Hospital Safety Plan

Tips and Considerations

**Plan Applicability.** This sample Hospital Safety Plan applies to hospitals and other large healthcare environments and is intended to address a range of safety and health issues. In addition to fostering a safe and healthy work environment for both clinical and nonclinical employees, successful implementation of the Plan will also contribute to a safer and more healthful environment for patients, visitors, volunteers, students, and others who enter the establishment.

**Regulatory requirements.** A number of occupational safety and health standards apply at hospitals and other healthcare environments. Some of these will apply to almost every healthcare establishment, while others may only be relevant at certain facilities. There are also many general industry safety standards that apply to a wide range of workplaces, including hospitals and other healthcare facilities. Some of these standards include:

* Noise Exposure (29 CFR 1910.95)
* Walking-Working Surfaces (29 CFR 1910 Subpart D)
* Electrical Safety (29 CFR 1910 Subpart S)
* Fire Protection (29 CFR 1910 Subpart L)
* Exit Routes (29 CFR 1910.35-.37)
* Emergency Action Plans (29 CFR 1910.38)
* Fire Prevention Plans (29 CFR 1910.39)
* Hazardous Materials (e.g., oxygen, nitrous oxide) (29 CFR 1910.Subpart H)
* Respiratory Protection (29 CFR 1910.134)
* Lockout/Tagout (29 CFR 1910.147)
* Machine Guarding (29 CFR 1910.212)
* Permissible Exposure Limits (29 CFR 1910.1000)
* Bloodborne Pathogens (29 CFR 1910.1030)
* Formaldehyde (29 CFR 1910.1048)
* Ionizing Radiation (29 CFR 1910.1096)
* Hazard Communication (29 CFR 1910.1200)
* Occupational Exposure to Hazardous Chemicals in Laboratories (29 CFR 1910.1450)

**Industry hazards.** According to the U.S. Bureau of Labor Statistics, top causes of injury for healthcare workers include lifting and other ergonomic hazards; slips, trips, and falls; contact with objects; workplace violence; and exposure to hazardous substances. Workers in some nonmedical departments of a hospital, such as food service or laundry, may also be exposed to heat stress. Patient lifting is a particularly hazardous activity that results in many sprains, strains, and other injuries, and healthcare workers are at high risk of workplace violence from contact with patients and the public. Although the Occupational Safety and Health Administration (OSHA) does not have regulations that specifically address all of these hazards, the agency can use the General Duty Clause of the Occupational Safety and Health Act (OSH Act) of 1970 to cite employers that expose employees to significant known hazards where a particular standard does not apply.

**Additional plans.** In addition to this Hospital Safety Plan, Safety.BLR.com® provides sample plans addressing a number of safety and health topics that may be used to develop and document safety programs and procedures. The following plans are likely to be widely applicable at many healthcare facilities:

* Bloodborne Pathogens Exposure Control Plan (Health care)
* Drug-Free Workplace Plan
* Emergency Action Plan
* Facility Security Plan
* Fire Prevention Plan
* First Aid Plan
* Hazard Communication Plan
* Laboratory Chemical Hygiene Plan
* Lockout/Tagout Plan
* Respiratory Protection Plan
* Safe Patient Handling and Mobility Plan
* Workplace Violence Prevention Plan

**Review and incorporate state regulatory requirements.** This Plan is based on federal requirements and/or best practices. Some states have laws and regulations that are stricter than federal requirements and may affect how you customize this Plan. After reviewing the specific information for your state(s), you can edit the Plan accordingly.

**[Name of Company]**

**Hospital Safety Plan**

Plan last updated: **[date]**

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Policy Statement

It is the policy of **[*Organization Name*]** to provide a safe and healthy working environment for employees, contractors, interns, students, volunteers, patients, and visitors. This plan is designed to affirm the organization’s commitment to safety and health, document the responsibility of various parties under the plan, and detail the policies and procedures that will be followed to implement the plan.

