5 RISK MANAGEMENT

OVERVIEW OF RISK MANAGEMENT

Health facilities work to provide a safe, functional and supportive facility for patients, families, personnel, volunteers and visitors. To reach this goal, facilities, equipment and medication must be effectively managed. In particular, management must strive to:

• identify, evaluate, reduce and control hazards and risks;
• prevent accidents and injuries;
• maintain a safe environment.

Effective management includes the planning, education and monitoring of resources needed to safely and effectively support the clinical services provided in the in-patient, day care and home care settings. All the personnel are taught how to reduce risks, and how to monitor and report situations that pose risk. Criteria are used to monitor important systems and identify needed improvements.

Planning should consider the following areas in all settings, when appropriate to the activities of the organisation.

• Occupational health and safety programmes – the organisation complies with legislation relating to health and safety and risk management.
• Fire safety – property and occupants are protected from fire and smoke.
• Emergencies – responses to disasters and emergencies are planned and effective.
• Hazardous materials – the handling, storage and use of flammable and other materials are controlled and hazardous waste is safely disposed of.
• Security – property and occupants are protected from harm and loss.

The provision of health and safety services, emergency planning and other aspects of providing a safe environment all require personnel and volunteers to have the necessary knowledge and skills for their implementation.
Standards

5.1 Risk management

5.1.1 Managers and leaders work collaboratively to develop, implement and maintain effective risk management systems in the organisation.

Intent of 5.1.1
To plan effectively, the organisation must be aware of all relevant risks. The goal is to prevent accidents and injuries, maintain safe and secure conditions for patients, families, staff, volunteers and visitors, and reduce and control hazards and risks. Risk management includes:

- comprehensive risk assessment of the organisation and/or facility;
- planning all aspects of the risk management plan (financial, physical, environmental, medico-legal, operational, etc);
- implementation of the programme;
- staff education;
- testing and monitoring the programme; and
- periodic review and revision of the programme.

Monitoring of all aspects of the programme provides valuable data to make improvements in the programme and further reduce risks within the organisation.

5.1.1 Criteria

5.1.1.1 There are documented risk management processes for identifying all risks (physical, environmental, medico-legal, operational, etc) relating to organisational processes and systems, personnel, patients, visitors and physical facilities.

5.1.1.2 Management and leaders ensure the development and implementation of written policies and procedures for risk management processes and activities.

5.1.1.3 On-going in-service training of all personnel in these policies, procedures and risk management principles, including reporting of adverse events, is documented.

5.1.1.4 One or more qualified and/or skilled and/or experienced individuals supervise the implementation of the risk management system.

5.1.1.5 There is a system for monitoring negative incidents/near misses/ adverse (sentinel) events and it includes the documentation of interventions and responses to recorded incidents.

5.1.1.6 Risk management systems are reviewed whenever there are changes in organisational systems and processes, or physical facilities.

5.2 Occupational Health and Safety

5.2.1 Management makes provision for occupational health services in accordance with a documented policy framework.
5.2.1 Criteria

5.2.1.1 The organisation provides its personnel with occupational health services.

5.2.1.2 Where applicable, legislation regarding occupational health services is implemented.

5.2.1.3 The organisation has access to the services of a knowledgeable and experienced person in the field of occupational health.

5.2.1.4 Written policies and procedures on all aspects of health and safety guide the personnel in maintaining a safe work environment.

5.2.1.5 The occupational health service provides information and training on risks specific to the health care workers.

5.2.1.6 First aid kits/materials for health care workers are available.

5.2.1.7 Post exposure prophylaxis (PEP) is available to the personnel in accordance with organisational policy.

5.3 Security

5.3.1 As part of risk management, the organisation makes provision for the safety and security of personnel, volunteers, patients, visitors and buildings.

