

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**



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## **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, DSHS Consolidated Maintenance Office (CMO), Consolidated Institutional Business Services, (CIBS), staff, contract staff, interns, students and volunteers. CSS 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 CSS responsibilities and service obligations.

The WSP incorporates:

- Applicable federal and state laws and rules including the Occupational Safety and Health Administration (OSHA), Washington State Department of Occupational Safety and Health (DOSH), WAC 296-800-140 Accident Prevention Program, WAC 296-800-130 Safety Committees and 72.23.400 RCW Workplace Safety Plan.
- Applicable accreditation standards of The Joint Commission (TJC) and Centers for Medicare & Medicaid Services (CMS) regulations.
- DSHS Administrative Policy No. 18.67 Workplace and Domestic Violence.

## **3.0 HOSPITAL LEADERSHIP COMMITMENT**

Hospital 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. Hospital leadership is also committed to providing support to injured employees and victims of workplace violence by devoting resources for debriefings and Critical Incident Stress Management (CISM).

The hospital CEO has delegated authority to the Safety Manager and Infection Control / Employee Health Manager to stop any action that places the lives of employees, patients, contractors and visitors in immediate danger.

## **4.0 SAFETY AND HEALTH RESPONSIBILITIES**

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

### **4.1 Executive Leadership Responsibilities:**

Executive Leadership responsibilities to create and maintain workplace safety include:

- 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 is signed by the highest ranking official at the facility 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 WSP.
- 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 Manager and Supervisor Responsibilities:**

Managers and supervisor responsibilities to create and maintain workplace safety include:

- Employees receive a documented site-specific safety orientation and training to ensure employee perform 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 and investigated and all required documentation is properly completed and submitted to the CSTC Safety Office.
- Working collaboratively with the hospital Safety Manager/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:**

Employee responsibilities to create and maintain workplace safety include:

- 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 COMMITTEES AND SAFETY INFORMATION**

### **5.1 Employee Safety Committee**

The purpose of the Employee Safety Committee is for employees and management 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 Employee 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 is chaired by the CSTC Safety Officer. Membership is re-appointed or replaced at least annually and guests (Ad hoc members) are invited as required. Committee members include:

- Camano, Ketron and Orcas cottages representatives
- Quality Management Director
- Infection Control nurse, Food Service Manager, Custodial Supervisor, Recreation Therapy representative, Maintenance (CMO) supervisor
- Standing invitation: DSHS ERMO Consultant, Clover Park School District representative, union representative

The committee structure includes sub-group(s) designated for short-or long-term projects (see below). The safety committee sub-groups meet bi-weekly 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 Employee 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 CSTC intranet and distributed to each cottage for posting. After being posted for one month, a copy of the minutes are filed for one year.

### **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 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 EOC Committee is chaired by the Safety Officer and membership consists of the CEO, CMO Maintenance Supervisor and representatives from Infection Prevention and Control, Quality Management, Nursing, Food Services, and Custodial Supervisor as well as a delegated Safety Representative from each patient cottage. The EOC committee reports to the Safety Committee on a monthly basis.

### 5.3 Safety Bulletin Board:

CSTC maintains four safety bulletin boards with all OSHA required postings, Safety Committee meeting minutes and other safety related information and announcements. In addition, copies of the Safety Committee minutes are posted on CSTC's intranet.

<b>Locations of Physical Safety Bulletin Boards:</b>
<i>Administration Building</i>
<i>Camano Cottage</i>
<i>Ketron Cottage</i>
<i>Orcas Cottage</i>

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 (required from February 1 through April 30 of each year);
- Safety meeting minutes.
- Other safety items suitable for posting on these boards includes: Safety Committee membership, time/date/location of safety meetings, Safety Newsletters, Safety training schedules.

## 6.0 REPORTING AND RECORD KEEPING – INJURY, ILLNESS AND NEAR MISS

### 6.1 Employee Responsibilities

- Employees involved in an **on-the-job injury** must immediately report the injury to their supervisor and complete a current Injury/Illness Incident Report (DSHS 03-133A). Completed forms must be scanned and emailed or forwarded in the hospital mail to the Safety Office within three (3) working days of the injury or near miss.
- Employees involved in a **near-miss incident** must immediately report the incident to their supervisor. A “Near Miss is an incident that did not but could have resulted in serious injury to an employee. The supervisor notifies the Safety Officer who conducts an investigation to identify causes, hazards and how the incident might have been prevented. The Safety Officer maintains a log of “Near Miss” events for analysis and performance improvement.
- The Employee Report of Possible Client Assault (DSHS 03-391) form must be completed for all incidents resulting from a potential client assault as outlined in DSHS Administrative Policy 9.02 and attached to the Injury and Illness Incident Report.
- A Post Exposure Packet is completed by employee 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 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 to investigate all injury, illness and reported near-miss occurrences and complete DSHS 03-133B Supervisors Review of Injury and Illness Incident Report. The report must be forwarded to the Safety Office within three (3) working days of the incident.

