2023

Workplace Safety Plan
Accident Prevention Program
Child Study and Treatment Center

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Washington State
Department of Social & Health Services

Transforming lives

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Executive Summary

The 2005 State Legislature enacted House Bill 1160 (Chapter 187, Laws of 2005) to reduce workplace violence in the state hospitals. Section 1 of that act, which was codified as RCW 72.23.451, requires the Department of Social and Health Services (DSHS) to do the following:

> "By September 1 of each year, the department shall report to the house committee on commerce and labor and the senate committee on commerce and trade, or successor committees, on the department's efforts to reduce violence in the state hospitals".

This report describes the Department's efforts to reduce violence in the state hospitals, with updated details on the efforts put forth from each hospital during the report period.

Purpose

The purpose of this Workplace Safety Plan is to improve and maintain workplace safety at Child Study and Treatment Center (CSTC) by providing information, policies, and guidance for the proactive identification of safety risks and implementation of processes and mitigation action to prevent accidents, injuries, illness, and workplace violence.

Scope

The Workplace Safety Plan (WSP) is applicable to all hospital personnel including Maintenance and Operations Division (MOD), Consolidated Business Services Region 3 (CBS3), contractors, professional trainees, and volunteers. Central Contracts and Legal Services (CCLS) employees work collaboratively with CSTC personnel to create and maintain a safe work environment using a Service Level Agreement (SLA) to identify hospital and CCLS responsibilities and service obligations.

The Workplace Safety Plan incorporates:
- Applicable federal and state laws and rules including the:
  - Occupational Safety and Health Administration (OSHA),
  - Labor and Industries Division of Occupational Safety and Health (DOSH),
  - WAC 296-800-140: Accident Prevention Program,
  - WAC 296-800-130: Safety Committees, and
  - RCW 72.23.400: Workplace Safety Plan
- Applicable accreditation standards and regulations of:
  - The Joint Commission (TJC),
  - Centers for Medicare & Medicaid Services (CMS), and
  - Department of Health (DOH)
- DSHS Administrative Policy 18.67, Workplace and Domestic Violence/Reasonable Safety Accommodation

Executive Leadership Commitment

Executive Leadership places a high value on workplace safety and is committed to providing a safe environment by devoting resources for staff training, safety committees, emergency management, facilities maintenance, and incident reporting and continuous quality improvement systems. Executive Leadership is also committed to providing support to

injured employees and victims of workplace violence by devoting resources for incident level debriefings and Critical Incident Stress Management (CISM) debriefings.

The Chief Executive Officer (CEO) has delegated authority to the Safety & Emergency Preparedness Manager , Infection Control / Employee Health Nurse, and Executive Leadership Team (ELT) to stop any action that places the lives of employees, patients, contractors, professional trainees, and visitors in immediate danger.

Safety and Health Responsibilities

Workplace safety requires ongoing vigilance, communication and collaboration by the Executive Leadership Team, supervisors, and employees to identify and eliminate workplace hazards and prevent workplace violence.

Executive Leadership Team Responsibilities

It is Executive Leadership's responsibility to create and maintain workplace safety, which includes:

- Maintaining a Safety Committee in accordance WAC 296-800-13020 and providing employees sufficient time to participate on the committee.
- Ensuring injuries and illnesses are recorded and reported and an Occupational Safety and Health Administration (OSHA) Summary, which is signed by the Chief Executive Officer is posted per WAC 296-800.
- Reviewing workplace safety data and implementing prevention and mitigation measures to improve workplace safety by analyzing program policies and procedures, training, education, and environmental design to reflect best practices and conform to applicable laws and regulations per TJC Comprehensive Accreditation Manual EC.04.01.01.
- Conducting an annual Environmental Risk Assessment to mitigate or resolve workplace safety and security risks per TJC Comprehensive Accreditation Manual EC.02.01.01.
- Providing guidance and supervision to hospital personnel to ensure compliance with the Workplace Safety Plan.
- Recruitment and retention of qualified staff to ensure effective patient care and maintenance of a safe workplace.
- Creating, maintaining, and promoting a culture of safety.

Supervisors Responsibilities:

It is the supervisor's responsibility to create and maintain workplace safety, which includes:

- Employees receive a documented site-specific safety orientation and training to ensure the employee performs their duties safely.

- Providing supervision to identify unsafe employee work practices and to provide training or disciplinary action when needed.
- Ensuring employee injuries are reported, investigated and all required documentation is properly completed and submitted.
- Working collaboratively with the hospital Safety & Emergency Preparedness Manager and DSHS Enterprise Risk Management Office (ERMO) to identify changes to work practices or equipment that improves workplace safety.
- Employees understand the expectations of a violence free workplace and support is provided to employees who are victims of workplace violence by facilitating debriefings and making referrals to the Critical Incident Stress Management (CISM) team and/or Employee Assistance Program (EAP), as indicated.

Employee Responsibilities:

It is the employee's responsibility to create and maintain workplace safety, which includes:

- Immediately reporting to supervisors any unsafe conditions, injuries, near miss incidents and threats or acts of violence.
- Using personal protective equipment (PPE) as required and immediately reporting any malfunctions or need for service or replacement to supervisors. Removing or interfering with any PPE or equipment safety device or safeguard is prohibited.
- Utilizing situational awareness to maintain a safe and respectful work environment and always behaving respectfully to patient and co-workers, reinforcing a culture of safety.
- Promote the effective and efficient communication.
- Understanding and following patient treatment and safety plans to improve patient care outcomes and decrease safety risks.
- Understanding and complying with safety policies, procedures and training and encourage co-workers to use safe work practices.

Workplace Safety Committees

Safety Committee

The purpose of the Safety Committee is for employees and management to mutually address employee safety and health issues, in compliance with WAC 296-800-130. The committee is responsible for evaluating the effectiveness of the Workplace Safety Plan and for developing, implementing, and overseeing action plans to create and maintain a safe workplace.

Everyone at CSTC can bring safety issues up through their Safety Committee representative. Any safety issues brought up that cannot be resolved are reported to

Executive Leadership. Executive Leadership reviews all concerns that have been rolled up from the Safety Committee and assign responsible parties to ensure action plans to address these concerns are completed. Information is then communicated back to the Safety Committee. The Safety Committee performs proactive analysis of instances of workplace violence and makes recommendations and to ensure policies, procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations (TJC Comprehensive Accreditation Manual EC.02.01.01, EP.17). The Safety Committee will consist of employee-elected representatives and management designated representatives, in an amount equal to or less than employee-elected representatives, from the facility. The Safety Committee Chair and committee membership will be elected and/or re-appointed/replaced at least annually and ad hoc members invited as required.

Recommendations or concerns brought to the committee by employees will be reviewed and the status of action plans documented in the Safety Committee minutes. Committee minutes will be posted on the Safety Committee SharePoint site and posted on safety bulletin boards. Copies of the minutes will retained per Retention Schedule standards.

