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Safety
MANAGEMENT OF THE ENVIRONMENT OF CARE

1. **HISTORY:** This is the first printing of this publication.
2. **REFERENCE:** 1998 Comprehensive Accreditation Manual for Hospitals (CAMH), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Section 2, Management of the Environment of Care (EC).
3. **PURPOSE:** This pamphlet establishes the policies, procedures, and responsibilities for implementing the JCAHO Environment of Care standards within the U.S. Army Europe Regional Medical Command (ERMC). It also serves as an ERMC documented Environment of Care Management Plan.
4. **SCOPE:** This pamphlet establishes policies and procedures for the design, implementation, and quality measurement of the seven EC program elements and the Other Environmental portion of the EC standards. Each element provides the structure for implementing a functional, safe, and healthy environment for patients, visitors, and staff members within the ERMC.
5. **STRUCTURE:**
 - a. The DESIGN portion of the EC Management Plan addresses the JCAHO and other applicable prescriptive criteria, required processes, EC orientation and education programs, ongoing monitoring of performance, emergency procedures, and an annual evaluation of all management plans.
 - b. The IMPLEMENTATION portion of the EC Management Plan addresses staff knowledge, design implementations, ongoing monitoring of performance regarding actual or potential risk, emergency drills, and procedures for inspection, testing, and maintenance of EC related systems.

c. The MEASUREMENT SYSTEMS portion of the EC Management Plan defines the information, collection, and evaluation system (ICES), the Safety Manager and the Safety & Environment of Care Council's role in the ICES process. Based on the ongoing monitoring of performance, this process requires an annual prioritization of at least one or more performance improvement activities to the organization's leaders. These performance improvement activities are those which require command level support, attention, or resources in order to meet or exceed the ongoing monitoring of performance indicators.

d. The OTHER ENVIRONMENTAL portion of the EC standards covers the process for providing a social environment that supports the ERMC mission and is consistent with the needs and characteristics of the patient population served. The social environment is further enhanced through a clearly defined, implemented and enforced "No Smoking Policy".

6. **APPLICIBILITY:** This pamphlet is applicable to all organizational elements of the U.S. Army Europe Regional Medical Command to include the Heidelberg MEDDAC, the Landstuhl RMC, the Wuerzburg MEDDAC, and their outlying clinics.

7. **APPLICIBILITY TO OTHER DOCUMENTED EC MANAGEMENT PLANS:** This pamphlet contains a comprehensive overview of the JCAHO EC standards related to the design, implementation, and measurement systems of all seven EC program areas and the Other Environmental portion of the EC standards. It should be used as a guideline along with the JCAHO EC standards in developing organizational management plans and policies.

8. **APPENDIXES:** Appendix A outlines requirements for the design, implementation, and measurement systems of documented EC Management Plans/Policies addressing safety, security, hazardous materials & waste, emergency preparedness, life safety, medical equipment, and utility systems throughout the ERMC.

9. **RESPONSIBILITIES:**

a. Commanders/Supervisors will:

(1) Define and be able to describe their role in developing safety and EC policies and procedures.

(2) Establish and provide examples of safety and EC management program goals and performance standards.

(3) Ensure staff members have been oriented to and continuously educated in the Environment of Care and possess the knowledge and skills to perform their responsibilities under the Environment of Care Management Plans.

b. Safety and Environment of Care Councils and Managers of the seven EC programs will:

(1) Ensure that EC documented Management Plans are thoroughly designed in accordance with criteria outlined in the JCAHO EC standards.

(2) Assist the Education Division and commanders/supervisors in developing, implementing and monitoring the efficiency of EC related training programs.

(3) Utilize a design, teach, perform, measure/evaluate, improve approach to evaluate the EC related organizational experience and ensure a continuous quality assessment and improvement of the EC management programs.

(4) Assist commanders/supervisors to ensure that EC related issues are identified, analyzed and resolved in a timely manner.

(5) Assist commanders/supervisors to monitor and evaluate the effectiveness of EC related actions.

(6) Assist commanders/supervisors in identifying EC related opportunities for improvement.

(7) Assist commanders/supervisors to determine and implement EC related actions aimed at improving organizational performance.

c. ERMC Safety Manager.

(1) Provide policy and guidance on the design, implementation, and measurement systems of the seven Environment of Care program areas as well as the Other Environmental portion of the Environment of Care standards to all organizational elements within the ERMC.

(2) Provide an annual assessment of each MEDDAC/MEDCEN Environment of Care program.

(3) Conduct Environment of Care briefings, periodic training and professional development classes to each MEDDAC/MEDCEN.