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:
  - (1) Unsafe Act
  - (2) Unsafe Conditions
  - (3) Unsafe Acts/Conditions

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 manager/officer, ERMO staff and others.
- The investigator(s) take 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 Safety Officer Responsibilities**

The Safety Officer reviews DSHS 03-133 incident forms to ensure all required and pertinent information has been collected. Additional comments or investigation results, if indicated, are included on the form by the Safety Manager. All documentation is forwarded to Enterprise Risk Management Office (ERMO) claims department and inputted into the Risk Master database.

The Safety Manager 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 for at least five years. Any employee can view an OSHA log upon request at any time during the year.

#### **6.4 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 hospital leadership and the Safety Officer and recommendations are provided to the Employee Safety Committee.

The ERMO claims unit inputs and tracks all injury/illness 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 Employee 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.

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

##### **Chief Executive Officer (CEO) or Designee Responsibilities:**

- 1) The CEO or designee must report death of a resident or employee to the Assistant Secretary of the Behavioral Health Administration (BHA) verbally immediately and follow up with a written 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 Pol. 9.01.
- 2) The CEO or designee will notify the BHA Assistant Secretary of significant injury of a client, resident or staff, including attempted suicide verbally immediately followed by 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.
- 3) The CEO or designee must report to the Department of Occupational Safety and Health (DOSH) within eight 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).
- 4) The CEO or designee must report to DOSH within twenty-four 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.
- 5) 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 and.
- d. The name and phone number of a contact person.

### **Staff 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 (WAC296-800-32010).

#### **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).

## **6.6 Patient and Visitor Injuries**

All patient and visitor injuries are reported to the Medical Records Department, entered in the CACHE information system and reported monthly and quarterly to all patient cottage program directors and the office of Quality Management for analysis. Reports are then developed as trending analyses by the Director of Quality Management 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. Work rules 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 has the primary responsibility for the Statement of Conditions and the document is maintained in the Safety Office. 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 CMO in identifying any corrections that require special funding or scheduling and ensuring that a PFI is developed, when indicated.

## **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 document training 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 Drug and Alcohol-Free Workplace.
- Firearms or explosives may not be on hospital property.
- Smoking inside the building or within 25 feet from any entry or ventilation intake is prohibited in accordance with DSHS Administrative Policy No. 18.65 and RCW 70.160. A sheltered area away from patient whereabouts is designated as a location where employees may smoke.
- 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
  - Firefighting equipment
  - Emergency shut-off valves

## **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 located in the Safety Manager's Office and are updated annually. They consist of:

- Safety Management Plan
- Security Management Plan
- Hazardous Materials Management and Communication Plans
- Emergency Management / COOP Plan
- Fire Safety Management Plan
- Chemical Hazard Communication Program
- Medical Equipment Plan
- Utility Systems Management Plan & Documentation

#### **7.5 Equipment Maintenance**

CSTC is responsible for inspecting and servicing equipment following manufacturers' recommendations. DSHS 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 maintenance is maintained and kept on file for the life of the equipment. Maintenance and work orders are tracked through the AMMS (work-order) system.

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 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 (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:
  - a. Fire, smoke or sprinkler systems temporarily out of service
  - b. Blocked exits
  - c. Fire walls/doors that are breached
  - d. Fire doors/windows that are missing
  - e. 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:
  - 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

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.
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. 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.
11. Train staff to compensate for impaired structural or compartmental fire safety features.
12. 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 COO, Safety Manager, Security and Infection Control Coordinator 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 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 PPE.

Each JHA has a section in which Personal Protective Equipment (PPE) is identified related to a particular hazard. Employees are trained during their New Employee Orientation on both the JHA for their particular job class and PPE as it applies to hazards. If a new PPE is identified, a description is added to the corresponding JHA and employees who are affected are trained.

Each job task is analyzed at least once every two 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 results are reported to the Employee Safety Committee. All JHA's are maintained by the CSTC Safety Officer.

