

Greater New Orleans Surgery Center

ADA ACCESSIBILITY

Page 1 of 1

Reviewed: August 1, 2001
8/1/03, 6/24/08, 05/01/09
Implemented: August 1, 2001

POLICY:

The Greater New Orleans Surgery Center will be diligent in its effort to maintain compliance with the accessibility sections of the American's with Disabilities Act (ADA).

It is the responsibility of the Administrator to review facility design requests and to evaluate alterations made in the facility to maintain ADA compliance. Although federal requirements will be used as a guideline, local building codes may vary from these guidelines and should be checked before undertaking any new construction or making any alterations.

Final decisions about whether or not to make alterations to the facility will be made only after consulting with the Corporation Facilities Design department.

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Greater New Orleans Surgery Center

ANNUAL EVALUATION OF THE SAFETY MANAGEMENT PROGRAM

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Reviewed: August 1, 2001
8/1/03, 6/24/08, 05/01/09
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PURPOSE:

To maintain the currency and consistency of safety management policies and procedures and to evaluate the usefulness of the safety program's performance standards.

POLICY:

Greater New Orleans Surgery Center will evaluate annually the objectives, scope, organization, and effectiveness of the safety management program.

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Greater New Orleans Surgery Center

FACILITY SAFETY INSPECTIONS

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Reviewed: August 1, 2001
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POLICY:

If a deliberate, planned approach to safety is not initiated, unsafe conditions will occur. Managers, as a part of their normal daily routine, should constantly check during each shift for hazards, which may pose a threat to staff, patients, visitors or equipment. These informal inspections are an intricate part of the center's overall safety program.

PROCEDURES:

- A. The manager's will be vigilant in identifying, reporting, and following through on unsafe conditions.
- B. Manager's will encourage their subordinates to diligently report unsafe conditions to them.
- C. The following points will make inspections more meaningful and should be followed by supervisors:
 1. Be sure to look for "off-the-floor" items as well as those at ground level. Look for those items that are hidden away and seldom seen. Check all possible storage areas.
 2. Be thorough and methodical. This will assure success.
 3. Describe a hazard and its location accurately. Its description and location should be stated clearly and location exactly. Record any questions or appropriate details pertaining to a recognized hazard.
 4. Take any immediate measures that are necessary. If it is a situation, which would risk human injury, action must be taken immediately - not after the inspection.
 5. Recommend a plan of corrective action based on hazard severity. This will enable management to arrange the most effective schedule of corrective measures.
- D. Report all unsafe conditions immediately to the center's safety officer.

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GENERAL SAFETY GUIDELINES

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POLICY:

Every employee realizing that they are responsible for the safety and welfare of all patients, visitors, and fellow employees as well as their own safety can enhance safety in the center. These general rules can assist you by helping to make you a more safety conscious individual and a greater asset to the center.

PROCEDURES:

- A. Report any unsafe condition immediately to your supervisor.
- B. Any foreign matter on the floor should be removed or mopped up immediately.
- C. Report all injuries, however slight, to first responder and secure first aid.
- D. Report all patient problems and complaints to the supervisor in charge.
- E. Walk, don't run - use caution at intersections.
- F. Open swinging doors carefully.
- G. Observe warning signs.
- H. Never engage in horseplay or practical jokes, they can have tragic consequences.
- I. Know your duties during a fire or disaster.
- J. There are no foolish questions. If in doubt, ask your supervisor.
- K. Desk and file drawers should be kept closed if not in use.
- L. Never use chairs or makeshift platforms for reaching overhead objects. Use only a ladder for this purpose.
- M. Report any electrical shocks, hazards, or ungrounded electrical equipment.
- N. Never operate any equipment until you have been given complete instructions.
- O. Use proper lifting techniques.

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Greater New Orleans Surgery Center

GOVERNING BODY SUPPORT OF THE ENVIROMENT OF CARE MANAGEMENT

Page 1 of 1

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PURPOSE:

To establish a relationship between Greater New Orleans Surgery Center Governing Body and the Environment of Care Management Plans.

POLICY:

The Governing Body at Greater New Orleans Surgery Center will strive to assure a safe environment of care for patients, staff, and visitors by requiring and supporting the establishment and maintenance of effective Environment of Care Management Programs.

PROCEDURE:

1. The Governing Body will:
 - A. Require and support Environment of Care Management Program
 - B. Maintain the programs through:
 1. Communication regarding general policies and procedures; and
Quarterly review of reports of key incidents, accidents, and trends that may compromise the safety of patients, visitors, or staff; actions taken; and the effectiveness of the actions taken.

Greater New Orleans Surgery Center

GROUNDS SAFETY

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Reviewed: August 1, 2001
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PURPOSE:

To ensure that the center grounds are maintained in a manner that provides a safe environment for all patients, staff and visitors.