The proponent agency of this publication is the Safety Manager, HQ, U.S. Army Europe Regional Medical Command. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Cdr, U.S. Army Europe Regional Medical Command, ATTN: MCEU-S, CMR 442, APO AE 09042.

FOR THE COMMANDER:

1 APPENDIX
A-General requirements for EC
Documented Management Plans

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DISTRIBUTION:

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APPENDIX A

**GENERAL REQUIREMENTS FOR EC DOCUMENTED
MANAGEMENT PLANS**

I. DESIGN OF DOCUMENTED EC MANAGEMENT PLANS:

1. Documented EC Management Plans for facilities within the ERMC will be thoroughly designed to ensure that the facility creates and maintains a safe, accessible, effective, and efficient Environment of Care in accordance with its mission, services, applicable laws, regulations, and other criteria.

2. Documented EC Management Plans are based on implementing applicable laws, current intent statements of the JCAHO standards, U.S. Army and U.S. Air Force regulations, and generally accepted practice and professional criteria. Mandatory subject areas within the design of each management plan include: required processes, orientation and education programs, ongoing monitoring of performance, emergency procedures as applicable, and an annual evaluation of the management plan.

3. Documented EC Management Plans must be evaluated annually in terms of its objectives, scope, performance, and effectiveness and forwarded to the organizations Safety and Environment of Care Committee and to the Executive Committee for review. Management Plans are mandatory for the following EC program areas:

- a. Safety
- b. Security
- c. Hazardous Materials and Waste
- d. Emergency Preparedness
- e. Life Safety
- f. Medical Equipment
- g. Utility Systems

II. STAFF ORIENTATION AND EDUCATION DESIGN: The purpose of plans for staff orientation and education is to ensure that staff members are efficiently trained and provided with appropriate information related to the seven EC management programs.

a. Education Divisions will coordinate and schedule training classes that address the hospital wide EC related information, policies, and procedures.

b. Commanders/supervisors will ensure that orientation and ongoing training and education programs are developed and implemented to provide the department/work area/job specific information to staff members. These training programs must correspond directly to the seven EC program areas addressed in the documented management plans, and in the Other Environmental portion of the EC standards.

III. ONGOING MONITORING OF PERFORMANCE:

1. EC Program Managers will accomplish ongoing monitoring of performance regarding actual or potential risk in the following EC management programs areas:

- a. Safety Management
- b. Security Management
- c. Hazardous Materials & Waste Management
- d. Emergency Preparedness Management
- e. Life Safety Management
- f. Medical Equipment Management
- g. Utility Systems Management

2. Based on the ongoing monitoring of performance in each of the seven management areas, recommendations for at least one or more performance improvement activities must be communicated at least annually to the organization's leaders. These performance improvement activities are those which require command level support, attention, or resources in order to meet or exceed the ongoing monitoring of performance indicators.

3. Listed below are samples of ongoing monitoring of performance regarding actual or potential risk for all seven EC program areas. EC Program Managers should establish criteria for monitoring based on the specific requirements for their facility.

a. SAFETY MANAGEMENT:

(1) 100% of personnel assigned to a specific work area are aware of the requirement to report all safety/EC hazards immediately to their supervisor or to the Safety Manager.

(2) 100% of personnel assigned to a specific work area are aware of the requirement to report all accidents and unusual occurrences involving patients, visitors, staff members, buildings, equipment, and other property immediately to their supervisor or to the Safety Manager.

(3) 100% of the staff assigned to a specific work area can describe or demonstrate at least one safety or health hazard in their work area.

b. LIFE SAFETY MANAGEMENT: 100% of all personnel assigned to a specific work area can describe or demonstrate actions to be implemented in a fire emergency (RACE).

c. SECURITY MANAGEMENT: 100% of all personnel assigned to a specific work area can describe or demonstrate procedures for controlling access to the facility (e.g. staff/visitors ID badge, key control, limited number of entrance doors to the facility, "Emergency Exit Only" doors, etc).

d. HAZARDOUS MATERIALS & WASTE MANAGEMENT:

(1) 100% of all personnel assigned to a specific work area can describe and demonstrate the meaning of a Material Safety Data Sheet (MSDS).

(2) 100% of all specific work areas which use or store chemicals on site, maintain current chemical inventories and appropriate MSDS sheets.

(3) 100% of all outlying health clinics maintain hazardous waste disposal records.

e. EMERGENCY PREPAREDNESS MANAGEMENT:

(1) 100% of all personnel assigned to a specific work area can describe or demonstrate their past role and participation in the implementation of the facility Emergency Preparedness Plan (EPP).