Responsibility

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, delegate the responsibility for the administration of this organization’s safety program to **[*program administrator OR the managers and supervisors who are in charge of employees in their respective work areas*].** Responsibilities for protecting the safety and health of all employees are assigned according to the *Plan Administration* section of this program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Owner or Chief Executive Officer] Date**

Plan Administration

**Program Contact Information**

*[Modify the table and job descriptions below as applicable to your organization, and edit the descriptions of roles and responsibilities as necessary.]*

|  |  |  |
| --- | --- | --- |
| **Function** | **Name/Department** | **Contact Information** |
| Plan Administrator or Safety Director |  | Work phone:  Cell phone: |
| Security and/or Facilities Manager |  | Work phone:  Cell phone: |
| *[Other managers and/or directors as applicable]* |  | Work phone:  Cell phone: |
| Supervisor |  | Work phone:  Cell phone: |
| Supervisor |  | Work phone:  Cell phone: |

**Plan Administrator/Safety Director.** The Plan Administrator will ensure that safety and health hazard assessments, inspections, workplace violence and accident investigations, and employee training are conducted in a timely manner, and will be responsible for maintaining all records and other documentation related to such activities. Specifically, the Administrator will ensure the following procedures are implemented:

* Provide physical safeguards from injury and illness to the maximum extent possible.
* Eliminate hazards through engineering controls whenever possible.
* Conduct a program of safety and health inspections to detect and eliminate unsafe working conditions or practices, to control health hazards, and to comply with applicable safety and health regulations.
* Complete a thorough workplace violence hazard assessment and put procedures in place to mitigate workplace violence hazards in the facility.
* Train employees in safe and healthy work practices.
* Assess patient lifting and other ergonomic hazards in the facility and provide equipment, training, and administrative controls to reduce the risk of injuries.
* Develop and implement required written programs as applicable, including hazard communication, bloodborne pathogens, respiratory protection, emergency action, and fire prevention.
* Assess and meet facilitywide needs for personal protective equipment (PPE) and ensure that employees receive effective training on its proper use, care, storage, and maintenance.
* Develop and enforce safety and health rules and require that employees cooperate with these rules as a condition of employment.
* Investigate, promptly and thoroughly, accidents and near-miss situations to determine the root causes and to correct the problem in order to prevent recurrences.

**Security and/or Facilities Manager.** The Security and/or Facilities Manager will work with the Plan Administrator to develop and implement physical and administrative measures for ensuring the security of the facility and the safety of staff, patients, and visitors. Such measures may include (but are not limited to) locks, controlled access areas, strategic use of lighting, sign-in/badge procedures, emergency communication systems, and the assignment of security personnel to higher-risk areas. The Facilities Manager will work with the Plan Administrator to ensure the safe condition of the physical building and grounds in regard to housekeeping, lighting, material storage, safe condition of floors and walkways, heating/ventilation/air conditioning, and other matters as necessary.

**Supervisors.** Supervisors will regularly monitor work areas and employee activities for unsafe practices or conditions. Supervisors must take the initiative to correct hazards where authorized to do so and promptly report any hazards for which they do not have authority to correct to the appropriate individual or department. Every supervisor will ensure that:

* All employees receive proper training, both in facilitywide health, safety, and security policies and procedures and in safe performance of the specific tasks assigned to them.
* Work areas will be frequently examined to ascertain that the work environment is safe and that employees are working in a safe manner.
* Incidents in which employees fail to follow required safety and health practices are documented, and employees are subject to progressive discipline depending on the severity of the offense.
* All safety and health deficiencies are corrected immediately and not repeated.
* Accidents and reports of workplace violence, disruptive behavior, and threats are investigated and corrective action is initiated where necessary.

**Employees.** Employees are responsible for following all required safety and health procedures, participating in safety and health training, wearing and properly using all assigned PPE, and reporting all work-related injuries and illnesses to a supervisor or other designated person. Employees should report unsafe conditions, near misses, and other hazards to a supervisor promptly.

Plan Review and Update

This Plan will be reviewed annually, and more often as necessary, and updated whenever:

* New hazards are identified or existing conditions change.
* Personnel responsibilities under the Plan change.
* There are significant changes to procedures, equipment, or the physical facility.
* There is evidence that the current Plan is inadequate or deficient.

Hazard Identification and Assessment

The Plan Administrator and other appropriate personnel will periodically examine the work environment for hazards using job hazard analysis (JHA) and other appropriate techniques. Hazards identified through job hazard analysis will be subjected to risk assessment in order to prioritize corrective actions.

