

HACKETTSTOWN REGIONAL MEDICAL CENTER ADMINISTRATIVE POLICY MANUAL

SAFETY COMMITTEE

Effective Date: 2/1996

Cross Referenced: Safety Management Plan

Review Date: 11/2012

Revision Date: 11/2012

Policy No: AD102

Origin: AD

Authority: Safety Officer

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SCOPE

All areas of Hackettstown Regional Medical Center

PURPOSE

The outline the mechanisms by which the Safety Committee oversees processes that will provide safe, functional, supportive and effective environment for patients, staff and other individuals in the facility.

MEMBERSHIP

The Safety Committee is an interdisciplinary team responsible for monitoring, reviewing, analyzing, and providing recommendations regarding safety issues. Each person selected will appoint an alternate member who will serve in his/her absence. The Committee shall consist of the following representatives:

Safety Officer/Chairperson	Medical Staff Liaison (as necessary)	Administration
Nursing	Biomedical Engineer	Nutritional Care Manager
Occupational Health Nurse	Radiation Safety Representative	Environmental Services Manager
Risk Manager (as necessary)	Infection Control	Security/Maintenance Mgr/Staff
Materials Management Manager	Staff Development	Therapy Services

Individuals with expertise in all areas involving safety issues are available to participate as needed. A representative from the hospital's insurance carrier also attends.

RESPONSIBILITIES

The Safety Committee is responsible for developing, implementing, and maintaining a comprehensive, organization-wide safety program, and endeavors to accomplish this by:

1. Overseeing the Safety Management Program including the environment of care rounding processes.
2. Reviewing and evaluating all hospital-wide and pertinent policies and procedures which apply to safety.
3. Performing the annual review and evaluation of the objectives, scope, organization and effectiveness of the Safety Management Plans.
 - a. Safety
 - b. Security
 - c. Hazardous materials and waste
 - e. Life safety
 - f. Medical equipment
 - g. Utility systems

NOTE: Emergency Preparedness Plan is received and evaluated by the Emergency Management Committee.

4. Annual completion of risks assessment.
5. Reviewing summaries of reports (including deficiencies, problems, failures, and user errors) related to managing the plans.
6. Evaluating orientation, education and reeducation programs provided for employees as they relate to all components of the hospital-wide safety program.
7. Receiving and reviewing reports from, and providing feedback to, departments which interface with components of the Safety Program; i.e., Risk Management, Performance Improvement and Department Directors.

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8. Providing reports (no less than semiannually) to the Professional Practice Committee of the Board of Directors and Administration.
9. Maintaining minutes which reflect the conclusions, recommendations, and actions of the Committee. Reports are forwarded to appropriate individuals, such as department managers, to ensure the effective communication of safety issues/actions.

MEETINGS

The Safety Committee shall meet no less than six (6) times per year.