## **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 the 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. Designated cottage staff are trained and may complete the work order immediately, entering it in to the CMO's AMMS database. If there is a delay in resolution of the hazard, the Safety Manager or the CEO's office is notified.

The CMO Maintenance Supervisor works in partnership with the CEO 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 CSTC 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 system to Maintenance staff. 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 first priorities. A meeting conducted twice monthly ensures that work is not delayed, or reasons for any delay are understood and timelines adjusted as necessary. The CSTC 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 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 CSTC Safety Manager in coordination with hospital leadership, the Consolidated Maintenance Organization 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 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 Annual Loss Control Evaluation (ALCE). (See 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 Safety Committee or Environment of Care Committee meeting minutes and reported to all program managers and cottage supervisors, and included in the Environment of Care Report provided at Governing Body.

#### **8.4 Annual Loss Control Evaluation (ALCE)**

Safety staff from DSHS ERMO 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 CSTC buildings including 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 in all non-patient areas and a quarterly drill is conducted on each shift for all patient care areas.

#### **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 at a minimum 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 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 and emergency procedures are located in the Comprehensive Emergency Management Plan on the CSTC intranet and in the red Emergency Preparedness Manual located on each cottage.

### **9.3 Response to Injuries**

First aid supplies are maintained in all patient care locations. Injuries must be promptly reported to a supervisor. All direct care staff are required to have CPR 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 203 Responding to Medical Emergencies must be followed. Staff is directed to call 911 immediately in a Medical Emergency as well as WSH Security and use their hand-held radios to alert staff for need for 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. The Child Study and Treatment Center exposure control plan is designed to mitigate the risks of Bloodborne Pathogens and infectious diseases. The Infection Control Plan can be found on the BHA Intranet under CSTC/Policies, Chapter 6, Infection Control. All reports are kept confidential as required by HIPAA and other DOSH regulations.

As a matter of routine, DSHS 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 universal precautions and being constantly vigilant is the best defense.

The most frequent contagions employees can expect 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), 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 general 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 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: 1) 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, 2) the returning person is reporting or presenting symptoms of an illness, a supervisor and the Infection Control 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 and Supervisors conduct a basic safety orientation to ensure that all employees are trained and start their work assignment fully prepared.

### **10.2 Basic Orientation**

On the first day of hire, CSTC employees start New Employee Orientation (NEO) that includes all OSHA required Safety training, Accident Prevention, Workplace Safety Plan, Workplace Violence Prevention, Infection Control and other DSHS and CSTC mandatory training. NEO occurs on a rolling schedule to accommodate an efficient start for direct care staff on the cottages.

The supervisor is responsible to verify that each employee has 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 Manager is responsible to document assigned and track completed training in the DSHS Learning Management System (LMS). New Staff complete an Infection Control module prior to the start of NEO and meet face-to-face with the Safety Officer. The CSTC Training Committee reviews staff outstanding trainings to support completion.

### **10.3 Orientation for Nursing Staff**

Upon completion of the basic NEO, nursing staff complete additional training utilizing the Nursing Department Competency Checklist, Medical Equipment Competency Assessment, PYXIS training and Med-Mar training and Advanced 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 direct care staff are trained in CSTC's non-violent crisis intervention model (CPI) which 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 file and/or the DSHS Learning Management System on line program. (See also 11.9)

## **11.0 WORKPLACE VIOLENCE PREVENTION**

The 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 210: Culture of Safety). 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 No.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):

- 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:
- h) 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 Inc.).

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.

CSTC staff members conduct team debriefings of incidents of 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.

### **11.6.1 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 Leadership is available to express concerns or advise of safety risks. Controls include:

- DSHS Policy 18.67 Workplace and Domestic Violence.
- 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.
- CSTC Policy 209 Preventing Workplace Violence
- 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.

### **11.6.2 Environmental controls**

Environmental 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.

### **11.6.3 Work Practices**

Work practices addressing workplace safety are governed by hospital, BHA and DSHS policies. CSTC Policy 209 Preventing Workplace Violence 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 (CSTC Policy 210, Culture of Safety).

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.

### **11.6.4 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. The extension to WSH Security Dispatch is visible on every patient cottage (Ext. 2222). Staff members are able to have immediate contact with WSH Security Officers using their two-way radios.

## **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. A Critical Incident Stress Management (CISM) team is available to provide assistance on a voluntary group basis to team members 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 (DSHS), as required, by 72.23.451 RCW 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 to the legislature by September 1, of each year.

### **11.9 Training to Reduce Workplace Violence**

Patient care staff are trained at hire and annually 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 Data base and trends are communicated to CSTC on a monthly basis. RiskMaster 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 surveys identify or confirm 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 Manager, Employee 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 Employee 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 EOC 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 EOC Committee Minutes.

The CSTC 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 Employee Safety Committee and or EOC Committee and shared with Leadership.

## **13.0 WORKPLACE SAFETY PLAN – ANNUAL EVALUATION**

The Safety Manager and EOC 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 – 2018 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.

Security Consideration	Assessment	Prevention Action
RCW 72.23.400:		
<p>(a) The physical attributes of the state hospital including:</p> <ol style="list-style-type: none"> <li>1. Access control</li> <li>2. Egress control</li> <li>3. Door locks</li> <li>4. Lighting</li> <li>5. Alarm systems</li> </ol>	<p>Physical safety and security reviews covered by the ERMO ALCE<sup>1</sup> revealed the following:</p> <p>Best Practice Findings/ Recommendations:</p> <ol style="list-style-type: none"> <li>1. No management approval signature on safety committee's monthly minutes.</li> <li>2. Recommend employee represented member serve as chair of Safety Committee to avoid perception of management control.</li> <li>3. Identify and add goals to bottom of minutes so members/staff stay</li> </ol>	<p>A ) Physical Attributes of the state hospital <u>Ongoing</u>:</p> <p>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 Consolidated Maintenance Organization and prioritized for repair/removal and staff education then provided. DSHS Enterprise Risk Management Office (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</p> <ol style="list-style-type: none"> <li>1. Process change - CEO's Administrative Assistant ensures that his signature appears on minutes each month. Completion date 12/14/2017</li> <li>2. Placed on agenda for 2/8/18 Safety Committee meeting. Safety Officer elected to serve as Safety Chair 2/8/2018</li> <li>3. Safety Chair changed monthly agenda format for committee to include annual goals and maintain in annual updated Safety Plan. Completed 2/8/2018.</li> </ol>

<sup>1</sup> Enterprise Risk Management Office Annual Loss Control Evaluation



	<p>informed.</p> <p>4. WAC 296-800-19005 - Most cottages have a Safety Bulletin Board. Need to make sure updated minutes available to all staff, along with WISHA posters, First Aid/CPR trained staff, safety updates (WPS), trainings, etc.(same finding on CMO Safety Bulletin Board</p> <p>5. WAC 296-800-15020: Difficult to access emergency evacuation first aid kits in closets on cottages.</p> <p>6. WAC 296-817 CSTC Policy 215 – Hearing Loss Prevention Program needed at CSTC.</p> <p>7. WAC 296-800-14020 – No training records for CMO staff available to review.</p> <p>8. No respiratory program available to monitor CMO participation</p> <p>9. CSTC Policy 217 – CMO – no annual ladder inspection records or fall protection program records / training (CSTC Policy 218)</p> <p>10. CSTC Policy 219: No sighting of Confined Space Program records</p>	<p>4. Cottage Safety Bulletin Boards updated with required materials posters etc. and are being maintained with monthly minutes and safety updates, completion date 2/22/2017. AA 3 maintains a report of First Aid / CPR trained staff available to all staff on the CSTC intranet web page.</p> <p>5. Luggage carts to facilitate the removal of Emergency supply bins were purchased. The carts were placed on the cottages with the emergency supply bins in January 2018 to enable safe transport – Posted signage to prevent obscuring of emergency supplies.</p> <p>6. WSH Industrial Hygienist conducted a sound decibel survey on 4/12/2018 and determined that annual auditory testing is not necessary for the custodial staff at CSTC.</p> <p>7. CSTC Safety Officer worked with CMO Safety Officer to schedule participation of CMO staff assigned to and documentation of mandatory trainings in 2018. CMO responsibility to track completion.</p> <p>8. CSTC Safety Officer worked with CMO Safety Officer to ensure CSTC CMO staff compliance with CMO Respiratory Protection Program, in 2018.</p> <p>9. CSTC Safety Officer worked with CMO CSTC Maintenance Supervisor to identify and make available ladder inspection records and ensure compliance with CMO Fall Protection Program.</p> <p>10. CSTC/CMO Supervisor worked with WSH/CMO Safety Officer to ensure compliance with CMO Confined Space Entry Program.</p>
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	<p>or training.</p> <p>11. CSTC Policy 224: No sighting of Preventive Maintenance records for equipment.</p> <p>12. NFPA 10 Chapter 7, 7.3 Extinguisher Maintenance 7.3.4 Annual maintenance and record keeping . Documentation of annual certified company not apparent.</p> <p>13. Emergency lighting not working in basements in cottages and school.</p> <p>14. WAC 296-800-31053 Halloween decorations on Ketron blocking fire exits, egress.</p> <p>15. WAC 296-800-23040 Storage areas in high school – clutter and poor housekeeping.</p> <p>16. NFPA 101, Ch.8.3.1.2(2) CMO: Stained ceiling tiles</p> <p>17. WAC 296-800-2205 CMO – housekeeping storage of items needing repair, items for parts, surplus/disposal need organizing.</p> <p>Custodian’s personal area contained personal and food items that were in proximity to cleaning materials and chemicals.</p>	<p>11. CSTC Safety officer worked with CMO supervisor who will maintain warranties and other documentation for equipment . CSTC does not have large equipment to which this would pertain.</p> <p>12. Month and year of annual maintenance or inspection as well as person / agency performing work will be documented and easy access to documentation, e.g. tags, was designed. Annual Inspection completed 1/9/2018, Emerald Inc.</p> <p>13. Emergency lighting was replaced in basements of cottages and schools. 12/4/2018. Schedule for monthly testing set up.</p> <p>14. Corrected during on site survey. CSTC S.O. will start reminding staff in Safety Committee in September of rules about decorations. Cottage Program Directors will be notified to enforce.</p> <p>15. Custodial closet at Firwood School clutter corrected 11/31/2017.</p> <p>16. Stained tiles replaced, 1/24/2018. Bldg., #51 Roof will be replaced in 2018.</p> <p>17. Finding is CSTC responsibility, not schools storage areas are primarily basements used by Rec. Therapy Dept. CSTC S.O. assigned follow up to Rec. Therapy Supervisor and scheduled date by which areas were to be picked up and hazard free. Completed 1/6/2018. Schedule for monthly upkeep set up.</p> <p>Custodial supervisor discussed organization of personal items with custodial staff and monitoring compliance.</p> <p>18. CSTC/CMO Supervisor worked with</p>
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	<p>18. CMO Safety Bulletin Board did not have required L&amp;I posters nor Board should be utilized to maintain current minutes and staff safety materials, trainings, etc.</p> <p>19. Maintenance building had clutter and debris consisting of garbage items, metal recycle, surplus</p> <p><b>OTHER:</b></p> <p>1) The 2016 CSTC Annual Risk Review identified structures that were a risk for ligature points. It was determined that staff education and close observation was not sufficient to fully mitigate the risk and so Capital Funding was sought to conduct the campus-wide risk reduction project.</p>	<p>WSH/CMO Safety Officer to ensure that the CMO Safety Bulletin board located in Bldg#56 has the required information posted. Completed 4/2018.</p> <p>19. CSTC/CMO Supervisor arranged for a dumpster to be placed at CSTC for disposal of garbage, and surplus reusable items in an effort reduce clutter at CSTC. Completed 6/14/2018.</p> <p>1. <u>CSTC Campus-wide Patient Safety Risk Reduction Project</u> to eliminate risk of self-harm by hanging - focusing primarily on plumbing fixtures and or other objects in the physical plant of the patient cottages, particularly the bedrooms, shower/tub rooms and toilet/sink areas. Installing ligature resistant hardware such as plumbing fixtures seeks to eliminate hanging risk by reducing ligature points commonly found on standard commercial plumbing fixtures. This risk reduction hardware is available and was incorporated in a number of other applications. Such as continuous door hinges and the accompanying hospital tips to prevent ligature attachment as well as door handles and door caps fabricated to eliminate gaps in the top of metal doors. Replacing older ceiling ventilation diffusers with diffusers that have smaller openings to prevent ligature attachment. Replacing existing ceiling fire system sprinkler heads with a flush mounted tamper resistant type designed for use in mental health facilities. New risk reduction plumbing included the installation of ligature resistant basins and suicide prevention patient sink faucets. This project was allocated Capital funding in 2015 and launched in the spring of 2016 the project was completed in the second quarter of 2017.</p> <p>2. <u>Orcas Cottage Housing Unit Addition State</u></p>
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	<p>2) 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 does not offer therapeutic spaces to provide room for problem solving or “cooling down” that highly reactive and impulsive youth need.</p> <p>3. Children’s Long-Term Inpatient Programs (CLIP) in the State have limited capacity for admissions, thus creating a waiting list for youth who are among the most seriously emotionally and psychiatrically disturbed individuals in the state.</p>	<p><u>Project #2016-409G Orcas Housing Unit Addition.</u> Construction began 1/30/2017. Substantial progress occurred during the third quarter, meeting construction progress schedule goals. Some of the highlights of the third quarter construction were the linking up of the two structures most noticeably proceeded by the construction of a temporary barrier between Orcas CAP and the addition as well as the subsequent demolition of the previously South facing CAP wall. Utilities were also merged with the existing cottage, doors, windows, light fixtures, wall finishes, Fire suppression systems, and HVAC, were installed and much more during this time period. As of Sept 14<sup>th</sup> their remained 73 days till the target date of 11/26/2017 for substantial completion. Having reached substantial completion by 11/26 the following items remained on the close out plan for the fourth quarter of 2017 a) Removal of temporary wall b) Install casework and counter in existing dayroom c) Delivery date and install of operable panel d) Install floor finish. These jobs were accomplished and we are continuing to work out the final details of the job and bring the work to a final conclusion in the second quarter of 2018. The Orcas addition is fully staffed and functioning as of June 15, 2018.</p> <p>3. <u>Capacity Design Effort –State Project 2016-440</u> funded a predesign study including a detailed functional program and life cycle cost analysis for a new 18 bed secure CLIP facility for 14-17 year old youth with the ability to separately treat the general and forensic sub-populations for which this cottage is to be designed (highly aggressive youth). In addition to the 18 sleeping rooms, the unit was designed to contain areas for group and individual treatment and activities as well as support spaces and offices for onsite staff. The Predesign Study was finalized on 8/30/2016. (. And the Legislature approved construction in the 2017-19 Budget.</p>
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<p>(b) Staffing, including security staffing</p>	<ol style="list-style-type: none"> <li>1) Patient safety events occur in the high school, threatening and causing staff and patient injury despite being staffed appropriately according to CSTC policy.</li> <li>2) Staff periodically report communication problems with WSH security response to requests for assistance in handling acute patient events.</li> <li>3) CSTC hand-held radios, used for immediate communication needs of staff who are supervising patients had a recent history of requiring frequent replacement.</li> </ol>	<ol style="list-style-type: none"> <li>1) <u>Update</u>: Policies were changed to provide additional guidance to staff. CSTC’s CEO received funding to increase by one staff per cottage an additional “rover” position, i.e. staff that can be deployed where needed on campus at moment’s notice, thus augmenting staffing levels for immediate response. Additional funding was also made available to support 1 FTE “float” position to assist in the schools.</li> <li>2) Security Staffing: CSTC relies on WSH Security force for help during emergencies, patient assaults involving staff or peers and elopements. CSTC continues to meet with WSH security to reinforce communication, particularly when staff – either security or CSTC identify need for debriefing a problem. The following steps have resulted in improved communication and WSH Security response:</li> <li>3) In the second quarter of 2018, CSTC remedied this situation with the purchase of 57 Motorola XRP 3300e radios These radios are durable, reliable and allow for CSTC staff to communicate directly with WSH Security. Clover Park School District which operates the Oak Grove and Firwood schools on CSTC campus also purchased the XRP 3300e radios to equip their staff. All classrooms in the two schools are assigned radios and trained to increase communication and calls for support during patient safety or environmental events.</li> </ol> <p>Clover Park School Principal moved the principal’s office 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 and the school secretary was repositioned to allow greater visibility and oversight of staff and patients particularly to discourage elopement via the front door of the school.</p>
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	<p>4) <u>Patient unauthorized leaves and attempts to elope</u>: CSTC relies on the WSH security force to assist with higher risk events such as elopements and some episodes of violence. Timely response is essential, but communication resources sometimes caused delays.</p>	<p>4) WSH Security Director working closely with the CSTC Safety Committee has developed a protocol of stationing WSH security officers in their patrol vehicles at strategic times and locations on the CSTC campus. This allows for WSH Security officers to routinely observe staff and patient movements from the cottages to the school and back. This cooperative effort decreases officer deployment time allowing security officers to immediately intervene in an emergency and assist CSTC counselors when needed in the prevention of patient elopement and therefore quicker response, earlier intervention and lower risk of staff injury while pursuing or restraining patients. This cooperative effort also includes, communicating an alert status to WSH Security when our staff anticipate or have information regarding the possible occurrence of an elopement. The ability to speak directly to WSH Security on CSTC radios greatly enhance our ability to respond in a unified manner when a patient unauthorized leave is occurring and immediate response and retaining visual contact is so important.</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>1) <u>Face-to-face Staff Safety Training</u> with the CSTC Safety Manager and Infection Control Nurse during New Employee Orientation continued to increase in scope throughout FY 2017 with the incorporation of an Active Shooter Incident response discussion in orientation and Video Training as well as, a hands on Suicide Rescue Ligature Cutting Tool Competency Assessment. 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. The legislatively mandated (Sidebar to L&amp;I settlement) supported enhanced safety training through June 2017. This was incorporated into New Employee Orientation when funding ended and topics refined and intensified. NEO was extended by one day to allow for greater in-person training with subject matter experts, including safety.</p>

