STARTING AND MAINTAINING A HOSPITAL SAFETY PROGRAM

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Perhaps the greatest obstacle to achievement is getting started. That's especially true when it comes to subjects like OSHA compliance. It would be hard to believe that any hospital owner or manager would not want to have their practice in compliance with the rules; however, many believe this is so complicated a task that they don't even try. So for those of you who have just been assigned the task of getting your practice's program in place and for those who have just put it off until now, we offer these suggestions for getting started.

Decide if you want to do it yourself or if you should hire someone to do it for you.

Many practice owners and administrators believe the best way to come into compliance with OSHA rules is to hire a professional to do it for them. Some consultants specialize in this service and by far, it's the easiest way to go. Prices range from about $1500 to a little over $3500 depending on the company and how extensive the program is. If you choose this route, remember it's buyer beware! Make sure you understand exactly what you get for your money. Some companies only specialize in the requirements for hazardous chemicals or medical waste, while others will customize their services to what you want or need.

But don’t overestimate what a consultant will do for you. They can do paperwork and develop your written plans. They can develop and organize your Safety Data Sheet Library. They can conduct safety training for your staff. They can teach you how to keep your program active and useful. They will buy you TIME and hopefully, help make your program better. However, they will NOT protect you from an OSHA citation or fine. They will NOT relieve you of your obligations or responsibilities for any part of your safety program.

Educate yourself of the requirements.

Regardless of whether you want to implement the plan yourself or hire someone to do it for you, you should become familiar with the requirements. Actual copies of every OSHA standard, directive or interpretation can be found on OSHA's web site at www.osha.gov.

If you want the information "condensed" down for you, consider purchasing a veterinary-specific compliance kit or newsletter subscriptions. These tools will "decipher" the regulations into terms and procedures the average practice can understand and implement. Newsletter subscriptions run about $35 and the compliance kits range in price from around $75 to well over $300. You can check

out The Veterinary Safety & Health Digest's web site at www.safetyvet.com for more information.

Remember, these compliance kits are simply an interpretation of the rules by the author. OSHA does not "approve" or "certify" any person or publication in this regard.

Step 1 - Do a "Physical Exam"
Just as in medicine, in order to know what problems exist and decide what treatments are needed, the veterinarian must perform a physical exam. The same is true in business, and especially in the safety program for a business. In safety terminology, this physical exam is known as the Hazard Assessment and it's the first thing that a manager or safety director must accomplish. Start at one end of the facility and go room to room with a checklist to evaluate the physical facility. Then use your knowledge of the business to assess the procedural issues found in the hospital. For example, during your physical exam of the treatment room one would look for obvious physical problems such as tripping hazards, overloaded electrical outlets or blocked emergency exits, but the manager or safety director will also have to evaluate the risks associated with animal restraint, sharps and needle handling, ergonomics of lifting, exposure to dangerous drugs, waste anesthetic gas and chemicals.

One cannot do this sitting at a desk. It has to be done by watching the people perform the tasks and taking good notes. It's very common for the manager to believe a procedure is done a certain way only to find out the staff is actually doing it a different way.

The hazard assessment doesn't have to be complicated….watch people do their tasks and write down any step that appears to present a risk of injury above what would be expected for a person just observing the process. Take note of any protective equipment that is used and recommendations for any that is needed. Ask the staff member what they think the most significant risks would be when performing that task and how they expect to overcome those risks (engineering controls, procedural changes or the addition of protective equipment are the normal choices.)

Step 2 - Make an implementation plan
Once you have a basic idea about what is expected (knowledge of the rules) and information on the facility, take the time to write out a list of changes or procedures that need attention - this is called an implementation plan. Organize the plan by topic instead of by geography or area. It'll be easier to develop and implement a plan for the entire facility on a given topic than it will be to revisit the same topic over and over when moving to a new area of the facility.

Prioritize the issues from most important to least critical. Concentrate on one subject at a time and work your way through the plan. It's OK to make adjustments and even rearrange the order of events on the plan when the need

arises. Even if you are not completely finished with the implementation plan before you are inspected by OSHA, having a written plan will often be the critical factor that OSHA uses to determine whether you showed intent and progress to comply with the rules or whether you did nothing!

Before moving to the next issue, make sure everyone really understands the new rules and are faithfully following them. It's frustrating spend a lot of time and effort developing a process only to have folks drop it at the first sign of difficulty and go back to the old ways! Experts in organizational behavior claim it can take up to 90 days for a group of people to get used to a new idea or procedure to the point that it becomes "normal." And be careful to keep it realistic. People get minor adjustments quicker, but be mindful of the number of major changes happening at the same time. Let folks get used to something (and get good at it) before implementing the next major change.

Share the Duties
It's tempting to give the "OSHA program" to a single, trusted employee and expect they will personally do the things that need to get done. But that's not realistic in most practices. It's likely that many people will be involved in the safety program and it's best to put the right people in charge of the right things. For example, in most places an administrator takes care of the accident records and insurance forms while a technician or assistant is more familiar with and adept at the anesthesia or radiology program. The safety program needs a single person in charge to make sure it all comes together- that's the Safety Director, but it really does work best when the folks with the expertise are assigned the task of keeping their areas in compliances.

The Safety Director should create a monthly checklist with the names of folks who are responsible for accomplishing key tasks in the safety program. Having a written tool to help identify overlooked tasks is the key to making sure the program doesn't just wither and get pushed to the back of the pile!

Step 3 - Create a Safety Manual
One of the best ways to implement a hospital safety program is to put it all in one place. By compiling all of the safety-related information in the practice into one resource, it gives the impression of a comprehensive program instead of a "hit-or-miss" one. Use a three ring binder and conspicuously label it "Safety Manual." Use tabbed dividers to create sections like General Rules, Training, Fire Prevention & Response, Anesthesia, Radiation, Accident Prevention, Security & Violence Prevention, Infection Control and Chemicals; add others if the situation warrants.

And of course, it's perfectly acceptable and often more practical to put your Safety Manual on the hospital's computer system. As long as employees have reasonable access to the computer during their work shift and are competent to operate the computer to get to it, the safety center is ideally suited for the hospital's intranet. By placing the safety center on the computer, the practice can back up the files and safety data sheets with ease, overcoming one of the biggest drawbacks of the printed book: misplacement or loss!

Since the safety manual is the primary means of communication on safety matters between the leadership and the staff, make sure that you only include things that directly instruct or educate the employee. By including the hospital's written directions on staff safety in the safety manual, it becomes the official policies of the practice and as such are enforceable by the leadership. You can also include extracts of journal articles and related "educational materials" to further inform the staff on particular hazards and to reinforce the practice safety policies. And if the safety manual is on the computer, videos and other multi-media tools can be included that will reinforce the message.

Keep the printed safety manual in a convenient location in the practice - usually in a "neutral" area like the break room, treatment area or lab. Avoid keeping it in the doctor's or manager's office because there may be some "situational intimidation" that would prevent a new or concerned worker from reviewing it. Make sure every staff member knows where it is located and that they have a right to review it.

Fix one problem at a time-generally!
Start with the most hazardous jobs (according to your implementation plan) and establish a procedure that must be followed when exposure to the hazard can occur. The plan must be in writing and reflect what is actually done. It does no good to have the perfect plan, but nobody does it that way! Ensure the staff has been trained on the expectations and ENFORCE the plan. You may get some grumbling from a few staff members at first, but as soon as the new method becomes a habit, then they will usually be happy.

Pay particular attention to the safety equipment that is required. Make sure that your equipment is appropriate for protecting the user and that it fits properly. A great example is the radiation protection gloves in most practices. Although they may be appropriate for the levels of radiation present, if the staff members can't use them because they are too big, too small or simply not flexible enough, the staff is not likely to use them. In this case OSHA would probably cite the practice for not having appropriate protective devices present.

Of course, if there are several serious issues identified in the hazard assessment, don’t let them continue. Immediately correct any situation where someone is likely to suffer a serious injury because of an improper procedure or lacking safeguard. But when it comes to the “little things” and updating written plans and the like, take it at a moderate pace and let folks become accustomed to one new thing before you spring another on them.

Step 4 - Train - Train - Train. Then train some more.
Once you have researched the issue, evaluated your procedures, and come up with a written plan, the only thing that's left is to train the staff on the new or revised procedures. Setting up an effective training program doesn't have to be complicated or expensive. It begins with simply setting aside some time on a regular basis for the staff to review information relevant to their jobs. It can be just a few minutes a day at the start of the shift to go over the plan for the day.

Those informal instructional meetings are often referred to as "tailgate" meetings. The term originated in the construction industry where the foreman stood on the tailgate of a truck to address the workers. The technique is very useful for disseminating brief information without a lot of "back and forth" so the name just stuck!

For more complex issues, schedule a guest speaker to really make the topic useful as well as mandatory! For example, invite the local police department over for a meeting on violence and crime prevention. Or have the local firefighters teach everyone how and when to use a portable fire extinguisher and what to do in an evacuation.