(2) 100% of all personnel assigned to a specific work area can describe or demonstrate their expected role and participation in the implementation of the facility Emergency Preparedness Plan (EPP).

f. MEDICAL EQUIPMENT MANAGEMENT:

(1) 100% of all personnel using medical equipment which requires periodic calibration can explain the purpose of the DD Form 2163 (Calibration, Verification, and Calibration Label) and interpret the data contained on the label.

(2) 100% of all DD Form 2163's inspected during hazard surveillance surveys reflect that the calibration of the particular medical device is current (i.e. the "date due" has not passed yet).

g. UTILITY SYSTEM MANAGEMENT: 100% of personnel assigned to a specific work area can describe or demonstrate emergency procedures in the event of a utility system failure (i.e. loss of power, water, heating, air conditioning and ventilation system, elevators, communication system, etc.).

4. This ongoing monitoring of performance regarding actual or potential risk will be designed to assess effectiveness in at least one of the following areas:

- a. Staff knowledge and skills.
- b. Level of staff participation.
- c. Monitoring and inspection activities.
- d. Emergency and accident/incident reporting procedures.
- e. Inspection, preventive maintenance, and testing of equipment.

IV. EMERGENCY PROCEDURES DESIGN:

1. Commanders/supervisors and managers of EC Management Programs will establish emergency procedures to be followed when components of the Environment of Care are stressed or fail. Emergency procedures relate to:

- a. Security
- b. Hazardous Materials & Waste
- c. Life Safety
- d. Medical Equipment
- e. Utility Systems

2. Security emergency procedures address:

- a. Specific procedures followed in the event a security incident or failure occurs.
 - b. Specific procedures for handling situations involving civil disturbances.
 - c. Specific procedures for handling situations involving VIPs and/or existence of media.
 - d. The need for additional staff to control human and vehicle traffic in and around the environment of care during disasters.
3. Life safety emergency procedures address:
- a. Facility wide response to fire.
 - b. Area specific needs and fire evacuation routes.
 - c. The specific roles and responsibilities of personnel who are at a fires point of origin.
 - d. The specific roles and responsibilities of personnel who are away from a fires point of origin.
 - e. The specific roles and responsibilities of personnel in preparing for building evacuation.
4. Emergency procedures for the spills of, or exposure to, hazardous materials and waste address: specific precautions, procedures, and protective equipment to be utilized during a spill or exposure of persons to hazardous materials and waste.
5. Emergency procedures for medical equipment disruptions and/or failures address:
- a. Specific procedures implemented when medical equipment fails.
 - b. The need and methods for emergency clinical interventions when medical equipment fails.
 - c. Availability of and access to backup equipment when medical equipment fails.

- d. Procedures for obtaining repair services when medical equipment fails.

6. Emergency procedures for utility systems disruptions and/or failures address:
 - a. Specific procedures followed when utility systems malfunction or are disrupted.
 - b. Identification of an alternate source for essential utilities in the event of utility disruption or failure.
 - c. Operating procedures for shutoff controls to be followed during a utility disruption or failure.
 - d. Procedures for notification of staff in the area(s) affected by malfunction or disruption of utility systems.
 - e. Procedures for obtaining repair services when utility systems fail.
 - f. The need and methods for emergency clinical interventions when utility systems fail.

V. IMPLEMENTING PLANS FOR STAFF ORIENTATION AND EDUCATION:

1. Requirements addressing staff knowledge, skill requirements, and expected level of participation of ERMC staff members in EC management programs are contained in the JCAHO Standard EC.2.1.
2. Commanders/supervisors, Education Division staff, and EC program managers will periodically assess staff knowledge through the use of one or more of the following:
 - a. Post Tests.
 - b. Staff interviews.
 - c. Observations made during normal and emergency operations.
 - d. Review and analysis of reports of alleged unsafe or unhealthful working conditions.
 - e. Review and analysis of results of inspections, testing and maintenance activities related to EC program areas.

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- f. Environment of Care orientation classes.
- g. Environment of Care organization wide ongoing training and education classes.

h. Environment of Care area specific/job specific training.

i. Monitoring and evaluation of EC program activities through outside agency assistance visits.

3. This assessment will be made for all seven Environment of Care program areas.

VI. IMPLEMENTING DOCUMENTED MANAGEMENT PLANS:

1. The strict and effective implementation of documented EC management plans ensures a safe, effective, and efficient Environment of Care in accordance with the ERMIC organizational mission and services, as well as applicable laws and regulations.