	<p>2) Staff indicated need for greater support in aftermath of workplace injury and/or exposure to crisis.</p>	<p><u>2) Critical Incident Stress Debriefing was added in 2016</u> 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. CSTC has one staff with current expertise and training who leads this implementation with the Safety Manager. The CISD process was sustained and implemented by and for CSTC staff throughout 2017. The CSTC/CISM team deployed on two occasions in 2017 to conduct CISM Debrief in support of CSTC staff. 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 2017-2018 includes ensuring a review of cottage resources identified a concern about not having <u>easy, immediate</u> access to emergency supplies and availability of life-saving resources in an emergency, particularly one that was widespread.</p>	<p><u>First aid and emergency procedures:</u> CPR/ First Aid Classes taught at CSTC incorporated a Suicide Rescue component into the curriculum in Spring 2017. This augments the Suicide Rescue Training provided to staff during new employee orientation by providing the training for existing staff when renewing their CPR/First Aid Training.</p> <p>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> Resources were moved from the emergency storage area and to decentralize access, making it more immediately available to each cottage. Safety improvements and purchases in 2017:</p> <ul style="list-style-type: none"> <li>• Emergency Supply Bins were purchased and stocked with go-to items for the initial aftermath of a disaster the four bins were placed, one on each cottage and one in the Administration Building. The bins also contain quick reference check sheets to assist staff in</li> </ul>