Environment of Care (EOC) Committee

The Environment of Care Committee (EOC) has oversight responsibilities for the Life Safety, Environment of Care, and Emergency Management standards of The Joint Commission (TJC) Comprehensive Accreditation Manual and related regulations under the Centers for Medicare and Medicaid Services (CMS). The EOC Committee will perform risk assessments of the Environment of Care, makes safety recommendations and develops action plans regarding the physical environment of care, and aid the Safety Committee in environment of care activities associated with the proactive analysis of workplace violence.

The Environment of Care committee is chaired by the hospital's Safety & Emergency Preparedness Manager and membership consists of the:

- Custodial Supervisor
- Director of Administration & Support Services
- Food Service Manager
- Infection Control / Employee Health Nurse
- Maintenance and Operations Division (MOD) Supervisor/Lead
- Psychiatric Child Care Counselor 3s (Cottage Supervisors)
- Quality Improvement Director

Safety Bulletin Board

Child Study and Treatment Center maintains safety bulletin boards specifically devoted to safety with all OSHA required postings within each cottage and the Administrative Building.

The safety bulletin boards contain the following required postings:

- Labor and Industry (L&I) Notice to Employees ([F242-191-000](#))
- Labor and Industry (L&I) Job Safety and Health Protection ([F416-081-909](#))
- Labor and Industry (L&I) Your rights as a Worker ([F700-074-000](#))
- OSHA 300A Summary of Work-Related Injuries and Illnesses
- Safety Committee Minutes and/or directions to Safety Committee SharePoint

Reporting and record Keeping of Safety and Near Miss Incidents

Employee Responsibilities

Employees involved in an on-the-job injury must immediately report the injury to their supervisor and complete the [Safety Incident / Close Call Report smart form / hard-copy (DSHS 03-133)](#). Completed smart forms are automatically forwarded to the supervisor upon completion of the smart form. Hard-copies are to be submitted to supervisors within 24-hours of the injury or near miss in accordance to [CSTC 04.106 Accident and Injury Reporting](#).

Additionally, all employee injuries must also be documented on a Seclusion/Restraint Flowsheet (05 CSTC 30-90) or Administrative Report of Incident (02 CSTC 30-37).

Employees involved in a near-miss incident must immediately report the incident to their supervisor. A "Near Miss is an incident that could have resulted in serious injury to an employee. The supervisor must notify the Safety & Emergency Preparedness Manager who in turn investigates to identify causes, hazards and how the incident might have been prevented. The Safety & Emergency Preparedness Manager will maintain a log of "Near Miss" events for analysis and performance improvement, and report to the Executive Leadership Team.

The [Report of Possible Client Assault (DSHS 03-391)](#) form is incorporated into the Safety Incident / Close Call Report smart form or completed separately in hard-copy format and attached to the Safety Incident / Close Call Report to record all incidents resulting from a potential client assault as outlined in [DSHS Administrative Policy 9.02, Benefits for Employees Assaulted by Residents/Clients](#).

A Post Exposure Packet is completed by employees in cases resulting in an exposure incident or blood borne pathogen exposure. This is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties.

Labor and Industry (L&I) [Activity Prescription Form (242-130-1111)](#) is initiated at the Physician's Office or Emergency Room when receiving medical or emergency

treatment for a work-related incident/injury or exposure. The Physician completes the form with the employee and mails a copy to Labor & Industries for processing.

Supervisor Responsibilities

Supervisors are responsible complete their section of the [Safety Incident / Close Call Report](#) in a timely manner. The report is automatically forwarded to the Safety & Emergency Preparedness Manager and Enterprise Risk Management Office (ERMO) for processing.

Whenever there is an employee accident that results in death or serious injury the supervisor must ensure a preliminary investigation is conducted.

- This may include participation by union representation, Safety & Emergency Preparedness Manager , ERMO staff and others.
- The investigator(s) takes written statements from witnesses, photographs the incident scene and equipment involved, if applicable.
- The investigator(s) must also document as soon as possible after the incident, the condition of equipment, if applicable, and any anything else in the work area that may be relevant.
- The investigator(s) make a written report of their findings and forwards the report to the Safety Office. The report includes a sequence of events leading up to the incident, conclusions about the incident and any recommendations to prevent a similar incident.

CEO's Administrative Assistant Responsibilities

The CEO's Administrative Assistant reviews all hard copy [Safety Incident / Close Call Reports](#) to ensure all required and pertinent information has been collected. The Administrative Assistant forwards all documentation to the Enterprise Risk Management Office (ERMO) claims department who in turn inputs the event into the Risk Master database. The CEO's Administrative Assistant will retain copies of all recorded injuries (hard-copy and electronic).

Safety & Emergency Preparedness Manager Responsibilities

The Safety & Emergency Preparedness Manager is responsible to investigate all injury, illness and reported near-miss occurrences and complete their section of the [Safety Incident / Close Call Report](#). Supervisor investigations must include:
- Gathering all necessary information
- Recording the sequence of events
- Listing all causative factors as they occur in the sequence of events
- Interviewing and collecting statements from witnesses as indicated
- Closely reviewing the employee's statement and description of the incident and identifying any discrepancies between employee's statement and actual findings

- A determination based on the findings:
  - Unsafe Act
  - Unsafe Conditions
  - Unsafe Acts/Conditions

The Safety & Emergency Preparedness Manager will also provide additional comments or investigation results, if indicated, are included on the form by the Safety & Emergency Preparedness Manager .

The Safety & Emergency Preparedness Manager is responsible for posting a completed copy of the OSHA Summary for the previous year on the designated safety bulletin boards each February 1 until April 30. The summary is kept on file and retained per the Retention Schedule. Any employee can view an OSHA log upon request at any time during the year.

DSHS Enterprise Risk Management Office (ERMO) Responsibilities

ERMO investigators complete a secondary review of all serious assaults where an injury requires medical treatment beyond first aid. A report is provided to Executive Leadership and the Safety & Emergency Preparedness Manager and recommendations are provided to the Safety Committee.

The ERMO Loss Prevention Consultants unit inputs and tracks all safety/near miss reports through RiskMaster and determines whether the incident must be recorded on the OSHA Injury and Illness Log and Summary. All recordable injuries/ illnesses must be entered within six days after the hospital becomes aware of the incident.

ERMO's Loss Prevention Consultants provide data reports to the Safety Committee on at least a monthly basis and prior to each Safety Committee meeting. The committee reviews incident reports and RiskMaster data and may decide to conduct separate incident investigations and/or develop action plans as indicated.

Reporting Requirements for Hospitalizations, Fatalities, Amputations, and Loss of an Eye
(DSHS Administrative Policy 9.01, WAC 296-27-031, and WAC 296-800-320)

Chief Executive Officer (CEO)/Designee Responsibilities
The Chief Executive Officer/designee must report the death of a resident and/or employee to the Behavioral Health Administration (BHA) Assistant Secretary verbally within 2-hours and follow up with a written Critical Incident report within 24-hours. The Assistant Secretary of BHA will notify the Senior Director of Communications, the Chief Risk Officer and the Office of Policy and External Relations Senior Director per DSHS Administrative Policy 9.01, Major Incident Reporting.