2. The effectiveness of documented management plans and compliance of the staff with performance improvement standards related to the EC program areas will be assessed periodically through:

a. Semi-annual safety/EC surveys.

b. Supervisors inspection of work areas.

c. Unannounced inspections of work areas.

d. Monitoring and evaluation of EC program activities through outside agency assistance visits (e.g. MEDCOM Organizational Assistance Program (OAP) safety assessments, ERMIC EC Program Evaluations, Center for Health Prevention and Promotion (CHPPM) Pre-JCAHO surveys, and consultative services).

e. Safety and EC Council's annual evaluation of the objectives, scope, performance, and effectiveness of the EC documented management plans.

VII. IMPLEMENTING EMERGENCY DRILLS: Emergency drills (e.g. MASCAL exercises, fire drills) will be conducted at prescribed intervals to test the organization's emergency preparedness to respond to disasters (internal or external, natural or man-made) that affect and significantly disrupt the Environment of Care.

VIII. IMPLEMENTING MAINTENANCE, TESTING, AND INSPECTION OF THE OPERATIONAL COMPONENTS OF THE "EC" DOCUMENTED MANAGEMENT PLANS:

Procedures for maintenance, testing, and inspection of specific operational components within the Environment of Care will be established and implemented within each facility in order to determine and maintain the operational reliability of these components and to manage potential risks efficiently. The following EC operational areas will be inspected, tested, and maintained as appropriate:

- a. Safety
- b. Life Safety
- c. Medical Equipment
- d. Utility Systems

IX. MEASUREMENT SYSTEMS/INFORMATION COLLECTION AND EVALUATION SYSTEM (ICES):

1. Organization wide Information Collection and Evaluation System (ICES) will be implemented at each facility for identifying and evaluating conditions in the Environment of Care. The ICES is used to aggregate information from all EC program areas. Measurement guidelines, measurement results and reports summarizing EC related problems and identified opportunities for improvement will be reported through EC Program Managers to their respective Safety & EC Council. In order to ensure consistency and continuity in reporting, each Safety & EC Council should utilize a standardized agenda for the Council's meetings.

2. As part of the Information Collection and Evaluation System (ICES), all EC annual evaluations of management plans will be forwarded from each EC Program Manager to the Safety and Environment of Care Committee and ultimately to the Executive Committee for review.

3. Also as part of the ICES, the Safety and Environment of Care Committee will forward a prioritized list at least or one or more performance improvement activities based on the ongoing monitoring of performance in each of the seven EC program areas to the Executive Committee.

X. SAFETY & ENVIRONMENT OF CARE COUNCILS:

1. Environment of Care Councils should be composed of the safety manager, administrative, clinical services, support services personnel, Command Sergeants Major, Troop Command Sergeants Major, Dental and Veterinary Sergeants Major, and First Sergeants within the local command structure, and departments responsible for monitoring and managing performance improvement.

2. The Safety & Environment of Care Council should meet at the discretion of the Chairperson, however, not less frequently than semi-annually.

3. The members of the council should include:

- Deputy Commander for Administration
- Deputy Commander for Clinical Services
- Deputy Commander for Nursing
- Command Sergeants Major
- Troop Command Sergeants Major
- Dental and Veterinary Sergeants Major
- First Sergeants
- Risk Management Division
- Education Division
- Logistics Division
- Security Division
- Emergency Preparedness Division
- Hazardous Materials Division
- Medical Equipment Branch
- MEDDAC/MEDCEN Safety Manager

4. Safety & EC Council provides a multidisciplinary forum for the analysis, resolution, and dissemination of Safety and Environment of Care issues and preventive or corrective actions to eliminate or control risks to patients, visitors, staff, buildings, equipment and other property. It also provides an opportunity for the standardization and resolution of common problematic issues and compliance with the JCAHO Environment of Care standards within each hospital.

5. Functions of the Safety & Environment of Care Council include:
- a. Develop and approve Safety and EC policies and procedures.
 - b. Monitor progress with the hazard surveillance program throughout each hospital's area of jurisdiction.
 - c. Monitor the hazard abatement program throughout each hospital's area of jurisdiction.
 - d. Review and analysis of pertinent reports, management plans and policies, performance improvement standards and ongoing monitoring of performance regarding actual or potential risk, and annual evaluation of the objectives, scope, performance, and effectiveness of the following programs:
 - (1) Safety
 - (2) Life Safety
 - (3) Security
 - (4) Hazardous Materials and Waste
 - (5) Emergency Preparedness
 - (6) Medical Equipment
 - (7) Utility Systems
 - e. Monitor compliance with the Other Environmental portions of the EC standards.
6. Minutes of the Safety and Environment of Care Council meetings will be submitted to the Executive Committee/Commander for review and approval. Copies of the minutes will be submitted electronically to the ERM Safety Office. The ERM Safety Office will forward them to the MEDCOM Safety Management Office not later than two weeks after the date of the Safety and EC Council meeting.