Intent of 5.3.1

The organisation has a responsibility to ensure that personnel, volunteers, patients and visitors are safe from attacks or theft by intruders. The organisation identifies areas and groups that are vulnerable and require added security. The health facility takes responsibility for protecting patients from physical assault by outsiders, other patients and personnel. This responsibility is particularly relevant to infants and vulnerable children, the elderly, and others unable to protect themselves or signal for help. Each health facility identifies its vulnerable patient groups and establishes a process for protecting the rights of individuals in those groups. Vulnerable patient groups and the health facility's responsibility may be identified in laws, charters or regulations. Comatose patients and patients with mental or emotional disabilities are also included. Protection extends beyond preventing physical assault to other areas of safety. Verbal and other forms of abuse, negligent care, withholding health facilities and failing to provide assistance in the event of a fire or other emergency are all aspects of safety and require vigilance.

The health facility seeks to prevent assault through processes such as investigating individuals in the facility without identification, monitoring remote or isolated areas of the facility and quickly responding to those thought to be in danger of assault. The personnel understand their responsibilities in these processes.
Plans are developed and implemented to provide protection. The loss of organisation property must be prevented.

5.3.1 Criteria

5.3.1.1 Security systems, including guards, provide for internal security.

5.3.1.2 There is effective control of access to restricted areas in the facility, e.g. laboratory, pharmacy, etc.

5.3.1.3 Security systems, including guards, provide for external security.

5.3.1.4 The health facility has a process for protecting patients and personnel from assault.

5.3.1.5 A mechanism, known to the personnel, is available for summoning the assistance of security/police/protection service in the case of an emergency.

5.3.1.6 Alarm systems and signals are tested every month.

5.4 Fire safety

5.4.1 As part of risk management, the organisation implements structured systems to ensure fire safety.

Intent of 5.4.1
Fire is an ever-present risk in a healthcare organisation. An organisation needs to plan for:

- the prevention of fires through the reduction of risks, such as the safe storage and handling of potentially flammable materials;
- safe and unobstructed means of exit in the event of fire;
- clearly depicted fire escape routes;
- inspection reports from the local fire departments; and
- suppression mechanisms such as water hoses, chemical suppressants or sprinkler systems. These actions, when combined, give patients, families, staff and visitors adequate time to safely exit the facility in the event of a fire or smoke. These actions are effective no matter what the age, size or construction of the facility.

The organisation’s fire safety plan identifies:

- the frequency of inspection, testing and maintenance of fire protection and safety systems, consistent with requirements;
- the process for testing, at least twice per year, the plan for the safe evacuation of the facility in the event of a fire or smoke;
- the necessary education of staff to effectively protect and evacuate patients when an emergency occurs;
- the need for each staff member to participate in at least one emergency preparedness test per year; and
- the required documentation of all inspection, testing and maintenance systems.

The organisation develops and implements a policy and plan to eliminate smoking in the organisation’s facilities, or to limit smoking to designated non-patient care areas.

5.4.1 Criteria

5.4.1.1 There are structured systems and processes in place to ensure that all occupants of the organisation’s facilities are safe from fire or smoke.

5.4.1.2 Documented certification is available from the relevant authority to
show that the facility complies with applicable laws and regulations in relation to fire safety (e.g. fire clearance certificate).

5.4.1.3 Fire fighting equipment is regularly inspected and serviced at least annually; the date of the service is recorded on the apparatus.

5.4.1.4 Flammable materials are clearly labelled and safely stored.

5.4.1.5 Easily recognised and understood signs prohibiting smoking are displayed in areas where flammable materials and combustible gases are stored.

5.4.1.6 A floor plan, showing the location of fire fighting equipment, electrical distribution board, evacuation routes and emergency exits, is displayed.

5.4.1.7 Annual staff training in fire prevention and evacuation procedures is documented.

5.5 Emergency planning

5.5.1 As part of risk management, the organisation develops a written plan to respond to emergencies.

Intent of 5.5.1 Community emergencies, epidemics and disasters, such as damage to patient care areas as a result of an earthquake, or flu that affects the personnel, may directly involve the organisation. Organisations should also be prepared for bomb threats, fire, flooding, natural disasters, failure of water and electrical supplies, hostage taking, explosions and the consequent loss of vital services. There may be a time when it is necessary to evacuate patients. This can only be done quickly and effectively if the personnel are trained in evacuation procedures.