The Chief Executive Officer/designee will notify the BHA Assistant Secretary of significant injury of a patient and/or staff, including attempted suicide verbally

within 2-hours and follow up with a written report within 24-hours. Significant injury is defined as loss of limb, eye, or consciousness due to injury or injury requiring medical attention beyond first aid such as by a medical professional or first responder.

The Chief Executive Officer/designee must report to the Department of Occupational Safety and Health (DOSH) within 8-hours of becoming aware of a work-related incident that results in a fatality or inpatient hospitalization of any employee (unless it involves only observation or diagnostic testing).

The Chief Executive Officer/designee must report to DOSH within 24-hours of becoming aware of a work-related incident that results in either an amputation or the loss of an eye that does not require inpatient hospitalization.

The Chief Executive Officer/designee will report the following information when contacting DOSH:
- The employer's name, location, and time of the incident
- The number of employees involved and the extent of injuries or illness
- A brief description of what happened
- The name and phone number of a contact person

Employee Responsibilities
In the event of an employee work related inpatient hospitalization, fatality, amputation, or loss of an eye with or without inpatient hospitalization, the following rules apply:

Staff must NOT:
- Disturb the scene except to aid in rescue or make the scene safe
- Clean up bodily fluids or pick up other items
- Move equipment involved (e.g. personal protective equipment, tools, machinery or other equipment) unless it is necessary to remove the victim or prevent further injures (WAC 296-800-32010)

Staff MUST:
- Block off and secure the area. If in a room, the room must be closed and locked, and a guard posted. If in a common area, the area must be mark off with tape or ribbon and a guard posted
- Keep unnecessary persons out of the area before and after securing the area
- Record the names of persons who have entered the area during and after the incident
- Record the names of persons who have witnessed the incident
- Keep records of any items leaving the area before investigators arrive (e.g., clothing, bloody items, equipment, and weapons)

Patient / Visitor Injuries

All patient and visitor injuries must be documented on the Seclusion/Restraint Flowsheet (05 CSTC 30-90) or Administrative Report of Incident (02 CSTC 30-37). This information is then reviewed weekly at Clinical Leadership Committee for review and possible follow-up. Reports are then developed as trending analyses by the Safety & Emergency Preparedness Manager for the monthly Safety Committee and quarterly Quality Council and Governing Body.

Hazard Prevention and Control

Child Study and Treatment Center policies and practices conform to State and Federal safety standards and rules for hazards or potential hazards in the workplace. Facilities are designed and specific equipment chosen to eliminate or at a minimum limit employee exposure to hazards. Policies are also written to effectively prevent or mitigate employee exposure to the hazard. Employees are also instructed to use personal protective equipment that is available to them such as face shields, safety glasses and hearing protection to mitigate exposure.

Statement of Conditions

The Safety & Emergency Preparedness Manager is responsible for the Statement of Conditions. This document is maintained in the Safety Office and updated on hospital's The Joint Commission portal. The Safety & Emergency Preparedness Manager and Maintenance and Operations Division (MOD) will maintain building floor plans and coordinate the identification and resolution of facility deficiencies, and identifying those that require special funding or scheduling and ensuring that a PFI is developed, when indicated (Refer to CSTC 04.102 Statement of Conditions). The Safety & Emergency Preparedness Manager will provide oversight for the initiation and completion of Plans for Improvement (PFI).

Basic Safety Rules for Employees

Basic safety rules have been established at CSTC to promote workplace safety. These rules are in addition to safety rules that must be followed when performing duties or operating certain equipment. Failure to comply with the following rules may result in disciplinary action:

- Using safe work practices in performing duties including understanding and using proper lifting techniques, using personal protective equipment (PPE) when required, following safety warning signs and reading and following product labels.

- Using the manufacturer's instructions when using or operating equipment. Unsafe equipment must not be operated, and equipment shall only be operated when trained and authorized. Supervisors must ensure training is documented before an employee is considered competent to perform duties of the job.

- Immediately reporting unsafe work conditions, practices, and hazardous conditions to supervisors and one of the Safety Committee representatives.

- Understanding and following the procedures for reporting accidents (Refer to Hazard Recognition Reporting Procedures).

- Complying with applicable collective bargaining agreements and DSHS Administrative Policy 18.75, Drug and Alcohol-Free Workplace.

- Except for law enforcement personnel, possessing a firearm on hospital grounds (Refer to BHA 03.07 Possession of Firearms).

- Possessing any object, instrument that can be used as a weapon or explosive on hospital grounds.

- Smoking inside the building or within 25-feet from any entry or ventilation intake is prohibited in accordance with DSHS Administrative Policy 18.65, Smoking in Department of Social and Health Services Facilities and RCW 70.160. Everyone at CSTC will be required to restrict their smoking or use of tobacco products to designated areas. The designated smoking areas will have proper receptacles to dispose of tobacco products in a safe manner and away from patient whereabouts.

- Distracting co-workers or behaviors that detracts them from the therapeutic environment.

- Maintaining good housekeeping (i.e., cleaning up spills immediately and keeping emergency exits, aisles, walkways and working areas clear of slipping or tripping hazards).

- Replacing all tools, supplies, recreational equipment after use, and not allowing debris to accumulate where it will become a hazard.

- Refrain from horseplay and fighting with fellow employees or patients.

- Not knowing the locations and use of the following:
    - First-aid supplies
    - Emergency procedures (chemical, fire medical, etc.)
    - Emergency exit and evacuation routes
    - Emergency equipment
    - Fire safety equipment
    - Emergency utility shut offs (gas, water, power, etc.)

Discipline for Failure to Follow Basic Safety Rules

Employees are expected to use good judgment when performing work duties and to follow established safety rules. Appropriate action will be taken for failure to follow established safety rules. The discipline process is addressed in the applicable collective bargaining agreements and DSHS Administrative Policy 18.40, Discipline.

Environment of Care Management Plans

CSTC has developed detailed Environment of Care (EOC) plans required by rules and regulations set by DOSH and CMS. These plans are located within PolicyTech and maintained by the Safety & Emergency Preparedness Manager and updated annually. They consist of:

- Fire Safety Management
- Hazardous Materials Waste Management
- Medical Equipment Management
- Security Management
- Utility Systems Management

Equipment Maintenance

CSTC is responsible for inspecting and servicing equipment in accordance with the manufacturers' recommendations. The Maintenance and Operations Division (MOD) is responsible for maintaining all equipment and buildings within the facility. All records are to be kept and documented accordingly by Maintenance and Operations Division (MOD). A record of documented maintenance will be maintained and kept on file for the life of the equipment. Additionally, maintenance is tracked through work orders using the electronic Advanced Maintenance Management System (AMMS). All equipment will be examined by staff using it prior to being used to ensure good working condition.

