
SELF-INSPECTION/HAZARD SURVEILLANCE PROGRAM

The Hazard Surveillance Program plays a vital role in the healthcare safety program, particularly in regard to reducing the overall incident rate. The program is designed to improve environmental safety for patients/residents, visitors, and personnel, and to ensure compliance with relevant regulatory standards. This is best accomplished by identification of hazards and correcting hazards immediately throughout the facility.

The following are objectives of the hazard surveillance program:

- **“Hazard surveillance”** shall mean a systematic review process conducted in order to identify hazards.
- To reduce the risk of injury to patients/residents, visitors, and personnel by identifying and eliminating hazards located in the facility.
- To provide an ongoing, systematic monitoring mechanism to measure the facilities compliance with relevant regulatory standards, such as local fire department standards, building codes, etc.
- To monitor construction sites for safety hazards and compliance with relevant facility policies and procedures.
- To reduce the risk of specific hazards such as fire, falls and bloodborne pathogens.
- To raise managerial and employee awareness regarding hazard surveillance issues.

Procedures

1. The implementation of the Hazard Surveillance Program is the responsibility of the Safety Officer/Risk Management Coordinator. The coordinator is granted the authority to pursue approved activities necessary to effectively implement the program.
2. The program activities include reviewing and inspecting all areas of the facility, taking action to correct identified problems, and reporting the results of these activities to top management.
3. The facilities supervisors are responsible for conducting regular hazard surveillance in their areas. They are also responsible for ensuring that areas under their direction are free of hazards at all times.
4. When hazards are identified, supervisors should take immediate actions to resolve such issues.
5. The hazard surveillance rounds will be conducted as often as necessary, but at least **annually** in order to identify and correct hazards in their respective areas.
6. All employees shall report any and all identified hazard to the safety officer or to their supervisor immediately.
7. For the purpose of this policy **“hazard”** shall mean:
 - Anything that compromises the Life Safety Code status of a building outlined
 - Anything in the hazard surveillance checklist, such as penetrations of floor/ceiling slabs, obstructions in corridors, or inoperable door latching mechanisms, etc.
 - Any unsafe act or condition that presents an obvious hazard to patients, visitors, staff, or employees, such as radioactive substances, corrosive chemicals, infectious wastes, sharp objects, tripping hazards, exposed electrical wires, burned-out exit lights, torn carpets, etc.
 - Anything that violates other facility safety policies
8. Hazard surveillance activities must result in clear documentation of all hazards existing in the area at the time of the survey, including hazards that are corrected at the time of the survey.

9. Hazard surveillance report forms will include a provision area for corrective actions taken to remedy the hazards or violations that are found. The report will also provide a provision for the date of the inspection, the inspectors name and managements review and signature.
10. Hazards that develop between the regular scheduled inspections must be reported immediately and documented on the facility Near Miss Report Form.

Date