The hazard assessment and subsequent inspections will be conducted when one or more of the following conditions apply:

* When the program is initially established
* When new substances, processes, procedures, or equipment, which present potential new hazards are introduced into the facility
* When new or previously unidentified hazards are recognized
* Following occupational injuries, illness, near misses, and workplace violence incidents
* When we hire and/or reassign permanent or intermittent workers to processes, operations, or tasks for which a hazard evaluation has not been previously conducted
* Whenever workplace conditions warrant an inspection

Personnel authorized by **[*name*]** to perform JHAs will select the job(s), tasks, operations, or processes to be analyzed by reviewing:

* Injury and illness data
* Incident and near-miss reports
* New or modified work tasks, activities, or projects
* Employee safety comments, surveys, and reports
* Regulatory requirements

JHAs will examine the potential for the hazards and exposures detailed below, in addition to any other hazards associated with a given job, task, or facility area.

The following is a nonexhaustive list of hazards and conditions that the Plan Administrator and other personnel will inspect for throughout the facility:

* Needlesticks/sharps injuries
* Bloodborne pathogens exposure
* Workplace violence
* High-risk patient lifting
* Repetitive motion injuries
* Slips, trips, and falls
* Chemical exposure
* Infectious disease exposure
* Radiation exposure
* Electrical hazards
* Fire hazards
* Accessibility, visibility, and condition of exit routes
* Use of PPE

In addition, the following focus areas will be emphasized in specific departments/facility areas:

***[Modify the following list to reflect the applicable areas and hazards in your facility.]***

* **Laundry**
  + Heat stress
  + Lifting/ergonomic hazards
  + Fire hazards
  + Contaminated laundry
  + Sharps handling
  + Noise exposure
  + Hazardous chemical exposure
* **Food service**
  + Heat stress
  + Slips and falls
  + Burn hazards
  + Laceration hazards
* **Pharmacy**
  + Hazard communication
  + Safe handling, storage, and disposal of hazardous drugs
  + Latex allergies
  + Workplace violence
* **Housekeeping**
  + Contaminated work environments, laundry, and equipment
  + Latex allergies
  + Sharps handling and disposal
  + Slips, trips, and falls
  + Hazardous chemical exposure
* **Laboratories**
  + Bloodborne pathogens
  + Infectious disease exposure
  + Formaldehyde exposure
  + Exposure to toluene, xylene, and acrylamide
  + Workplace hygiene practices
  + Latex allergies
* **Heliport**
  + Struck-by hazards
  + Noise exposure
  + Ergonomic hazards
  + Fire and explosion hazards in fueling areas
* **Surgical areas**
  + Waste anesthetic gases
  + Bloodborne pathogens
  + Latex allergies
  + Compressed gases
  + Laser hazards
  + Ventilation
  + Hazardous chemical exposure
  + Equipment hazards
  + Radiation exposure

### JHA Procedures

Initial JHAs will be scheduled by priority starting with those that have the highest injury and illness rates as recorded in the OSHA Form 300, Injury and Illness Log. Where accident or near-miss data are lacking, a review of the nature of the job or task and the associated hazards will be conducted. Employee participation in the JHA selection and implementation process will be encouraged and solicited. The analysis of methods to control hazards will incorporate regulatory requirements for each type of activity.

Following are the specific JHA procedures, listed in the order in which they will be performed.

1. Observe the job or task and break it down into basic steps.
2. Identify potential hazards associated with each step that might exist because of the working environment, procedures, equipment, materials, and/or tasks that are involved in that project.
3. Determine corrective actions to control each hazard.

During each of these steps, the person(s) conducting the analysis will gather information from such resources as:

* Personal experience
* Employee observations
* Input from employees who will be working in the area or on the project affected by the JHA
* People who have done similar work on other projects
* Occupational safety and health specialists
* Safety data sheets (SDSs)
* Equipment manuals
* Equipment manufacturers’ technical representatives
* Health and safety handbooks
* Existing health and safety plans and handbooks
* Applicable industry consensus standards
* OSHA and/or state safety and health regulations

Use Attachment **[*number*],** *Job Hazard Analysis Worksheet*,to complete and document the JHA for a particular job, task, or work area.