	<p>2) The Annual Safety Plan includes community partnerships to increase resources during a wide-impact emergency. A Goal for 2016/2017 was to continue to build relationships with local resources to partner as needed in first response.</p>	<p>managing operations immediately following a disaster. The bins are sealed to prevent theft or tampering and will receive annual replenishment. Carts were placed on the cottages with the emergency supply bins in January 2018 to ease in the transport of the Emergency Supply Bins.</p> <p>ONGOING:</p> <ul style="list-style-type: none"> <li>• CSTC Ensures sufficiency of the disaster manual with an annual review. The 2017-18 review was conducted and where updates and edits were required, they were made and distributed. <ul style="list-style-type: none"> <li>• A Share-Point site is maintained to provide easy access to all employees to review the Emergency Management Plan / Disaster Manual in electronic format and the minutes for the Emergency Preparedness committee.</li> </ul> </li> <li>• CSTC Emergency Preparedness Committee has instituted the Washington State Emergency Management Division’s “Prepare in a Year” program at CSTC. The program provides monthly disaster preparedness activities for staff to voluntarily engage in to improve their overall readiness at home. The Committee assertion is that if staff is well prepared at home when disaster strikes. There are more likely to remain in place at their essential positions in the workplace. While staff coming in to work can do so with some assurance that their families have an Action Plan and are prepared to follow the plan in their absence.</li> </ul> <p>2) <u>Broadening community partnerships to increase resources:</u></p> <ul style="list-style-type: none"> <li>• CSTC’s Emergency Preparedness Committee planned and conducted two emergency response preparedness drills in 2017</li> <li>• Emergency response exercises (drills) planned and conducted in cooperation with WSH. Campus Lockdown/ Active Shooter Response, Functional Drill 8/9/2017 and Earthquake Preparedness, Functional Drill 10/19/2017 All of these drills involved inclusion with community partners in Emergency Response (West Pierce County Fire and Rescue) Western</li> </ul>
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		<p>State Hospital and Clover Park schools. CSTC Safety Manager attended Emergency Preparedness Training in October of 2017 focused on key functional components of Emergency Preparedness and the application of those components in leadership, planning, simulation and readiness for Emergency Preparedness.</p> <ul style="list-style-type: none"> <li>• CSTC Safety Manager is a member of the City of Lakewood Emergency Management Committee. The Committee meets on a monthly basis with our community partners from the West Pierce Fire and Rescue, the City of Lakewood Police Department, Washington National Guard Western State Hospital, Pierce College, Clover Park Vocational College, Clover Park School District, Tacoma Pierce County Health Department, Saint Clair Hospital, Lakewood Water District, Pierce Transit, Sound Transit.</li> </ul>
<p>(e) Reporting violent acts, taking appropriate action in response to violent acts, and follow-up procedures after violent acts:</p>	<p>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.</p>	<ol style="list-style-type: none"> <li>1) 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 was conducted during the second half of 2016 and continued through FY 2017 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.</li> <li>2) The CSTC Workplace Safety Workgroup has developed a process for the review of ERMO and CSTC Safety Manager Investigations of patient to staff assault injury cases. The Workgroup reviews the recommendations made by the CSTC and ERMO investigators. The workgroups review of the CSTC and ERMO investigators recommendations are then</li> </ol>