Medical equipment is maintained in accordance with CSTC 04.103 Medical Equipment Management policy. All state-owned recreational equipment (i.e., bikes, rock-wall, safety equipment, etc.) is to be inspected and maintained by the Recreational Therapy Department. All equipment hazard notices and recalls are coordinated through the Safety Office and forwarded to appropriate departments for review and action as indicated.

Interim Life Safety Measures, Infection Control Risk Assessment, Job Hazard Analysis and Personal Protective Equipment

Interim Life Safety Measures (ILSM)

The Safety & Emergency Preparedness Manager coordinates the planning, implementation and monitoring of all interim life safety measures in coordination with other departments (e.g. Maintenance and Operations Division) as indicated (Refer to CSTC 04.09 Interim Life Safety Measures). This includes projects that could significantly impact life and/or fire safety and result in the development of an Interim Life Safety Measure (ILSM). Safety & Emergency Preparedness Manager will identify if any specific training materials are required, what information is to be communicated, the determination to implement additional drills or inspections. Documentation of contractor compliance with ILSM during construction will also be provided and monitored.

Interim Life Safety Measures (ISLM) are a series of operational activities that must be implemented to reduce the hazards posed temporarily by:

1. Construction activities (in or adjacent to all construction areas)

2. Temporary Life Safety Code deficiencies including but not limited to the following:
   - Fire, smoke, or sprinkler systems temporarily out of service
   - Blocked exits

- Fire walls/doors that are breached
- Fire doors/windows that are missing
- Reduced or absent utilities (e.g., heat, water, electricity)

Interim Life Safety Measures (as identified during the planning phase)
1. Construction activities (in or adjacent to all construction areas)

2. Temporary Life Safety Code deficiencies including but not limited to the following:
- Fire, smoke, or sprinkler systems temporarily out of service
- Exit(s) blocked
- Access for emergency response team is blocked
- Fire walls/doors are breached
- Fire doors/windows are missing

Interim Life Safety Measures (as identified during planning phase):
1. Ensure free and unobstructed exits. Staff must receive additional training when alternative exits are designated. Buildings or areas under construction must always maintain escape routes for construction workers. Staff or designees must inspect means of exiting from construction areas daily.

2. Ensure free and unobstructed access to emergency services for fire, police, and other emergency forces. Fire hydrants, fire lanes, etc. must be readily available for immediate fire department use.

3. Ensure fire alarm, detection and suppression systems are in good working order. Provide a temporary but equivalent system when any fire system becomes impaired. Inspect and test.

4. Temporary systems monthly. Immediately initiate and document a fire watch whenever a fire alarm or sprinkler system is being tested, serviced, and/or repaired or there has been a system failure. If the fire alarm system or required automatic sprinkler system is out of service for more than four (4) hours in a 24-hour period, the Authority Having Jurisdiction (AHJ) must be notified.

5. Ensure temporary construction partitions are smoke-tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire.

6. Provide additional firefighting equipment and train staff in its use.

7. Prohibit smoking throughout buildings as well as in, and adjacent to, construction areas.

8. Develop and enforce storage, housekeeping, and debris removal to reduce the building's flammable and combustible fire load to the lowest feasible level.

9. Conduct a minimum of two (2) fire drills per shift per quarter.

10. Increase hazard surveillance of buildings, grounds, and equipment, with special attention given to excavations, construction areas, and construction storage and field offices.

11. Inspects and tests temporary systems monthly. The completion date of the tests is documented. The need for these inspections and tests is based on criteria in the hospital's interim life safety measure (ILSM) policy.

12. Train staff to compensate for impaired structural or compartmental fire safety features.

13. Conduct organization-wide safety education programs to promote awareness of LSC deficiencies, construction hazards and ILSMs. During periods of temporary Life Safety Code deficiencies, Attachment A - Interim Life Safety Measures (ILSM) Evaluation Sheet will be the tool used to determine if ILSMs are required.

Infection Control Risk Assessment (ICRA)
Potential hazards related to construction, renovation or maintenance activity are assessed through the Infection Control Risk Assessment (ICRA) process that identifies potential new or altered risks related to infection control, utilities or building systems, fire safety or interim life safety, general safety issues, emergency preparedness or response, and security. The ICRA is reviewed and monitored by the Chief Executive Officer, Director of Nursing, Safety & Emergency Preparedness Manager , and Infection Control/Employee Health Nurse and reported to the Infection Control and Environment of Care Committees.

Job Hazard Analysis and Personal Protective Equipment
A Job Hazard Analysis (JHA) form is utilized to evaluate each type of job task employees perform. The Job Hazard Analysis is to be completed by a supervisor per CSTC 11.106 Job Hazard Assessments. The JHA defines the steps of the task, what hazards may be present during the task and what can be done to eliminate or protect workers from those hazards. Employees are trained if there are changes to current procedures or PPE.

Additionally, a Hazard Assessment Checklist (HAC), which identifies Personal Protective Equipment (PPE) related to a particular hazard is also to be completed. Employees are trained during their New Employee Orientation on PPE for their job class as it applies to hazards. If a new PPE is identified, a description is added to the corresponding JHA and/or HAC and employees who are affected are trained.

Each job task is reviewed at least once every 2-years and whenever there is a change in how the task is performed or if there is a serious injury while performing the task. JHA and HAC results are reported to the Safety Committee.

Hazard Recognition Reporting Procedures

Every employee has the right and responsibility to identify hazards and to correct or report them for corrective action. This must be done by immediately notifying their direct supervisor and/or the supervisor of the area where the hazard has been identified.

Supervisors must ensure that corrective measures are taken which may include completion of a work order, or immediate correction of the hazard. All personnel with IT computer system access are eligible to submit work requests through MOD's Advanced Maintenance Management System (AMMS), per CSTC 04.05 Maintenance Work Requests. If there is a delay in resolution of the hazard, the Safety & Emergency Preparedness Manager or the Chief Executive Officer's office is notified.

The MOD Maintenance Supervisor works in partnership with the Chief Executive Officer and the Safety & Emergency Preparedness Manager to ensure that work orders are logged, distributed, and prioritized. Hazards that are not resolved or constitute a pattern of recurrence are brought to the monthly Environment of Care Committee to discuss and resolve.

Environmental Safety Inspections

Child Study and Treatment Center is committed to identifying and eliminating hazardous conditions and practices. In addition to reviewing injury records and investigating accidents for their causes, management, staff, and the Safety Committee regularly check the workplace for hazards.

Staff located on the cottages may enter work orders for addressing hazards. The work orders are immediately communicated via the AMMS to Maintenance and Operations Division (MOD). The Safety & Emergency Preparedness Manager reviews safety related work orders and, with the Chief Executive Officer and Maintenance Supervisor/lead, maintains a prioritized list of work to be done. Work orders related to safety are always prioritized first. Prioritized safety work orders will be reviewed at the monthly Environment of Care Committee to ensure that work is not delayed, or reasons for any delay are understood and timelines adjusted as necessary.