Safety Communication

Management will ensure that all employees, contractors, volunteers, and students are informed of the hazards they could encounter in the facility and how to protect themselves against those hazards, including awareness of emergency alarms and procedures. Management also ensures that employees, contractors, volunteers, students, patients, and visitors do not introduce hazards to the facility that can be prevented or that are not properly controlled.

Management will ensure that all employees, including themselves, have clearly defined safety and health responsibilities included within their job description, with appropriate authority to carry out those responsibilities. Performance evaluations for all employees, including all levels of management, will include a written evaluation of the accomplishment of assigned safety and health responsibilities.

All employees will be provided with a copy of the safety and health procedures they are expected to follow upon hire and will be given an opportunity to ask questions. Employees may request to view facility safety plans and injury and illness records (OSHA 300 logs) at any time. In addition, employees have the following sources of information at their disposal at all times:

***[Modify this list as applicable for your facility.]***

* Safety communications on staff bulletin board(s), located at *[location]*
* Safety data sheets for hazardous chemicals used at the facility, located at *[location]*
* Employee safety and health newsletter, published at *[frequency]* intervals
* *[List any additional communication methods in use at your facility.]*

**[*Delete the following Safety Committee subsection and attachment reference in the Supporting Documents section if they are not applicable*.]**

Safety Committee

This facility has established a safety committee composed of management and employee representatives, as well as representatives from multiple departments, both clinical and nonclinical.

Responsibilities of the safety committee include:

* Providing a vehicle for employees to report hazards and safety concerns
* Investigating employee hazard reports
* Conducting safety inspections and/or audits
* Conducting job hazard analyses and recommending corrective actions
* Participating in or conducting accident and near-miss investigations
* Leading safety meetings and training sessions
* Making safety-related recommendations, such as the purchase of new PPE or equipment, employee training, or other safety activities
* Contributing to safety-related employee communications and outreach

### Committee Membership

The Safety Committee consists of:

*[Modify the following list of membership options as applicable to your facility.]*

* Committee Chairman or designee ***[Modify if applicable for two cochairs, one an employee representative, and one a management representative.]***
* Employee-elected and employer-selected representatives of the following departments: ***[list departments]***
* Employee volunteers
* Representation of persons with disabilities
* Union representation, where applicable and in accordance with union general agreements. Employees selected by the employees’ bargaining representative or union qualify as employee-elected
* The number of employee-elected members will equal or exceed the number of management-selected members.
* The committee will include representation from both clinical departments (e.g., emergency, intensive care, surgery) and nonclinical departments (e.g., laundry, housekeeping, food service).

**Membership term.** The Chairperson ***[Co-Chairpersons if applicable]*** will be elected from the membership for 1-year terms. The term of employee-elected members is ***[time interval]***; there is no limit to the number of terms a representative can serve.

**Vacancies.** If there is an employee-elected member vacancy, a new member will be elected before the next scheduled meeting.

### Committee Meetings

Safety committee meetings are held ***[time interval]*** and more often as determined by management and the safety committee. Each committee member who is not a salaried employee will be compensated at his or her hourly wage when engaged in safety committee activities. Management will post the minutes of each meeting in a conspicuous place, and the minutes will be available to all employees. All safety committee records will be maintained at ***[location]*** for not less than ***[duration]***.

Minutes that include a record of attendance will be made of each meeting, which the employer will review and maintain for **[duration]**. Copies of minutes will be posted or made available for all employees and will be sent to each committee member. All reports, evaluations, and recommendations of the safety committee will be made a part of the minutes of the safety committee meeting.

### Committee Procedures

Agenda items may be submitted to the chairperson by any member and will be distributed to members at least one (1) week before the next scheduled meeting.

Issues to be brought before the committee for discussion will be broad in scope or be those referred by employees or departments that have not been or cannot be resolved at the supervisor or management level. Committee recommendations will be forwarded to ***[name, job title, or department]***.