		forwarded to the CSTC Safety Committee for Committee review. The Safety Committee review is then brought to CSTC’s Clinical Leadership where action plans are approved or formulated to be carried out by staff.
(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.	. This CSTC form (30-37a) records 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.
(g) Employee Education and Training	<p>1) Staff survey feedback raised concerns about staff training citing New Employee Orientation and annual training not sufficiently preparing new staff, particularly in the area of de-escalation beyond the CPI module, and recommended more robust New Employee Orientation and CPI instruction.</p> <p>2) The Culture of Safety Staff Survey responses focused on the need for new employees to have more comfort and practical skills and suggested benefit to be gained from current staff participating in their orientation.</p>	<p>1) CEO dedicated funding to the hire of a RN 3 to further develop and expand CSTC staff development to include professional enhancement as well as assignment and monitoring of mandatory trainings.</p> <ul style="list-style-type: none"> <li>• CSTC, CPI instructors have sustained their efforts throughout 2017 and into 2018 their 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 intershift meetings so that cottage teams can enhance intervention skills and communication with each other.</li> <li>• An additional CSTC staff person completed the CPI instructor training course in 2018.</li> <li>• New Employee Orientation has been modified to include an extra day to allow greater focus on personal safety and effective interventions.</li> <li>• New staff members are being trained in CPI prior to starting work with patients and have access to trainers as needed for refreshers.</li> </ul> <p>2) A mentoring program was added to CSTC initiation on the patient cottages.</p> <p><b>OTHER – ONGOING</b>  Motivational Interviewing and greater collaboration skills and techniques continue to be taught, practiced and reinforced in an effort to reduce the need for seclusion and restraint which we know places staff at risk for injury.</p>

<p>(h) Clinical and patient policies and procedures including those related to:</p> <ol style="list-style-type: none"> <li>1. Smoking</li> <li>2. Activity, leisure and therapeutic programs</li> <li>3. Communication between shifts</li> <li>4. Restraint and seclusion</li> </ol>	<ol style="list-style-type: none"> <li>1) Smoking refuse identified on grounds where patients could easily access.</li> <li>2) Culture of Safety Staff Survey identified some inconsistency in communication between shifts.</li> <li>3) The Survey also identified a need for greater team process in response to critical incidents.</li> <li>4) The CMS Inspection of Care conducted in the fall of 2017 identified concern about the trending rise in number of seclusions and restraints on one cottage.</li> </ol>	<ol style="list-style-type: none"> <li>1) 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 areas of the campus where smoking may occur.</li> <li>2) Communication and teamwork are critical to safety in a treatment environment. CSTC is incorporating this awareness in the planning of the Workplace Safety Committee as countermeasures to the high risk of staff injury along with debriefing incidents of seclusion and restraint.</li> <li>3) In 2017-18 the Workplace Safety Workgroup maintained the goal of increasing the practice of “incident 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 inquire on effected staff’s well-being, identify what went well in staff / patient interaction, what could have gone better and whether any system follow up is indicated.  The Workplace Safety Workgroup has also been increasing focus on review and analysis of injury data in order to provide current information for staff consideration in regards to improving workplace safety.</li> <li>4) A trend analysis of seclusions and restraints on the cottage associated the increase with staff and program-related factors regarding behavior management that was impeding therapeutic engagement. A performance improvement program made changes in staffing, introduced collaborative interventions as opposed to consequences and increased program activities for patients during the evening shift. These changes brought about a significant reduction in the use of S&amp;R over a six month period. This reduction has continued to be sustained in CY 2018.</li> </ol>
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