The Safety & Emergency Preparedness Manager also conducts quarterly building inspections of the workplace for hazards. In addition to reviewing injury records and investigating accidents for their causes, management, and the Safety/Environment of Care Committees. Forms from quarterly reviews are maintained by the Safety & Emergency Preparedness Manager and noted in Safety/Environment of Care Committees.

Periodic Change Process

Child Study and Treatment Center is accredited by The Joint Commission (TJC) and requires that any major change undertaken by the hospital be evaluated in advance to identifying safety issues that may arise because of the change. This might concern a change in building structure, for example. A cross-functional team made up of those

closely affected by the change are to be engaged in examining the conditions and making recommendations for elimination or control of hazards that may be or are being created because of the change.

Proactive Risk Assessment

The Safety & Emergency Preparedness Manager in coordination with Executive Leadership, the Maintenance and Operations Division and Environment of Care Committee will conduct an annual comprehensive risk assessment to proactively evaluate risks associated with buildings, grounds, equipment, and internal physical systems that have the potential to impact the safety of patients, staff, and visitors. Results of the annual risk assessment are used to create new or revise existing safety policies, ensure compliance with safety standards, increase hazard surveillance elements, and/or enhance safety orientation and education.

This annual risk assessment is portioned out across the year to ensure that it is completed by the end of August prior to the yearly ERMO Safety Health and Performance Assessment (SHPA) (Refer to Safety Health and Performance Assessment).

Risks are prioritized to ensure appropriate controls are implemented to mitigate potential adverse impacts on the safety and health of patients, staff, and others. The prioritized risks are then either addressed immediately or integrated into the planning and performance improvement processes. Specific findings, recommendations, and opportunities for improvement are documented in building specific binders located on each cottage as well as within the Environment of Care Committee minutes and reported to the Governing Body annually.

Safety Health and Performance Assessment (SHPA)

Personnel from with the Enterprise Risk Management Office (ERMO) will conduct an annual inspection of the hospital and the workplace safety program to ensure compliance with applicable regulations, DSHS policies and hospital policies. The inspection provides the hospital with information about hazards that may be missed during routine inspections. Action plans are developed in collaboration with Maintenance and Operations Division (MOD) for all inspection findings with identified target dates to ensure each hazard are corrected in a timely manner.

Emergency Planning

Evacuation Maps and Fire Drills

Evacuation maps for the facility are posted in all buildings including patient care and non-patient care areas. Evacuation maps show the location of exits, fire alarm pull stations, AED, and fire extinguishers. Fire evacuation drills are conducted in all buildings in accordance with CSTC SOP 04.109 Fire Drills & Evacuations.

Hazard Vulnerability Analysis

A Hazard Vulnerability Analysis (HVA) is completed to determine which hazards require special preparation for emergency response. The HVA provides a systematic approach to recognizing hazards that may affect demand for the hospitals services or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response, and recovery activities. The hazard vulnerability analysis is evaluated annually to assess the hospital's emergency management activities and to identify necessary changes, additional planning activities and specific exercise scenarios, if required.

Contingency plans are developed as the result of the hazard vulnerability analysis and are designed to guide personnel in the initial stages of specific emergency situations that may seriously impact or threaten routine capabilities of the hospital. The HVA and emergency procedures are in the [Emergency Preparedness Plan](#).

Response to Injuries

First-aid supplies are maintained in multiple locations throughout the hospital. All injuries must be promptly reported to a supervisor. All direct care staff are required to maintain Basic Life Support (BLS) and first-aid training. Other employees may join these trainings as space permits. In case of serious injury:

- Injured persons must not be moved unless necessary
- Assistance may only be provided to the level of training

Procedures outlined in [CSTC 04.106 Accident and Injury Reporting](#) must be followed regarding patient medical emergency response. Staff are directed to call 9-911 immediately in a Medical Emergency as well as WSH Security to alert staff for need of assistance and the location of the emergency.

Infectious Disease Exposure Hazard

Infectious diseases are a risk with some job tasks at the facility. Child Study and Treatment Center's [Blood Borne Pathogen Exposure Plan](#) is designed to mitigate the risks of blood borne pathogens and infectious diseases. The [Infection Control Plan](#) can be found within the Infection Prevention and Control page on the CSTC Intranet. All reports are kept confidential as required by Health Insurance Portability and Accountability Act (HIPAA) and Department of Occupational Safety and Health (DOSH) regulations.

All employees come in daily contact with a high volume and broad range of patients, other staff, contractors, and general members of the public. Accordingly, employees anticipate being regularly exposed to any number of infectious diseases. In all cases, all CSTC personnel take standard precautions and reinforce the importance of remaining vigilant.

The most frequent contagions employees can expect to be exposed to during their daily duties are common infectious agents that include things such as the common

cold and influenza. Employees should also expect to occasionally be conducting business with patients, other staff, contractors, or general members of the public who may be infected with more severe, though less common, contagions, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

Personnel at CSTC have little potential for exposure to extreme infectious diseases such as Viral Hemorrhagic Fever (Ebola). The risk of introduction to these more fervent contagions while performing routine work is extremely remote. The most likely means of any sort of exposure would be through some form of second or third hand contact with the public (e.g., exposure to a patient or staff member who has a family member who may have been exposed to a contagion). Employees should review the Washington State Department of Health (DOH) website for the most current and information available.

As a precaution, all staff are expected to know what to do if a potential exposure is suspected and factually supported through verifiable context and presentation of symptoms. If staff learn during routine work that a patient, staff, or anyone in a patient or staff member's immediate circle has recently returned from visiting, working, or volunteering in a known outbreak area of the world and the returning person is reporting or presenting symptoms of an illness, a supervisor and the Infection Control/Employee Health Nurse are to be notified. As required, the local county public health department will also be notified.

Training and Education

Safety Training
Training is essential to provide and maintain a safe work environment. The Safety & Emergency Preparedness Manager , supervisors, and Training Coordinator conduct a safety orientation to ensure that all employees are trained and start their work assignment fully prepared.

Orientation
Within the first 2-weeks of hire, CSTC employees conduct New Employee Orientation (NEO) which includes all OSHA required Safety Training, Accident Prevention, Workplace Safety Plan, Workplace Violence Prevention, Infection Control and other DSHS and CSTC mandatory trainings. NEO occurs on the first full week of every month to accommodate an efficient start for direct care staff on the cottages.

The direct supervisor is responsible for verifying that each of their employees have completed New Employee Orientation (NEO) along with any training needed to perform jobs safely, this includes "shadowing" on the patient unit for Psychiatric Child Care Counselors and may include formal mentoring. The Training Department is responsible to document assigned and track completed training in the Washington State Learning Center (LC). New Staff complete an Infection Control module during NEO and meet face-to-face with both the Safety & Emergency Preparedness Manager

and the Infection Control Nurse. The CSTC Training Committee reviews staff outstanding trainings to support completion.

Orientation for Nursing Staff

Upon completion of NEO, Nurses (RNs & LPNs) complete additional training utilizing the Nursing Department Competency Checklist, Medical Equipment Competency Assessment, PYXIS and Medi-Mar training along with Assessment of Patients in Seclusion and Restraint. NEO and enhanced safety training include violence prevention, situational awareness, and advanced skills in managing escalating situations with patients.