**[*Choose any or all of the following options for committee procedures as applicable to your facility; delete the option(s) not chosen.*]**

**Option 1—Hazard Assessments**

**Option 2—Inspections**

**Option 3—Accident Investigations**

**[Option 1]**

**Hazard assessments.** The committee will assist in conducting evaluations of existing or potential occupational hazards, and make written recommendations to minimize or eliminate the hazards where feasible. The committee will:

* Establish procedures for workplace evaluations and inspections by the safety committee inspection team to locate and identify safety and health hazards.
* Conduct workplace inspections at least ***[time interval]*.**
* Recommend how to eliminate hazards and unsafe work practices in the facility.

**[Option 2]**

**Inspections.** The committee inspection team or designees will conduct safety inspections as directed by management. The person or persons designated to carry out inspection activities will be selected by management and will receive training in hazard identification in the workplace.

The inspection team will include management and employee representatives from a variety of departments and will document in writing the location and identity of the hazards and make recommendations to management regarding correction of the hazards.

**[Option 3]**

**Accident investigations.** Safety committee members who have been trained in accident investigation procedures will participate in accident investigations upon the request of management.

### Committee Member Training

**[*Name*]** will ensure that safety committee members receive appropriate training to carry out their committee responsibilities.

Committee members will have access to copies of safety and health laws, regulations, and any hospital policies that apply to the particular facility and be given verbal instructions regarding their use.

All safety committee members will receive training and information regarding:

**[Modify the following list as applicable to your worksite.]**

* Safety committee purpose and operation
* Basic requirements of workplace safety and health rules and their application
* Methods of conducting safety committee meetings
* Hazard identification in the workplace
* Principles regarding effective accident and incident investigations
* Employee and employer rights and responsibilities under applicable state and federal employment and labor laws or rules
* Injury and illness recordkeeping requirements
* Most common causes of on-the-job injuries and illnesses at the facility
* Committee procedures

Employee Safety Meetings

Employee safety meetings will be held **[*frequency*]** and more often as necessary to discuss safety and health issues that arise. A safety meeting includes all employees in a work area or department and at least one manager or supervisor to ensure that all appropriate issues are addressed. A manager or supervisor will cover one or more of the following:

* Review key safety and health topics, including patient lifting, bloodborne pathogens, infectious disease exposure, workplace violence, and others as appropriate.
* Review safety and health inspection reports to help correct safety hazards.
* Evaluate incident and near-miss investigations conducted since the last meeting to determine if the cause(s) of the unsafe situation was identified and corrected.
* Review any observed unsafe practices and ways to correct them.
* Reaffirm the need for safe work practices.
* Answer any questions that employees may have about workplace safety and health concerns.

Formal safety meetings may be supplemented by brief 10-to-15-minute meetings at the start of a shift or at other times as necessary.

### Safety Meeting Recordkeeping

Each safety meeting will be documented with an attendee sign-in sheet and a meeting agenda that includes the supervisor’s name, date of meeting, and subject(s) covered. This documentation will be maintained for at least 1 year. **[*Name*]** is responsible for maintaining these records.

Employee Involvement

**[*Organization nam*e]**encourages employee involvement in safety and health decision-making and problem solving. Employees have several avenues available to them for participation in the hospital safety and health program, including the following:

**[*Modify the following list of activities as applicable to your facility*.]**

* Safety committee membership and other ad hoc problem-solving groups
* Contribution to company safety and health newsletters
* Confidential hazard reporting
* Leading safety meetings
* Mentoring new employees in safety and health
* Participating in completion of job hazard analyses
* Activity planning to heighten safety and health awareness
* *[List any other available methods for employee safety and health involvement.]*

Employees should report hazards and safety concerns to their supervisor or **[*name*]** using Attachment **[number],** *Employee Report of Hazard*.

Safe Work Practices

All employees are expected to adhere to the following safe work practices at all times:

* Use all assigned personal protective equipment (PPE) when required.
* Follow safe lifting practices at all times, both when lifting materials and when performing patient lifting tasks. Use assistive devices where appropriate, as detailed in the *Safe Patient Handling and Mobility Plan*.
* Follow all written safety instructions and signage posted throughout the facility.
* Read and follow labels for all products used at the facility.
* Review the safety data sheet (SDS), and label before using a hazardous chemical that you have not previously used.
* Understand and follow manufacturers’ instructions for all equipment in use at the facility.
* Follow universal precautions when working around blood or other potentially infectious material, and properly dispose of all used syringes and other sharps in approved containers. Detailed procedures for bloodborne pathogens exposure control can be found in the *Bloodborne Pathogens Exposure Control Plan.*
* Do not operate equipment, perform tasks, or enter areas of the facility that you have not been trained or authorized to use, access, or perform.
* Report any unsafe work conditions, practices, or other hazards to a supervisor or safety committee representative promptly.
* Report all work-related injuries, illnesses, accidents involving patients, and incidents of workplace violence to a supervisor promptly.
* Report all near misses to a supervisor or safety committee member to allow for investigation and implementation of corrective actions.
* Understand and comply with the hospital Drug- and Alcohol-Free Workplace Policy.
* Smoking inside the building and within **[*distance*]** from any entrance is prohibited. This includes the use of e-cigarettes.
* Keep emergency exits, aisles, walkways, patient care areas, and other working areas free from slip, trip, and fall hazards such as extension cords, debris, liquids, and obstructions.
* Clean up small spills promptly, and report large spills or spills involving hazardous chemicals to housekeeping. If you are unsure as to whether a chemical is hazardous, consult the label and/or SDS.
* Do not engage in horseplay.
* Know the location and use of first-aid supplies, fire extinguishers, emergency exits, alarm systems, evacuation routes, and emergency contact information.
* Follow facility security rules and procedures at all times. Keep track of your employee badge or access credentials at all times, and do not lend these credentials to any person. Do not allow unauthorized persons to enter the building or restricted areas within the facility, and report suspicious or unauthorized activity to a supervisor, manager, or security personnel immediately.
* Treat all coworkers, hospital staff, patients, contractors, students, volunteers, and visitors with respect at all times. Harassment, assault, bullying, and other forms of violence and aggression are strictly prohibited. Report all incidents of harassment, violence, or other unacceptable conduct to a supervisor, manager, or human resources promptly.

### Disciplinary Action

All employees, including all levels of management, will be held accountable for obeying site safety and health rules. The following four-step disciplinary policy will be applied to everyone by the appropriate level of supervisor:

1. Oral warning
2. Written reprimand
3. Suspension
4. Dismissal

Visitors, including contractors who violate safety and health rules and procedures, will be escorted from the site. Should the disciplined person request a review of the disciplinary action, **[*name*]** will review the situation and make a recommendation to management, which reserves the right for final decision.

### Antidiscrimination Policy

It is the policy of this organization not to discriminate or retaliate against any employee who reports a work-related injury, illness, or incident of violence or harassment or seeks or obtains assistance from law enforcement; reports a work-related fatality, injury, or illness; files a safety and health complaint; requests access to injury and illness records; or otherwise exercises any rights afforded by occupational safety and health laws.

Injury Reporting and Recordkeeping

If an employee sustains a work-related injury or illness, the employee or a coworker will immediately notify the supervisor of the work-related injury or illness, and the supervisor will ensure the injured or ill employee receives prompt medical treatment. The employee will complete the employee part of the **[*name of the accident report form*]**. If the date and time of the injury or illness cannot be determined, such as an injury caused by cumulative or repeated stress, the date of the last time the employee worked is entered on the form.

See Attachment **[*number*]** for a copy of the *Accident Investigation Report*.

Any person who observes or causes damage to property or equipment will immediately report such damage to a supervisor.

### Injury to Visitors, Patients, and Volunteers

Injuries sustained by visitors, patients, or volunteers at this facility must be reported to **[*name, job title, or department*]**. Injured persons will be immediately provided medical treatment, if necessary. The causes of these injuries will be investigated through the same processes as for an employee accident investigation.

### Near-Miss Incident

The investigation procedures for near-miss incidents will follow an abbreviated outline derived from the *Accident Investigation Report* procedures.

See Attachment **[*number*]** for a copy of the *Near-Miss Incident Report* form.