POLICY:

The Safety Officer is responsible for ensuring the safety of the center grounds.

PROCEDURE:

- A. All staff is to monitor and ensure that the grounds are as secure as possible at all times.
- B. All exterior areas are well illuminated to provide an adequate level of visibility.
- C. A contracted landscaper shall maintain all lawns, trees, shrubbery, and flower beds to present an environment neat in appearance.
- D. Trash receptacles are emptied and all walkways are swept as needed.
- E. All staff is on a constant watch for any debris or physical hazards which may pose a safety problem.
- F. All driveways and traffic routes will be kept clear to ensure safe and access to all designated parking areas.
- G. If normal access routes are affected for any reason alternate routes will be established. Management will post signs to aid way finding.

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Deleted: <#>During times of freezing temperatures, Staff will be on the watch for any icing of the walkways or roads. If any ice is found the Manager shall immediately apply de-icer and wet floor signs to the problem area. The de-icer should be applied as directed by manufacturer. If icing is severe the Administrator shall be contacted, and a decision made as to whether additional staff should be called in to assure that walks and roads are kept clear.¶

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Greater New Orleans Surgery Center

HOLIDAY DECORATIONS

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POLICY:

The following guidelines will be considered to maintain the safe and aesthetic use of decorative and/or festive items within the center. These are only general guidelines and common sense must be a partner to this policy.

PROCEDURE:

I. General Guidelines:

- A. Managers will be responsible for the installation and removal of holiday decorations in their area.
- B. Holiday decorations can be placed only ten days prior to a holiday and will be removed within three days after the holiday.
- C. All decorations must be removed and stored and/or disposed of. This means that any adhesive tape, string, etc. must also be removed.
- D. All decorations should be in good taste and promote festivity.

II. Safety Guidelines:

- A. At no time shall decorations of any kind be placed over fire exits and exit lights.
- B. At no time shall decorations be hung from or within two feet of any smoke detector (including fire alarm panels), fire suppression equipment (extinguishers, sprinklers) or any other life safety device.
- C. There shall be no electrical cords, lights, or heat producing electrical equipment used without prior authorization from the maintenance department.

Greater New Orleans Surgery Center

PERFORMANCE IMPROVEMENT – SAFETY REPORTING AND ACTION

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Reviewed: August 1, 2001
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PURPOSE:

The Performance Improvement Council (PIC) is designed and implemented in an effort to stimulate routine discussion that will improve and streamline the organization's environment of care management plans.

POLICY:

Greater New Orleans Surgery Center will require and support a PIC, appointed by the Administrator or his/her designee. This committee will analyze identified environment of care management issues and develop recommendations for resolving them.

PROCEDURE:

1. The PIC will meet at least every quarter.
2. The Safety Officer will receive reports from at least the following:
 - A. Safety Management (including Risk Management)
 - B. Life Safety Management
 - C. Security Management
 - D. Hazardous Materials and Waste Management
 - E. Emergency Preparedness
 - F. Equipment Management
 - G. Utilities Management
3. The PIC will make and/or approve recommendations to the center's medical staff executive committee and the governing body as appropriate.

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REPORTING A PATIENT GRIEVANCE

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PURPOSE:

- A. To direct Greater New Orleans Surgery Center employees to respond promptly and with concern for quality patient care to complaints or other grievances from patients and visitors.
- B. To establish a means for tracking and analyzing patient grievances or complaints which relate to patient care and the quality of medical services.

POLICY:

To promote quality patient care, procedures have been established for documenting, reporting and responding to patient or visitor grievances or complaints about the quality of medical services or patient care.

- A. Responsibilities
 - 1. Each employee has the responsibility to generate a Center Incident Report in response to patient or visitor complaints about the quality of medical services or patient care.
 - 2. The risk manager has the responsibility to review and analyze Center Incident Reports and to coordinate an appropriate investigation of reported complaints or grievances with the administrator.

PROCEDURE:

- A. Every patient or visitor complaint about the quality of medical services or patient care is to be recorded in the medical record along with any response and reported to the risk manager within 24 hours on a Center Incident Report.
- B. Serious complaints such as allegations of physical or sexual abuse should be reported immediately by telephone to the risk manager or the administrator-on-call that will report the allegations to the appropriate authorities as required by state laws.
- C. The risk manager will follow-up on, track and analyzes reported occurrences.
- D. The risk manager will investigate via interviews or record review all aspects of the complaint.

Greater New Orleans Surgery Center

REPORTING A PATIENT GRIEVENCE

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- E. The risk manager will report the complaint and investigative findings to the appropriate facility and medical staff committees. This report should include actions taken or recommended to remedy the situation.
- F. The risk manager or Administrator should immediately phone serious complaints in to the Corporate Legal Department.
- G. Efforts should be made to adjust care practices to suit the patient's wishes if they fall within the scope of safety and accepted medical practices.