Other Required Training

All staff are trained in Crisis Prevention Institute's (CPI) Advanced Nonviolent Crisis Intervention curriculum (Verbal/Physical De-Escalation or Evasion Techniques). This course is repeated every three years with intermittent refreshers. Training refreshers are conducted upon request and as needed – usually incorporating a team approach during weekly inter-shift meetings. Additionally, beginning in July 2022 all direct care staff will begin receiving training in Advanced Crisis Intervention Training (ACIT). Other training required by job class and/or based on the JHA is completed prior to an employee performing a specific task. All training is documented and maintained in the employee-training file and Washington State Learning Center (LC) (Refer to Training to Reduce Workplace Violence).

Workplace Violence Prevention

Child Study and Treatment Center mitigates the risk of workplace violence by providing effective, evidence-based patient care combined with staff training and related safety policies and protocols to promote a safe physical environment and a shared Culture of Safety (CSTC 01.02 Culture of Safety). Prevention of workplace violence is based on the following principles:

- Zero tolerance for workplace violence
- A proactive patient centered approach leads to a reduction in violence
- Prioritizing quality and effective patient care that creates a safe environment
- Increasing safety and respect for patients that creates safety for staff
- Staff vigilance and utilizing non-violent crisis intervention, (including de-escalation) when faced with escalating verbal or physical patient behavior prevents injury or assault
- Staff incident debriefing which improves communication and team functioning while assessing what has gone well or needs improvement follows seclusion or restraint or any episode that threatens staff and patient safety. Incident debriefing while not mandatory is highly recommended and includes time-of-incident, review at cottage inter-shift meetings and leadership review of significant events that carry system implications (Refer to Training to Reduce Workplace Violence)

Definition of Workplace Violence

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts directed toward persons at work or on duty." Washington State Department of Social and Health Services (DSHS) defines workplace as "…any location, permanent or temporary, where an employee performs work-related duties, including but not limited to buildings and surrounding perimeters, parking lots, field locations, home and community activities, alternate work locations, agency vehicles, and travel to, from and during work assignments." ([DSHS Administrative Policy 18.67, Workplace and Domestic Violence/Reasonable Safety Accommodation](#)).

Workplace Safety and Security Assessment (See Annual Report to the Legislature)

The annual Workplace Safety and Security Assessment required under [RCW 72.23.400](#) addresses safety and security considerations related to the following items (Refer to [Appendix A](#)):

- Physical attributes including access control, egress control, door locks, lighting, and alarm systems
- Staffing including security staffing
- Personnel policies
- First-aid and emergency procedures
- Reporting violent acts, taking appropriate actions in response to violent acts and follow-up procedures after violent acts
- Development of criteria for determining and reporting verbal threats
- Employee education and training
- Clinical and patient policies and procedures including those related to smoking, activity, leisure, and therapeutic programs, communication between shifts, and restraint and seclusion.

Risk Assessment and Treatment Planning

Patients with an increased risk of assaultive behavior have individualized Treatment Plan Reviews (TPR) formulated to address the risks along with short and long-term goals, treatment modalities and progress towards discharge. The TPR includes a tailored Safety Plan, a flexible tool that identifies the patient's personal triggers along with effective prevention and de-escalation techniques. Violent acts are tracked to identify frequency and severity of assaults. Weekly inter-shift meetings include the interdisciplinary team and psychiatric consultation to develop treatment strategies, tailor responses and debrief interventions of critical events.

CSTC staff are trained to utilize the least restrictive, non-violent interventions when faced with escalating verbal or physical patient behavior. CSTC training includes methods of verbal de-escalation and physical restraint based behavioral crisis intervention models (Refer to [Other Required Training](#)).

Risk assessment continues throughout a patient's hospitalization and has a dynamic relationship with the patient's individualized treatment plan. Different tools may be utilized to determine risk. A behavior chain analysis is a tool that examines the "links" of a crisis event including, triggers, emotional, cognitive, and behavioral responses, and outcomes that reinforce or support behavior. Team communication is critical to understanding daily changes, current vulnerabilities, and effective treatment responses. Daily shift changes reports facilitate the continuity across shifts and periodic treatment plan meeting with the interdisciplinary team, patient and family support collaboration and communicate treatment strategies and progress towards long-term goals.

Special Population Considerations

Risk considerations associated with specific populations are noted in the patient intake assessment, social work history and/or treatment plan. Special considerations in the youth population include, but are not limited to:

- Legal status (i.e., Voluntary, Involuntary, or 10.77)
- State Dependency (Foster, or Group Foster Care)
- Failed or failing adoption
- Co-occurring diagnoses:
  - Developmental Disability
  - Substance Abuse
  - Medical Condition

Effective Patient Care

Preventing and constructively addressing unsafe and violent behavior is a priority for patient care and can help to mitigate risk. CSTC's treatment protocols are based on principles of a safe and effective treatment environment. All direct care staff are trained in principles of effective treatment and behavior management strategies as well as non-violent crisis intervention and dialectical behavior therapy (DBT) principles.

CSTC employees conduct team debriefings of incidents such as seclusion, restraint and assaults utilizing post-incident discussion to support staff as well as identify effective interventions employed and opportunities for improved awareness or skill development, along with multidisciplinary team meetings, inter-shift and treatment updates and leadership review of serious incidents and those with system implications.

Administrative and Engineering Controls, Work Practices, Security

Child Study and Treatment Center complies with Labor and Industry and OSHA regulations that apply to workplace violence hazards and accident prevention including mandatory employment practices such as background checks, primary source verification of qualifications, reporting of employee work-related hospitalization and/or fatality and provision of safety orientation and training tailored to our specific hospital environment and population.

Administrative Controls

Child Study and Treatment Center establishes clear lines of authority and responsibilities, requires annual competency assessment, review of policies and procedures and annual safety training. Direct access to Executive Leadership is available to express concerns or advise of safety risks. Controls include:

- DSHS Administrative Policy 18.67, Workplace and Domestic Violence/Reasonable Safety Accommodation
- Prohibition of actual or potential weapons on campus grounds
- State-of-the-art patient behavior intervention program and non-violent crisis response that include verbal and physical de-escalation techniques and training in team communication
- BHA 03.03 Workplace Violence Prevention Protocol A state of the art patient behavior intervention and non-violent crisis response program that includes verbal and physical de-escalation techniques and training in team communication

Environmental Controls

Child Study and Treatment Center establishes clear environmental controls to prevent workplace violence and hazards. Controls include:

- Locked entrances to all buildings
- A system of visitor or contractor access
- Identification badges worn by all personnel, and contractors
- Security alarm systems on the cottages
- Strategically placed convex mirrors for heightened visibility
- Handheld radios carried by staff and WSH Security Officers
- Whiteboards and status wheels on administrative offices
- Use of designated rooms (i.e., calming rooms, low stimulations, etc.) for de-escalation or low-stimulation environments when available for patients who are escalating, unsafe, or particularly sensitive to stimuli
- Safe furniture appropriate for a psychiatric setting
- Strategically placed cameras

Work Practices

Work practices addressing workplace safety are governed by hospital, BHA and DSHS policies. BHA 03.03 Workplace Violence Prevention Protocol addresses its zero-tolerance policy for workplace violence and prohibiting weapons and other unsafe practices.