It's best to spread the topics out over a time when you can. Having a marathon safety meeting that lasts hours is sometimes necessary for operational reasons, but it's by far the least desirable.

Step 5 - ENFORCE the rules.
When an employee violates the rules (safety or otherwise) the leadership must take immediate corrective action or else the rule or procedure really doesn't mean much. When it comes to safety rules, OSHA holds the employer accountable for enforcing the rules, including the use of disciplinary or corrective measures when appropriate.

Corrective actions should be tailored to the REASON for the failure. If the problem is lack of understanding, then it's a training or competency issue, but if the staff member knows the rules and still disregards them, you have a discipline problem. You can correct training deficiencies with more training. You must correct discipline problems with appropriate enforcement actions. You will NEVER solve a discipline problem with more training.

Here are some common scenarios and suggested solutions:

- "I didn't know." – When an employee hasn't been instructed on the proper procedure or didn't understand the instruction, there is a training failure. Sure, they may have attended the requisite classes or meetings, but if they say they don't understand, the manager has to repeat the training until the employee does comprehend the information or the manager determines that the employee is incapable of performing the task. Once the employee is "up to speed" and performing the task correctly, the problem is solved. If the employee repeats the same mistakes again, it may not be a training problem, so be sure to consider other scenarios.

- "I like to do it my way." -- When an employee says they don't like the company's procedure or policy and don't want to follow it, that's a real problem. If the manager allows an employee to willfully violate a safety rule and takes not corrective action, the citation may be more serious than normal. In fact, the business may get hit with a WILLFUL violation and that's one of the worst kinds. Managers and supervisors should treat a safety infraction in the same way they would treat any other violation of company

policy. There should be a clear disciplinary plan in place, such as a progressive warning system: verbal warning, written reprimand, suspension and ultimately termination for repeated offenses.

Of course, every business should be open to suggestions from the staff members who actually perform the tasks. After all, those folks are expected to know the process best. However, when the "I like to do it my way" employee is not really improving the system but merely doing it because they are lazy or controlling, the manager must take corrective action to restore the correct procedure.

- "I don't need the government telling me how to do my job." – This employee doesn't like authority and is probably bucking other rules of the job. The manager has to find a balance with this employee. The carrot AND the stick approach has to be used. Sometimes just acknowledging their point of view is enough to win them over. Agreeing that the workplace is not the same as it was in years past and that times change will often get them off the mark and at least moving in the right direction. However, it's still important to make sure everyone in the practice, including the "don't tell me what to do" folks follow the rules. In the end, if the "carrot" doesn't work, then the manager will probably still need to use the "stick" of disciplinary action.

- "I don' t need those (glasses, gloves, ear plugs, etc.) They make it too hard to do my job."— The only way to get good at something is to practice it. That's true in medicine and sports and it's true in business. Wearing protective glasses, gloves, aprons and even ear plugs is not a natural feeling for most people and performing some tasks becomes awkward at first. The only way to work through that handicap is to keep doing it! Of course, if the problem really is with the equipment – say it's damaged or just plain doesn't fit – then the manager needs to get the employee the right stuff before they can expect them to perform. Sometimes letting the employee choose the style of glasses, gloves or apron will help them get used to the idea. In the end, when a procedure calls for protective equipment, it's the last line of defense for a probable hazard and employees can't be allowed to forgo that protection because they are just not used to the way it feels.

- "I don't have time for that." Being busy at work is a good thing, but it's not an excuse to bypass important parts of the job. If an employee is injured on the job because they failed to follow a safety rule during a "busy time," OSHA will look closely at other procedures in the practice to determine if the rules or expectations from the leadership are really enforced or are just "paperwork". An inspector will not accept "we were busy" as a defense. Safety procedures must be developed and incorporated into the everyday procedures so that it doesn't take any more time to do it safely than it takes to ignore an important step.

Step 6 - Reevaluate and adjust.

Don't be afraid to make changes. Nothing ever works out exactly as planned and you must be flexible. Ask the staff for input during the development phase of the plan; you may find that they have concerns that you never realized. As you implement the various components of the plan, you'll learn ways to make your message get through easier. Don't be afraid to try new ideas or methods; if they work, you're finished with that task, if they don't then you've learned what not to do next time!

Summary

Although it seems like implementing a safety program at the hospital is an overwhelming task, breaking it down into stages will make it easier and more understandable. Just don't lose sight of the objectives because it takes a little longer than you expect.