### Illness and Injury Records

Our organization must record all employee injuries and illnesses on the following three forms:

* OSHA Form 301
* OSHA Form 300
* OSHA Form 300A

1. All supervisors are required to fill out the OSHA Form 301—Injury and Illness Incident Report for each injury or illness that is considered recordable under OSHA regulations. The supervisor must fill out the form within 7 calendar days after finding out about the injury or illness. A copy of this record will be sent to **[*name*]**. The supervisor will keep these records for 5 years.
2. **[*Name*]** is responsible for entering the information on the OSHA Form 300—Log of Work-Related Injuries and Illnesses within 7 calendar days of receiving notice of a recordable illness or injury. This form will be retained for 5 years even if there are no recordable injuries or illnesses.
3. At the end of each calendar year, **[*name*]** will review the OSHA 300 log to verify that the entries are complete and accurate. This information will be summarized and entered on OSHA Form 300A—Summary of Work-Related Injuries and Illnesses. The Summary will be signed and dated by a company executive and will be posted in a conspicuous place available to all employees from February 1 to April 30.

In addition to the above forms, any work-related fatality must be reported to OSHA within 8 hours, and any work-related amputation, inpatient hospitalization, or loss of an eye must be reported to OSHA within 24 hours. The report may be made in one of three ways:

* Call the nearest OSHA office at ***[phone number]*** during regular business hours. [Note: Locate the nearest OSHA area office and its contact information by visiting <https://www.osha.gov/html/RAmap.html>.]
* Call OSHA’s 24-hour hotline at 800-321-OSHA (6742)
* Report online at <https://www.osha.gov/pls/ser/serform.html>.

The individual making the report must be prepared to supply the business name, names of employees affected, location and time of the incident, brief description of the incident, contact person, and phone number.

Accident Investigation Procedures

Personnel responsible for investigating accidents that result in an injury, cause property damage in excess of ***[dollar amount]***, or involve workplace violence will follow the procedures outlined below to conduct accident investigations:

1. Launch an accident investigation after a work-related injury or illness that requires medical treatment or property damage occurs at the facility. Repetitive stress injuries (not the result of a single accident) and near-miss incidents will also be investigated.
2. Assign investigators to carry out specific tasks. Such tasks include:
   * Inspect the accident site.
   * Interview witnesses and injured person(s).
   * Compile and review data.
   * Develop recommendations for corrective action(s).
   * Compile the written investigation report.
3. Present a preliminary briefing to the investigating team, including:
   * A description of the accident, with damage estimates
   * Normal operating procedures
   * Maps (local and general)
   * The location of the accident site
   * List of witnesses
   * Events that preceded the accident
4. Visit the accident site to:
   * Secure the site to protect evidence and prevent further injuries.
   * Inspect the area, including walking and working surfaces, equipment and materials, entrances and exits, chemicals, and all other conditions, processes, or items that could possibly have contributed to the accident or injury.
   * Record electronically and in writing the details of the accident location, including lighting conditions, other environmental factors, and any unsafe conditions, equipment, practices, or situations.
   * Document the location of victims, witnesses, and any objects or materials involved in the incident.
   * Prepare the necessary sketches and photographs, label each item carefully, and keep accurate records.
5. Interview each injured person and witness. Also, interview those who were present before the accident and those who arrived at the site shortly after the accident. Keep accurate records of each interview. Record the interviews if desired and if approved. See Attachment **[number]** for a copy of the Accident Witness Statement Form and instructions for conducting interviews.
6. After all information from the accident location and interviews have been collected, determine and record in writing:
   * What was not normal before the accident
   * Where the abnormality occurred
   * When the abnormality was first noted
   * How it occurred
7. Analyze the data collected from the determination/analysis of accident causes. Repeat any of the prior steps, if necessary. Determine:
   * Why the accident occurred.
   * A likely sequence of events and probable causes (direct, indirect, and basic).
   * Alternative sequences.
8. Check each sequence against the data from the determination/analysis of accident causes.
9. Determine the most likely sequence of events and the most probable causes.
10. Develop recommendations for corrective action, if needed.
11. Conduct a postinvestigation briefing.
12. Prepare a summary report, including the recommended actions to prevent a recurrence, and distribute the report according to applicable instructions. See Attachment **[number]** for a copy of the Accident Investigation Report form and instructions.

Accident investigation records

**[*Name*]** will maintain comprehensive accident/injury records and will maintain records of all accident investigation reports and data for **[*duration*]**.

Workplace Violence Incidents

An accurate record of all workplace violence incidents, responses, and investigations, will be maintained by **[name]** at **[location]**. All violent incident report forms will be kept for a minimum of **[duration]**.