CSTC utilizes behavior intervention, non-violent crisis response program that includes verbal and physical de-escalation techniques, along with an advanced crisis intervention training. Additionally, CSTC requires annual competency assessment, review of policies and procedures and annual safety training. Direct

access to Leadership is available to express concerns or advise of safety risks without threat of retaliation (Refer to BHA 01.02 Culture of Safety).

CSTC analyzes data on workplace injuries to develop quality improvement plans to address workplace safety. For example, violent acts and staff injuries are tracked over time to learn about frequency and severity of assaults, determine trends, isolate unsafe staff practices, and identify high risk times during the day and week.

Security
CSTC is a secure facility with locked patient units and administration buildings, including the campus schools which patients attend year-round.

Western State Hospital (WSH) Security Officers are available 24/7 if additional help is needed for heightened security, containment of a violent incident or assistance with unauthorized leaves as mutually agreed upon in a Memorandum of Understanding between CSTC and WSH. Security Officers are well-informed about the nature of the population served at CSTC. Staff have immediate contact with WSH Security through two-way radios or phone.

Supports to Employees
Victims of workplace violence may suffer a variety of consequences that may include physical injury, psychological trauma, reduced confidence, and concerns about returning to work. All employees injured at work have access to first-aid measures and emergency medical response. If an employee sustains a more serious injury, the supervisor assists the employee to obtain additional medical attention if indicated.

Supervisors provide employees who are victims of workplace or domestic violence information regarding resources including access to the Employee Assistance Program for counseling and referral on an individual and confidential basis. Critical Incident Stress Management (CISM) debriefing is available to aid on a voluntary group basis to employees who have been impacted by workplace violence.

Annual Report to the Legislature – Workplace Safety in State Hospitals
The Department of Social and Health Services, as required by RCW 72.23.451 must report to the House Committee on Commerce and Labor and the Senate Committee on Commerce and Trade on the department's efforts to reduce violence in state hospitals. This report, "Workplace Safety in State Hospitals" is written in collaboration by all three state hospitals, Eastern State, Western State and Child Study and Treatment Center and submitted annually to the legislature.

Training to Reduce Workplace Violence
Direct Care Staff are trained at hire and annually thereafter in prevention practices that range from situational awareness of the environment, ongoing risk assessment, effective documentation, individual and group patient education to a formal non-violent crisis intervention training program.

Direct care staff are trained in prevention practices that range from vigilant awareness of the environment and patient dynamics (situational awareness), ongoing risk assessment and effective communication with patients. CSTC trains direct-care staff in verbal de-escalation and physical restraint utilizing the methods developed by Crisis Prevention Institute (CPI). Participants must demonstrate CPI's Principles of Personal Safety to avoid injury if behavior escalates to a physical level while continuing to provide for the care, welfare, safety, and security of all of those involved in a crisis. Team-based refreshers and re-training every three years reinforce methods of prevention, intervention, and teamwork so that staff is competent when facing threatening patient behavior. Along with beginning July 2022 training in Advanced Crisis Intervention Training (ACIT).

Data and Surveys Addressing Workplace Violence

Data Review
CSTC tracks all workplace injuries due to assault. All injuries are tracked by ERMO in the RiskMaster Database and trends are communicated to Executive Leadership monthly. RiskMaster provides the capacity to compile data for analysis of frequency, severity, precipitating event(s) and other circumstances contributing to a deeper understanding of workplace violence increasing the potential for a systemic solution.

Employee injury data is analyzed monthly, reported out at monthly Safety Committee, and aggregated for review by the quarterly Quality Council and Governing Body meetings.

Workplace Safety Surveys
Employee surveys are used to obtain feedback on communication, teamwork and leadership related to safety. The survey identifies or confirms the need for improved security measures, training, supervision, or management responsiveness. Action plans are developed, as required, to improve the overall Culture of Safety.

Performance Improvement Initiatives

The Safety & Emergency Preparedness Manager , Safety Committee and other subject matter experts as identified, are responsible for the development of annual Safety Committee goals and performance improvement initiatives. Safety goals and performance improvement initiatives are based on priorities identified by the Safety Committee through data and incident reviews. Activities are documented in the Safety Committee minutes.

The Environment of Care Committee is responsible for performance improvement initiatives based on priorities identified by the committee. These priorities are established through evaluation of risks associated with safety security, utility systems, medical equipment, fire safety and hazardous materials. Activities are documented in the Environment of Care Committee Minutes.

The Quality Council is responsible for approving the workplace safety goals and performance improvement initiatives, including performance measurements. Activities and progress related to goals and PI initiatives are reported quarterly to the Safety Committee and/or Environment of Care Committee and shared with Leadership.

Goals

The Safety & Emergency Preparedness Manager and Environment of Care Committee evaluate the Workplace Safety Plan annually for its scope, objectives, performance, and effectiveness, as required under RCW 72.23.400. A year-end workplace safety summary is presented to the Environment of Care Committee, Safety Committee, and Quality Council.

The Safety & Emergency Preparedness Manager will ensure that the Safety Committee conducts monthly meetings. CSTC will ensure that the number of employee-elected members exceeds the number of employer-selected members. Each PCCC3s will work with their elected cottage staff to support their attendance at

the meeting and while conducting committee activities. They will be fully committed to ensuring that someone from their cottage is present at the designated date and time of the meeting.

CSTC will be revising the Safety Committee agenda and template for the minutes to ensure that the required elements of WAC 296-800-13020 and WAC 296-800-13025 are clearly identified and discussed. The Safety & Emergency Preparedness Manager will meet and orient both the minute taker and Safety Committee Chair to review this plan and their responsibility/role.

The Environment of Care Committee and Quality Council will complete, review, facilitate and monitor corrective actions derived from inspections and audit corrective action plans in a timely manner.

CSTC will be focusing on reducing workplace violence and using the most effective interventions in keeping patients and staff safe while providing effective care and treatment, by adding a measure to the BHA Strategic Plan. CSTC will seek to reduce the rate of staff assaults by 10% from 2.24 per 1,000 patient days in FY2021 to 2.02 in FY 2023.

The hospital will be implementing a new training curriculum to improve workplace safety called, Advanced Crisis Intervention Training (ACIT) beginning July 1, 2022. This new training will be delivered by the new Institution Counselor 3 positions, who will become Train-the-trainer certified by WSH and tailored to CSTC's population.

The Safety Committee will perform an annual proactive analysis of instances of workplace violence and makes recommendations and to ensure policies, procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations (TJC Comprehensive Accreditation Manual EC.02.01.01, EP.17).