Greater New Orleans Surgery Center

RISK MANAGEMENT PROGRAM

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PURPOSE:

- A. To define a coordinated mechanism to decrease or prevent losses (liability).
- B. To promote the safety of patients, employees, and visitors.

POLICY:

For the safety of employees, patients and visitors, Greater New Orleans Surgery Center has established a risk management program to coordinate the safety and loss prevention programs, to address the components of the professional and general liability programs as well as property, auto and worker's compensation insurance programs. This program applies to all employees within the facility.

A. Responsibilities

- 1. The governing board is ultimately responsible for the facility's risk management program but delegate's day to day implementation to the administrator.
- 2. The administrator, in turn, has responsibility for providing operating resources and for delegating the implementation of the risk management program to the risk manager.
- 3. The risk manager has responsibility for coordinating all aspects of safety and loss prevention for the facility's risk management program and for disseminating appropriate information to all employees.
- 4. The medical staff participates in the risk management program to promote the delivery of care of professionally recognized quality and to promote the safety and well being of patients, medical staff, employees and visitors. This responsibility is reflected in the medical staff's bylaws, rules and regulations, department and committee functions.
- 5. Each employee is responsible for reporting unusual occurrences and potential safety problems to the risk manager.

B. Elements

- 1. The center has an established risk management program, which includes reporting, investigating, and analysis of the frequency and causes of general categories and specific types of occurrences.

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RISK MANAGEMENT PROGRAM

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2. The facility has an established occurrence reporting system, which includes as a minimum the following:
 - a. Procedures for the completion of Center Incident Reports.
 - b. Instruction for all new employees as to the operation of the occurrence reporting system and the responsibility of each employee to participate in the risk management program.

PROCEDURE:

- A. The risk manager or administrator, on a monthly basis, prepares a summary report analyzing Center Incident Reports for the safety/risk management committee and for the appropriate medical staff committee.
- B. After analyzing data, which may include a summary by category of patient, employee, visitor or equipment related occurrences, the risk manager makes recommendations for appropriate corrective actions and risk prevention, education and training to the responsible department.
- C. The risk manager follows up on recommendations to confirm their execution and assess their usefulness.
- D. The safety task force committee submits a general summary report of A and B above to the governing board quarterly.

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SAFETY IN OXYGEN ENRICHED ATMOSPHERE

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POLICY:

Oxygen-enriched atmospheres present a unique safety hazard for patients, staff and visitors. In order to minimize such hazards, all center departments, which administer or are otherwise connected with the use of oxygen, will have written policies and procedures relating to oxygen safety.

PROCEDURES:

- A. Policies and procedures will be written by each center department, which is involved in the use of oxygen.
- B. Warning signs will be posted in all areas in which oxygen is in use.
- C. Nursing staff will instruct patients and visitors using oxygen in safety precautions related to use of oxygen.
- D. Malfunctions in the oxygen delivery system will be promptly reported to the Administrator.
- E. Clinical Manager will be responsible for securing Oxygen Shutoff Valves in the event of a fire or other emergency.

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SAFETY OFFICER AUTHORITY

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Reviewed: August 1, 2001
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PURPOSE:

The purpose of this policy is to define the authority and responsibilities of the Safety Officer.

POLICY:

The Administration of Greater New Orleans Surgery Center provides the Safety Officer authority to act in emergencies when the Administrator or designee is absent from the center. It is expected that the Safety Officer will use his/her best judgement to remedy the emergency situation or to initiate the center's emergency preparedness procedure(s).

PROCEDURE:

1. The Administrator designates a Safety Officer of Greater New Orleans Surgery Center. The Safety Officer is an extension of the Administrator of the facility and is granted the authority to effect immediate corrections of life threatening conditions.
2. The Safety Officer appointed by the CEO, Medical Staff, and governing board, is responsible for the development, implementation and monitoring of Safety Management programs.
3. It is the responsibility of the Safety Officer to provide authority to act in the event of emergency and to activate any necessary emergency procedures.
4. The Safety Officer shall collect data related to the center's established safety management plans and report variances to the PIC Committee at least quarterly.

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SAFETY SUVELLIANCE

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PURPOSE:

To define the purpose of safety surveillance.

POLICY:

The Safety Officer is responsible for assuring that safety surveillance is completed throughout the facility no less than every six months.

PROCEDURES:

1. The center's Safety Officer or designee shall be responsible for conducting all safety surveillance.
2. Managers will be notified at the beginning of a tour and will be encouraged to participate.
3. During these tours the facility will be surveyed for compliance the Life Safety Code 101 and compliance with aspects of the environment of care management program.
4. Findings of these tours will be reported to and tracked through the PIC committee.

