



# MONTANA STATE HOSPITAL POLICY AND PROCEDURE

## Safety Committee

**Effective Date:** July 30, 2015

**Policy #:** SF-03

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### **I. PURPOSE:**

- A. To address all areas of hospital operation in an attempt to ensure and improve safety for all patients, staff, and visitors.
- B. To ensure a safe working environment by requiring supervisors to enforce training, documentation, and safety practices set forth in various hospital safety programs.
- C. To develop, maintain, and promote a healthy and safe environment for all employees, patients and visitors at Montana State Hospital (MSH) through involvement of all individuals by means of education, communication and support of MSH's health and safety programs and safe work practices.

### **II. POLICY:**

- A. It is the policy of MSH to maintain a safe environment for patients, staff and visitors.
- B. All department supervisors and staff are required to fully comply with the requirements set forth in all Montana State Hospital (MSH) safety policies.

### **III. DEFINITIONS:**

- A. Safety Committee – A committee charged with overseeing all aspects of safety at MSH. The committee is composed of employee and employer representatives.
- B. Safety Policies – All those policies outlined in the MSH Policy Manual under "Safety".
- C. Safety Guide – A written document that outlines general safety guidelines and practices at MSH. This guide will be provided to all new employees.

### **IV. RESPONSIBILITIES:**

- A. The Safety Officer or designee will:
  - 1. Chair the Safety Committee meeting to ensure all aspects of safety at MSH are addressed on an on-going basis.

2. Collaborate with the Safety Committee and department supervisors to work toward compliance with all MSH's safety policies.
- B. Supervisors are responsible for:
1. Addressing safety issues and documenting them in staff meeting minutes.
  2. Bringing safety issues to the Safety Committee and ensuring resolution of safety issues in their area.
  3. Reviewing reports of missing/damaged equipment or property, and ensuring Incident Reports and/or Hazardous Condition Reporting forms are completed on such events.
- C. All employees are responsible for reporting injuries, safety concerns, missing/damaged property or equipment to their supervisor. This includes completing an Incident Report and/or a Hazardous Condition Reporting form and sending the completed forms to the Safety Officer as outlined in the Incident Report Policy. All Safety Committee members will communicate with employees regarding the activities of the Safety Committee and solicit suggestions and feedback, which in turn will be brought before the committee for consideration.

**V. PROCEDURE:**

- A. The Safety Committee will meet at least quarterly to address safety issues including Incident Report trends, fire drills, updating and revising Environment of Care Plans (safety, security, hazardous materials and waste, emergency preparedness, life safety, medical equipment, and utility systems), safety documents including the Disaster Plan, the Safety Manual, and updating of safety policies and procedures. The Safety Committee will also ensure meeting minutes are available for review in the MSH Communicator. The Safety Office will maintain original meeting minutes.
- B. Individuals assigned responsibility in MSH safety programs, including all supervisors, will assure compliance with all aspects of the safety program. Department directors are responsible for assuring that program responsibilities are incorporated into each individual's position description and annual performance evaluation.
- C. Collective Bargaining Units at MSH may choose to appoint or conduct a selection process to include employee members to serve on the Safety Committee. Management will ask non-union employees to volunteer. If there is more than one volunteer, Management will select from the group of volunteers.

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- D. Supervisors will document all training by sending the required documentation to the MSH Staff Development Department.
- E. Safety Committee members will assist the hospital in fact finding activities, which will be documented in the minutes of meeting and reported to senior management on a regular basis.

**VI. REFERENCES:** Montana Safety Culture Act

**VII. COLLABORATED WITH:** Safety Officer, Director of Human Resources, Facility Maintenance Manager, and the Housekeeping Supervisor.

**VIII. RESCISSIONS:** #SF-03, *Safety Committee* dated July 11, 2011; #SF-03, *Environment of Care Coordinating Group* dated July 13, 2007; #SF-03, *Environment of Care Coordinating Group* dated June 6, 2006; #SF-03, *Environment of Care Coordinating Group* dated February 14, 2000; 6-C.040789 – *Safety Committee* dated May 18, 1995; SF-02-96-N – *Safety Manual* dated October 1, 1996; SF-05-96-N – *Safety Program* dated July 1, 1996; and AM-05-01 – *Loss Control (Safety) Program* dated July 10, 1995.

**IX. DISTRIBUTION:** All hospital policy manuals

**X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

**XI. FOLLOW-UP RESPONSIBILITY:** Safety Officer

**XII. ATTACHMENTS:** None

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 John W. Glueckert                      Date/Time  
 Hospital Administrator

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 Connie Worl                              Date/Time  
 Director of Quality Improvement