Any injury that requires more than first aid, is a lost-time injury, requires modified duty, or causes loss of consciousness, will be recorded on the appropriate OSHA 300 reporting forms. Doctors’ reports and supervisors’ reports will be kept of each recorded incident, if applicable.

Incidents of abuse, verbal attack, or aggressive behavior that may be threatening to the employee, but not resulting in injury, will be recorded. These records will be evaluated on a regular basis by **[name]**.

The incident log will include the date, time, and department of the incident; detailed description of the incident; classification of who committed the violence (excludes private patient and employee information); description of the circumstances; location of where the incident occurred, type of incident; consequences of the incident, and information about the person who completes the log.

Training and Instruction

All employees will receive training and instruction on general and job-specific safety and health practices. Training and instruction will be provided:

* When the training program is initiated
* When new employees are hired
* When existing employees are reassigned to jobs for which they have not received prior safety training
* Whenever new substances, procedures, processes, materials, or equipment are introduced and represent a new hazard
* On a regular basis to reinforce existing safety and health procedures

In addition, all contractors, volunteers, and students will be provided with safety and health training applicable to the hazards they may encounter in the facility.

General job safety and health training will include:

* An explanation of the organization’s safety program and general safety rules
* An explanation of the Drug- and Alcohol-Free Workplace Policy
* Information about the organization’s workplace violence prevention program and policies prohibiting all forms of violence, harassment, and intimidation
* Information about the organization’s Safe Patient Lifting program
* Training in the organization’s Bloodborne Pathogens Exposure Control Plan
* Instructions for reporting hazards, work-related injuries and illnesses, near misses, and workplace threats and emergencies.
* Information about medical services and first-aid assistance and location of assistance and materials
* The use of PPE on designated jobs
* Information about chemical hazards to which employees could be exposed and other worker right-to-know information
* Procedures for responding to emergencies and fire prevention

In addition, we will provide specific instructions and training to all workers regarding the hazards that are unique to their job assignments, including wearing and caring for PPE, if required for the job.

List of Training Subjects

Following is a list of safety topics that will be covered, depending on each employee’s work assignments:

**[*Modify this list as applicable to your work operations*.]**

* Workplace violence prevention
* Emergency preparedness
* General safety
* Prevention of slips, trips, falls, and back injuries
* Ergonomic hazards, including patient lifting techniques
* PPE, including respiratory protection
* Hazardous chemical exposures
* Hazard communication
* Heat stress (particularly for workers in laundry and food service areas)
* Infectious disease transmission and prevention
* Noise exposure
* Exposure to ionizing and nonionizing radiation
* Laboratory safety
* Bloodborne pathogens and other biological hazards
* Emergency response, evacuation, and alarms
* Fire prevention

### Training Recordkeeping

Records of health and safety training for each employee will include:

* Employee name or other identifier
* Training dates
* Type(s) of training
* Information about the training providers

This documentation will be maintained for at least 1 year. **[*Name*]** is responsible for maintaining these records. See Attachment **[*number*]** for a copy of the *Employee Training Record* form.

**[*Name*]** will keep employee training records (e.g., curriculums, written or electronic materials, sign-in sheets, individual employee records) for **[*duration*]**.

Supporting Materials

**[*This product includes supporting materials, such as forms or attachments, which you may need to supplement your plan. Samples of the attachments are available at safety.blr.com*. *Find the associated materials displayed under this document on Safety.BLR.com.*]**

Attachment **[*number*]**—Job Hazard Analysis Worksheet

Attachment **[*number*]**—Employee Report of Hazard

Attachment **[*number*]**—Personal Protective Equipment Hazard Assessment Certificate

Attachment **[*number*]**—Accident Investigation Report

Attachment **[*number*]**—Near-Miss Incident Report

Attachment **[*number*]**—OSHA Form 300

Attachment **[*number*]**—OSHA Form 300A

Attachment **[*number*]**—OSHA Form 301

Attachment **[*number*]**—Employee Training Record

Attachment [***number*]—**Workplace Violence Prevention Plan

Attachment **[*number*]**—Safe Patient Handling and Mobility Plan

Attachment **[*number*]—**Bloodborne Pathogens Exposure Control Plan