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STORAGE SPACE

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Reviewed: August 1, 2001
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PURPOSE:

To define storage space guidelines.

POLICY:

Only approved areas that are properly maintained may be used as storage space.

PROCEDURE:

- A. Storage area shall be kept clean and uncluttered.
- B. Items in storage shall not obstruct the proper inspection, testing or operations of any fire extinguishing devices or electrical panel.
- C. A thirty-six inch clearance shall be maintained around any fire-extinguishing device.
- D. No materials will be stored within 18 inches of ceiling or fire sprinkler head.
- E. Storage areas shall be kept clean of insects and rodents.
- F. Storage shelves shall be sealed against the floor or have adequate space for cleaning underneath them - six inches minimum.
- G. Facility Fire exits must be kept uncluttered and objects only stored on one sidewall area. A minimum of 44 inches for passage must be maintained.

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USE OF ELECTRICAL CORDS AND ADAPTORS

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Reviewed: August 1, 2001
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PURPOSE:

To establish a center-wide policy regarding the use of extension cords and adapters.

POLICY:

Each department head and supervisor is responsible for enforcing this policy.

PROCEDURE:

A. Extension Cords

1. Requests for extension cords are to be reviewed by the Manager before issuance of cords.
2. Only cords meeting National Electrical Code Standards are to be used in the center.
3. Extension cords are to be used as temporary items only where they seem necessary. When more permanent conditions exist, a request for the installation of a wall outlet should be submitted to Maintenance.
4. Where extension cords are used they are to be placed so as not to constitute a tripping hazard.
5. Where an extension cord carries electrical power into a wet area, a portable ground fault circuit interrupter (GFCI) is to be used to connect it to a wall outlet.

B. Adapters

1. Three prong to two prong adapters (cheaters) are not permitted within the center.
2. Multiple two prong adapters (cube taps) are not permitted within the center. Where they seem necessary, a work request for additional wall outlets should be submitted to maintenance.

Greater New Orleans Surgery Center

WORKER'S COMPENSATION ACCIDENT INVESTIGATION

Page 1 of 2

Reviewed: August 1, 2001
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PURPOSE

To communicate corporate policy in completing the Workers' Compensation Accident Investigation Report in the event an employee sustains or reports a work-related injury/illness.

POLICY

All supervisory personnel within the facility should have access to the Workers' Compensation Accident Investigation Report (attached). If an employee has a work-related injury/illness, this report should be filled out immediately. This report should be filled out when an employee states he/she has an on the job accident/exposure. The employee's direct supervisor at the time of the accident is the individual responsible for filling out this report. Under no circumstances should the injured employee fill out this report.

PROCEDURE

1. When filling out the Workers' Compensation Accident Investigation Report, it is imperative this report is filled out in its entirety. The supervisor should complete as much of the biographical information as possible in the top portion of this report. Some information may not be known, therefore, the Administrator should complete this portion of the report.
2. The location of the accident/exposure should be filled out including the location in the facility where the accident/exposure occurred. This should include room numbers, area locations, etc. where the accident occurred.
3. The description of the accident/exposure should be filled out completely including how the accident occurred. Also, state what the employee was doing and whether the activity is in the course and scope of the employee's position.
4. Fill out the nature and extent of the injury/illness. Be specific as to what part of the body was injured and whether the injury involved a laceration, bruise abrasion. Etc. If the employee has medical treatment, then fill in under diagnosis, the physician's initial diagnosis. Based on this information, state whether the injury is consistent with the accident/exposure.
5. If an employee has suffered a back injury, then complete the section regarding the employee's last body mechanics training. Also, if the injury occurred during a patient transfer, fill in the information regarding the age and weight of the patient, and whether the transfer was attempted alone.
6. If the employee seeks medical treatment, then complete the name of the physician and other information completely.

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WORKER'S COMPENESATION ACCIDENT INVESTIGATION

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7. If there are any witnesses to the accident, then list the names of the witnesses. List the full and complete names of the witnesses, including the department in which they work.
8. Fully complete the final three questions on the report. These are important from a corrective action point. It is imperative, if any hazard still exists, to remove this hazard immediately. This includes any action that is being taken to eliminate the hazard, which resulted in the accident. Make recommendations to prevent this type of accident from occurring again. The final question is whether the accident facts are consistent with the reported accident/exposure. Are the facts of the case consistent with the information that is obtained? If the facts are not consistent, then explain the reasoning why.
9. In the top right corner of the report, the OSHA 200 File/Case Number is requested. This number should be consistent with the entry made on the OSHA 300 Log.
10. The employee's supervisor and the administrator must sign the report.
11. The distribution and administration of the Workers' Compensation Accident Investigation Report is the responsibility of the Administrator.