Due to the recent expansion of CSTC with the opening of a new 18-bed unit (San Juan), accounting for a 33% increase in census, CSTC has submitted a supplemental decision package to the Governor to expand the Training, Safety and Quality Departments. If approved, the positions will support ongoing compliance and developing systematize improvements that are linked to workplace safety.

Annual Evaluation

The Child Study and Treatment Center, Safety Committee met on 12 occasions in 2022 on the second Thursday of every month.

Workplace violence related to patient to staff assaults continued to be a concern in 2022. CSTC's Safety Committee reviewed the previous months staff injury data at each meeting.

Capital projects completed construction of following safety related projects:
- Cottage Bathroom Exhaust Ventilation (18-420)
- Multi Cottage Door Replacement (20-452)
- Sprinkler Pipe Replacement at Warring Cottage (2022-433)
- CSTC Wi-Fi Access equipment replacement

CSTC implemented a third day of Crisis Prevention Institute's Nonviolent Crisis Intervention (CPI/NCI) to its curriculum for new employees. Along with periodic refreshers every quarter during intershifts.

Appendix A

Workplace Safety Plan – Security and Safety Assessment
CHILD STUDY AND TREATMENT CENTER

RCW 72.23.400 requires each state hospital to develop a plan (Workplace Safety Plan) to reasonably prevent and protect employees from violence at the state hospitals. The Plan must address security and safety considerations related to specified items under RCW 72.23.400(a) through 72.23.400(h), as appropriate to the particular state hospital, in order to identify existing or potential hazards for violence and to determine the appropriate preventative action to be taken. The Plan must be evaluated, reviewed, and amended as necessary and at least annually, to include an annual Security and Safety Assessment.

Security Consideration	Assessment	Prevention Action
JHAs are updated and reviewed by employees annually (for job classes with a high potential for injury/illness) or every three years (all other job classes) [DSHS AP 9.07]	JHA's that are available online appear to be last reviewed in November of 2020. Please make sure to review and update JHA's with staff annually for job classes with a high potential for injury/illness and three years for all other job classes unless updates are needed sooner.	CSTC SO1 will review and update all JHA's to ensure that JHA revisions occur at the correct 1- and 3-year intervals per job class. SO1 will remind supervisors to work with staff in completing JHA worksheet annually for direct care staff and every 3 years for all other job classes unless updates are needed sooner.
There is a written Confined Space Program for the facility and reviewed at least annually [WAC 296-809-30002]	The written confined space program for WSH/CSTC has some incomplete sections such as Authorized entrants, Entry supervisors (states enter specific information here) and 2.3 Emergency Actions and additional information that does not apply to the facility for example: non-permit confined space definition, mentions confined spaces aboard ships, vessels etc. Please review the program to ensure that it is site specific and does not have information that does not apply.	SO3 will make updates to the Program within 60 days.
All confined spaces and their hazards have been documented [WAC 296-809-20002]	Confined spaces have been identified but there is no description of the hazards associated with the confined space. Please use Appendix A of the Confined Space program to determine the hazards of the identified spaces	CTSC MOD Staff, completed confined space evaluation.
*Electrical rooms are maintained in a clean state of housekeeping to permit ready & safe operation & maintenance of the equipment [WAC 296-800-28027(1)]	The electrical closet in the Administration building had a blocked electrical cabinet. You must provide and maintain sufficient access and working space around all electrical equipment to permit ready and	Equipment stored within the 36" front and 30" side KEEP CLEAR zone, have been moved in Rm E 125. The floor has been marked to designate "KEEP CLEAR zone".

Electrical closet in the Administration building had a blocked electrical cabinet. You must provide and maintain sufficient access and working space around all electrical equipment to permit ready and safe operation and maintenance of the equipment.	safe operation and maintenance of the equipment.	
*Electrical cabinets have the proper clearance 30" wide and 36" in front [WAC 296-800-28027(2)]	Orcas cottage basement has storage items that need to be moved to provide proper clearances and access to equipment. As a suggestion, paint a line on the floor and remove the storage items from the maintenance side of the basement. That way the maintenance area is clear of hazards while working.	Orcas cottage basement electrical cabinet clearance zone floor markings were modified 12/13/22 to reflect 30" side clarence in addition to existing 36" front clearance zone. Stored items in the clearance zone have been removed.
*Power strips used as listed (not daisy-chained, overloaded, etc.) [WAC 296-800-28010]	In Firwood School there were many power strips used to power microwaves, refrigerators, and coffee pots. Most of them were removed during the assessment. Please ensure that power strips are only used as listed and not overloaded with high wattage appliances.	All were removed during the assessment.
*Electrical enclosures and covers do not have openings [WAC 296-800-28035] Any unguarded electrical parts?	Storage room between administration and Oak Grove School had an electrical junction box without a cover. Please ensure that all wiring below eight feet in height do not have exposed wiring. (Repaired before the end of the inspection.)	Repaired before the end of the inspection.
*Electrical equipment is properly grounded [WAC 296-800-28040]	Firwood School vacuum was missing a ground pin. Please ensure that all electrical cords are properly grounded or tagged out for repair when damage is found.	Cord cap replaced during the inspection by MOD staff at CSTC.
*Ladders are supported and protected where they are stored [WAC 296-876-30015]	Janitor closet in Firwood School had a ladder that was not secured to the wall. There was a hook, but at the time of inspection the ladder was not secured. Please ensure that all ladders are secured in place when stored.	Installation of strap was taken care by MOD at CSTC.
Documented Lockout/Tagout training is conducted for each	4 out of 5 staff have received LOTO training in the last 12 months. Per CSTC LOTO Safety	Provide another LOTO class for authorized personnel within the next 60 days

authorized person who will be performing maintenance covered under the lockout/tagout program [WAC 296-803-60005]	Program and the training matrix, training is required annually for all staff. Please ensure that all staff receive training annually.	
*Materials are stored at least 18 inches below sprinkler heads or 24 inches from ceiling in non-sprinkled buildings [WAC 296-24-60705(10)]	In Firwood school, there was a storage area where items were stored almost all the way to the ceiling. Items is sprinklered buildings must be stored so that there is a minimum of 18 inches of clearance to the ceiling and sprinkler heads. Please lower the height of storage items in this area.	Corrections were made to lower storage bins that were extending into the 18" fire sprinkler zone. Rm #105 Bldg.#51. 18" mark placed on wall to increase staff awareness.
A Physical Security Survey & Vulnerability Assessment that identifies existing/potential hazards for workplace violence is conducted at least annually [DSHS AP 9.12]	CSTC does have an annual security assessment that is very detailed by cottage, but it is not the Physical Security Survey & Vulnerability Assessment format as required from DSHS AP 9.12. Please a Physical Security Survey & Vulnerability Assessment in the required format.	Corrections were made to lower storage bins that were extending into the 18" fire sprinkler zone. Rm #105 Bldg.#51. 18" mark placed on wall to increase staff awareness.