



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

HAZARDOUS CONDITION REPORTING POLICY

Effective Date: May 15, 2014

Policy #: SF-06

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I. PURPOSE: The purpose of this policy is to outline policy and procedures for reporting and responding to possible hazardous environmental conditions affecting the overall safety of patients, employees, and visitors of the Montana State Hospital (MSH). **This policy does not address staffing or treatment issues.**

II. POLICY:

- A. It is the policy of MSH to work diligently to ensure a safe environment. Reports of possible hazardous conditions will be responded to in an expedient manner and the responsibility for reporting hazardous conditions will be shared by all employees.
- B. The immediate safety of patients, staff, and visitors is the priority and any staff member may take initial measures to ensure the safety of others.
- C. This policy will be used to identify possible contributing factors/conditions and opportunities to prevent the occurrence of a dangerous incident.
- D. This policy does not replace MSH policy #SF-04, Incident Response and Reporting. The Incident Response and Reporting Policy will continue to be followed when any event occurs resulting in injury to patients, staff, or visitors and or damage to/loss of hospital property, patient property, or specified employee property.
- E. This policy does not address staffing issues or treatment issues, such as the use of seclusion and or restraints or the privilege level granted to patients. Staffing issues are to be addressed by the Director of Nursing and treatment issues are to be addressed by the Treatment Team.

III. DEFINITIONS:

- A. Hazardous Condition – any set of circumstances, which significantly increases the likelihood of a serious physical outcome. A Hazardous Condition reporting form will be utilized by any employee to report a possible hazardous condition (see attachment). Examples of hazardous conditions that should be reported include, but are not limited to, malfunctioning doors, broken equipment, burned out lights, uneven surfaces along walkways, etc. Concerns over patient care issues are not included in this policy and need to be addressed instead with the patient's attending licensed

independent practitioner (LIP). Concerns over staffing issues are not included in this policy and need to be addressed by the Director of Nursing.

- B. Maintenance Work Order – a form that is utilized to communicate a maintenance need to the Maintenance Department.
- C. Incident Report – A form that is utilized to communicate an incident resulting in injury to a patient, staff, or visitor. An Incident Report is also filled out when property damage occurs.

IV. RESPONSIBILITIES:

- A. All staff members.
 - Any staff member observing a potentially hazardous environmental condition will notify their immediate supervisor and or the Nursing House Supervisor.
 - It is the responsibility of all staff to take immediate measures to ensure the safety of patients, fellow staff members, and visitors.
- B. Immediate Supervisors/RN Nursing House Supervisors:
 - The immediate supervisor or the Nursing House Supervisor will evaluate the situation and with the reporting staff member, fill out a Hazardous Condition Reporting Form. **This form will be turned into the Employee's Immediate Supervisor or the Unit Nurse Manager.**
 - Immediate measures will be taken to rectify the situation, i.e. remove defective device from service; apply ice melt, place warning indicators around the hazard, etc.
 - A work order form will be filled out if necessary and forwarded to the Maintenance Department. A copy of the work order must be attached to the Hazardous Condition Reporting Form.
- C. The Maintenance Department and or appropriate department will respond to the situation in an expedient manner.
- D. The Unit Program Manager, Unit Nurse Manager, or other supervisor will evaluate the situation and write their recommendations on the Hazardous Condition Reporting Form.
- E. The Hazardous Condition Reporting form and a copy of any Work Orders will be forwarded to the Safety Officer within 24 hours.
- F. Safety Officer:
 - The Safety Officer will investigate the potentially hazardous condition in an expedient manner and will report back to the employee generating the form and the Hospital Administrator.

- The Safety Officer will follow up with the appropriate department should the condition be deemed a hazard.
- The Safety Officer will maintain a database of hazardous conditions and present the data to the Environment of Care Committee for analysis and recommendation.

V. PROCEDURE:

- A. All employees are responsible for identifying potential hazardous condition and taking immediate action to ensure the safety of others.
- B. The staff member will then immediately notify their immediate supervisor or the Nursing House Supervisor of the potentially hazardous condition. The supervisor will evaluate the situation and if necessary, take any necessary immediate action to mitigate the hazard. A Hazardous Condition Reporting Form will be completed by the supervisor and forwarded to the Safety Officer.
- C. The Unit Program Manager, Unit Nurse Manager, or other supervisor will add their recommendations to the form.
- D. The form will be forwarded to the Safety Officer within 24 hours. The Supervisor will also submit a work order to the Maintenance Department if necessary. A copy of the work order must be attached to the Hazardous Conditions Reporting Form which is forwarded to the Safety Officer.
- E. The Safety Officer will evaluate the reported hazard and report back to the originating employee and the Hospital Administrator with the findings of his evaluation.
- F. The Hospital Administrator will review each Hazardous Reporting Form and determine whether further action is necessary.
- G. For those issues that are in fact hazardous but cannot be remedied i.e. train tracks, fishing pond etc., reasonable action will be taken to mitigate the potential for risk.
- H. Employees with concerns about patient care issues or patient behaviors will address their concerns with their supervisor and the patient's attending LIP. Employees with concerns over staffing issues will address their concerns with the Director of Nursing.

VI. REFERENCES: None

VII. COLLABORATED WITH: Director of Quality Improvement, Director of Nursing, Maintenance Supervisor, and Safety Officer

VIII. RESCISSIONS: #SF-06, *Hazardous Condition Reporting Policy* dated March 1, 2010; #SF-06, *Hazardous Condition Reporting Policy* dated March 28, 2007; #SF-06, *Hazardous Condition Reporting Policy* dated November 10, 2003; #SF-06, *Hazardous*

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Condition Reporting Policy dated June 6, 2003; #SF-06, *Hazardous Condition Reporting Policy* dated February 19, 2002.

- IX. DISTRIBUTION:** All hospital policy manuals
- X. REVIEW AND REISSUE DATE:** May 2017
- XI. FOLLOW-UP RESPONSIBILITY:** Safety Officer
- XII. ATTACHMENTS:** [Attachment A – Hazardous Conditions Reporting Form](#)

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Connie Worl Date
Director of Quality Improvement

Attachment A

Hazardous Condition Reporting Form

Name of staff member making the report:
Date of Report:
Location of possible hazardous condition:
Description of hazardous condition (be specific):
Immediate steps taken to ensure the safety of others:
Recommended solution from the Unit Team Leader, Unit Nurse Manager, or other Supervisor:
Signature of Employee:
Signature of Supervisor:
Signature of the Unit Team Leader or the Unit Nurse Manager:
Recommendations from the Safety Officer:
Comments from the Hospital Administrator: