Child Study and Treatment Center 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.

Administrative Controls

Child Study and Treatment Center establishes clear lines of authority and responsibilities, requires annual competency assessment, review of policies and procedure and annual safety training. Direct access to Executive Leadership is available to express concerns or advise of safety risks. Controls include:

- [DSHS Administrative Policy 18.67](#)
- Prohibition of actual or potential weapons on campus grounds
- State-of-the-art patient behavior intervention program and non-violent crisis response that include verbal and physical de-escalation techniques and training in team communication
- [BHA Policy 3.03 Workplace Violence Prevention](#) A state of the art patient behavior intervention and non-violent crisis response program that includes verbal and physical de-escalation techniques and training in team communication

Environmental Controls

Child Study and Treatment Center establishes clear environmental controls to prevent workplace violence and hazards. Controls include:

- Entrance security (locks)
- A system of visitor or contractor access control
- Identification badges worn by all CSTC employees, contractors and visitors
- Alarm systems on the cottages
- Strategically placed convex mirrors for heightened visibility
- Hand held radios carried by direct care staff and WSH Security Officers
- Use of quiet/comfort rooms for de-escalation or low-stimulation environments when available for patients who are escalating, unsafe, or particularly sensitive to stimuli
- Safe furniture appropriate for a psychiatric setting
- Strategically placed cameras and convex mirrors

Work Practices

Work practices addressing workplace safety are governed by hospital, BHA and DSHS policies. [BHA Policy 3.03 Workplace Violence Prevention](#) addresses a zero tolerance policy for workplace violence, prohibition of weapons and other unsafe practices.

CSTC utilizes a state-of-the-art patient behavior intervention and non-violent crisis response program that includes verbal and physical de-escalation techniques. CSTC also requires annual competency

assessment, review of policies and procedures and annual safety training. Direct access to Leadership is available to express concerns or advise of safety risks without threat of retaliation (Refer to [CSTC Policy 1.02](#)).

CSTC also analyzes data on workplace injuries to develop quality improvement plans to address workplace safety. For example, violent acts and staff injuries are tracked over time to learn about frequency and severity of assaults, determine trends, isolate unsafe staff practices, and identify high risk times during the day and week.

Security

CSTC is a secure facility with locked patient units and administration buildings, including the campus schools which hospital patients attend year round.

Western State Hospital (WSH) Security Officers are available 24/7 if additional help is needed for heightened security, containment of a violent incident or assistance with unauthorized leaves. Security Officers are well-informed about the nature of the population served at CSTC. Staff have immediate contact with WSH Security through all state purchased two-way radios, via Channel 6.

11.7 Supports to Employees

Victims of workplace violence may 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 and emergency medical response. In the event that an employee sustains a more serious injury, the supervisor assists the employee to obtain additional medical attention if indicated.

Supervisors provide employees who are victims of workplace or domestic violence information regarding resources including access to the Employee Assistance Program for counseling and referral on an individual and confidential basis. Critical Incident Stress Management (CISM) debriefing is available to provide assistance on a voluntary group basis to employees who have been impacted by workplace violence.

11.8 Annual Report to the Legislature – Workplace Safety in State Hospitals

The Department of Social and Health Services, as required by [RCW 72.23.451](#) must 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 annually to the legislature.

11.9 Training to Reduce Workplace Violence

Direct Care Staff are trained at hire and annually thereafter in prevention practices that range from situational awareness of the environment, ongoing risk assessment, effective documentation, individual and group patient education to a formal non-violent crisis intervention training program.

Direct care staff are trained in prevention practices that range from vigilant awareness of the environment and patient dynamics (situational awareness), ongoing risk assessment and effective communication with patients. CSTC trains direct-care staff in verbal de-escalation and physical restraint utilizing the methods developed by Crisis Prevention Institute (CPI). 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. Team-based refreshers and re-training every three years reinforce methods of prevention, intervention and teamwork so that staff is competent when facing threatening patient behavior.

11.10 Data and Surveys Addressing Workplace Violence

Data Review

CSTC tracks all workplace injuries due to assault in the Continuous Quality Improvement and Violent Acts Log databases. All injuries are tracked by ERMO in the Risk Master Database and trends are communicated to Executive Leadership on a monthly basis. Risk Master provides the capacity to compile data for analysis of frequency, severity, precipitating event(s) and other circumstances contributing to a deeper understanding of workplace violence increasing the potential for a systemic solution.

Employee injury data is analyzed monthly, reported out at monthly Safety Committee and aggregated for review by the quarterly Quality Council and Governing Body meetings.

Workplace Safety Surveys

Employee surveys are used to obtain feedback on communication, teamwork and leadership related to safety. The survey identifies or confirms the need for improved security measures, training, supervision or management responsiveness. Action plans are developed, as required, to improve the overall Culture of Safety.

12.0 WORKPLACE SAFETY GOALS AND PERFORMANCE IMPROVEMENT (PI)

The Safety Officer, Safety Committee and other subject matter experts as identified, are responsible for the development of annual Safety Committee goals and performance improvement (PI) initiatives. Safety goals and PI initiatives are based on priorities identified by the Safety Committee through data and incident reviews. Activities are documented in the Safety Committee minutes.

The Environment of Care Committee is responsible for PI initiatives based on priorities identified by the committee. These priorities are established through evaluation of risks associated with safety security, utility systems, medical equipment, fire safety and hazardous materials. Activities are documented in the Environment of Care Committee Minutes.

The Quality Council is responsible for approving the workplace safety goals and PI initiatives, including performance measurements. Activities and progress related to goals and PI initiatives are reported quarterly to the Safety Committee and/or Environment of Care Committee and shared with Leadership.

13.0 WORKPLACE SAFETY PLAN – ANNUAL EVALUATION

The Safety Officer and Environment of Care Committee evaluate the Workplace Safety Plan annually for its scope, objectives, performance, and effectiveness, as required under [RCW 72.23.400](#). A year-end workplace safety summary is presented to the EOC Committee, Safety Committee, and Quality Council.

Appendix A: Workplace Safety Plan – Security and Safety Assessment CHILD STUDY AND TREATMENT CENTER

RCW 72.23.400 requires each state hospital to develop a plan (Workplace Safety Plan) to reasonably prevent and protect employees from violence at the state hospitals. The Plan must address security and safety considerations related to specified items under RCW 72.23.400(a) through 72.23.400(h), as appropriate to the particular state hospital, in order to identify existing or potential hazards for violence and to determine the appropriate preventative action to be taken. The Plan must be evaluated, reviewed, and amended as necessary and at least annually, to include an annual Security and Safety Assessment.

Due to COVID-19 pandemic there was no 2020 Security and Safety Assessment completed by Enterprise Risk Management Office (ERMO). However, CSTC did undergo a full unannounced Joint Commission Survey. Following that survey in October 2020, CSTC received full accreditation.