To respond effectively, the organisation develops a plan and tests it. The plan provides processes for alternate care sites, if needed, and alternate sources of medical supplies, communications equipment, and other materials, such as food and water if an inpatient unit or day care centre exists on the premises.

5.5.1 Criteria

5.5.1.1 There is a written plan to deal with emergencies (including bomb threats, fire, flooding, natural disasters, failure of water and electrical supplies).

5.5.1.2 Documented evidence is available to show that the personnel participate in a rehearsal of the plan at least annually.

5.6 Prevention and control of infections

5.6.1 As part of risk management, the organisation designs and implements a co-ordinated programme to reduce the risk of infections in patients and healthcare workers.

Intent of 5.6.1
For an infection prevention and control programme to be effective, it must be comprehensive, encompassing both patient care and employee health. The programme is appropriate to the size and geographic location of the organisation, the services offered by the organisation, and the patients seen by the organisation.

Infections can enter the organisation via patients, their families, staff members, volunteers, visitors, other individuals and vectors. Thus, all areas of the organisation where these individuals or vectors are found must be included in the programme of infection surveillance, prevention and control.

One or more individuals, acting on a full-time or part-time basis, direct the programme. The qualifications needed depend on the activities they will carry out and the requirements may be met through education, training or experience. Co-ordination involves communication with all parts of the organisation to ensure that the programme is continuous and proactive.

Whatever the mechanism chosen by the organisation to co-ordinate the infection control programme, medical and nursing personnel are represented and engaged in the activities. The individual, committee, or other mechanism must also monitor those housekeeping and other support service practices which may lead to the spread of infection, e.g. cleaning, linen supply, laundry services and waste disposal.

Information is essential to an infection control programme as it supports the following activities:

- tracking risks, rates and trends in nosocomial infections;
- data analysis; and
- interpreting and presenting findings.

In addition, infection control programme data and information are managed with those of the organisation's quality management and improvement programme.

Hand washing, barrier techniques and disinfecting agents are fundamental to infection prevention and control. The organisation identifies those situations in which the use of masks and gloves is required and provides training in their correct use. Soap and disinfectants are located in those areas where hand washing and disinfecting procedures are required. The personnel are educated in proper hand washing and disinfecting procedures.

5.6.1 Criteria

5.6.1.1 An individual member of staff is identified to be responsible for infection control in the organisation.

5.6.1.2 All patient, staff and visitor areas of the facility are included in the documented infection control programme.

5.6.1.3 Written policies and procedures guide the personnel in the implementation of the infection control programme.

5.6.1.4 The infection control programme is monitored through a document audit process.

5.6.1.5 Regular in-service training is given to all personnel in the field of infection control and is documented.

5.6.1.6 Hand washing and disinfecting facilities, including water, soap, paper towels or hand sanitizers are available in all relevant areas. PA (P1.3.2)

5.6.1.7 Personnel are constantly reminded of the importance of effective hand washing, e.g. posters are displayed.

5.6.1.8 Protective clothing (gloves, masks, aprons etc.) is available and used correctly.
5.6.1.9 The organisation uses risk, rate and trend information to design or modify processes to reduce nosocomial infections to the lowest possible levels.

5.6.1.10 The organisation reports information on nosocomial infections and notifiable diseases to appropriate external public health agencies.

5.6.2 The organisation has a written plan for handling, storing and disposing of waste.

Intent of 5.6.2
Household waste, hazardous wastes, such as chemicals, hazardous gases and vapours, pharmaceutical and healthcare waste, are identified by the organisation and are safely controlled according to a plan. All clinical waste is regarded as hazardous or potentially hazardous. The plan is included in the organisation's risk management plan.

5.6.2 Criteria

5.6.2.1 There is a waste management system, consistent with current local bylaws and regulations.

5.6.2.2 The system includes safe handling, storing and disposing of different types of waste.

5.6.2.3 Handling, storing and disposing of healthcare waste is included in the plan.

5.6.2.4 There is a colour coding system for the bags to be used for segregating the different types of waste.