

POLICY AND PROCEDURE

REACH for Tomorrow

Environment of Care Safety Check Policy

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

Policy Statement

REACH for Tomorrow is committed to maintaining a safe, functional, and supportive environment that promotes the well-being of clients, staff, and visitors. Routine and systematic Environment of Care (EOC) Safety Checks are conducted to identify and correct potential hazards, ensure compliance with safety regulations, and maintain readiness for accreditation and regulatory inspections.

The organization recognizes that a well-maintained and hazard-free environment is essential to high-quality care and aligns with the values of dignity, respect, and health protection.

Purpose

The purpose of this policy is to:

- Ensure all REACH for Tomorrow facilities are safe, accessible, and compliant with applicable standards and regulations;
- Establish a structured process for performing, documenting, and correcting findings from Environment of Care Safety Checks;
- Promote continuous environmental safety improvement; and
- Reduce risks of injury, infection, and harm to clients, staff, and visitors.

Scope

This policy applies to all REACH for Tomorrow sites, programs, and services, including outpatient behavioral health, integrated primary care, medication-assisted treatment (MAT), administrative offices, and partial hospitalization settings.

All staff are responsible for maintaining environmental safety, reporting hazards, and supporting safety inspections and corrective actions.

Definitions

- Environment of Care (EOC): The physical environment in which care and services are provided, including buildings, furnishings, equipment, utilities, and grounds.
- Safety Check: A documented inspection of the environment to ensure safety standards are met, and potential hazards are identified and addressed.
- Safety Officer: The individual responsible for coordinating and overseeing environment of

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care inspections, corrective actions, and safety compliance.

- Hazard: Any condition or practice with potential to cause injury, illness, or property damage.
- Immediate Threat to Safety (ITS): A condition requiring urgent action due to imminent danger to life or health.

Procedures

1. Responsibility and Oversight

- The Safety Officer or designee oversees the Environment of Care (EOC) inspection program under the direction of the Clinical Director and Quality Improvement (QI) Committee.
- The QI Committee reviews inspection results, trends, and corrective actions quarterly.
- All supervisors and staff are responsible for maintaining their assigned work areas in a clean, hazard-free condition.

2. Frequency of Safety Checks

Environment of Care Safety Checks shall be completed as follows:

- Monthly: Full facility inspection by the Safety Officer using the EOC checklist.
- Quarterly: Comprehensive review by the QI Committee of all findings and resolution status.
- Annually: Formal environmental audit in preparation for accreditation or state inspection.
- As Needed: Immediate inspections after maintenance events, environmental incidents, or safety complaints.

3. Areas of Inspection

Monthly safety checks include (but are not limited to) the following areas:

A. General Facility Safety

- Walkways, flooring, and entryways are free of tripping hazards.
- Fire extinguishers, exit signs, and emergency lighting are visible and functional.
- Electrical cords and outlets are intact and not overloaded.
- Lighting is sufficient in all client and staff areas.
- Emergency exits are accessible and unobstructed.
- Furniture and fixtures are stable, clean, and in good repair.

B. Infection Control and Sanitation

- Hand hygiene stations are supplied and operational.
- Restrooms are clean and stocked.
- Clinical and group areas are disinfected per infection control policy.
- Trash and biohazard containers are properly labeled, lined, and emptied regularly.
- Sharps containers are not overfilled (no more than $\frac{3}{4}$ capacity).

C. Fire and Life Safety

- Fire extinguishers inspected monthly and annually by a certified vendor.

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- Fire evacuation maps are posted in all hallways.
- Smoke detectors and alarms are tested regularly.
- Fire drills conducted at least twice per year.
- Emergency evacuation procedures are reviewed with all staff.

D. Behavioral Health and Ligature Safety

- Client care areas are free of ligature risks (e.g., cords, exposed pipes, unbreakable mirrors).
- Doors open outward and are easily accessible from the outside in emergencies.
- Crisis rooms or interview spaces maintain visibility and safe exit routes.
- Furniture is weighted or secured where required for behavioral safety.

E. Medical and Clinical Equipment

- Equipment is inspected, calibrated, and maintained according to manufacturer guidelines.
- Refrigerators used for medications are temperature-logged daily.
- Emergency supplies (e.g., first aid kits, oxygen tanks, crash carts) are stocked and checked monthly.
- Expired supplies or medications are removed and disposed of according to policy.

F. Security and Access Control

- Controlled areas (medication rooms, labs, records storage) are locked when not in use.
- Security alarms, door locks, and surveillance systems are tested routinely.
- Visitor check-in procedures are followed.
- Staff wear visible identification badges.

G. Environmental and Utility Systems

- Heating, ventilation, and air conditioning (HVAC) systems are operational and serviced.
- Plumbing is functional with no leaks or water damage.
- Backup power systems tested and ready for use.
- Hazardous chemicals properly labeled and stored.

4. Documentation

- A standardized Environment of Care Safety Checklist shall be used during each inspection.
- Findings will be categorized as:
 - Compliant
 - Needs Attention (minor corrective action required)
 - Noncompliant/High Risk (requires immediate correction)
- The Safety Officer will complete a Safety Inspection Report summarizing:
 - Date and location of inspection;
 - Observed issues;
 - Responsible party for correction; and
 - Timelines for completion.
- All completed reports are retained in the Safety and Facilities Log for at least three years.

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5. Corrective Actions

- Identified hazards shall be corrected within:
 - 24 hours for urgent/immediate threats to safety;
 - 7 business days for non-urgent repairs or environmental adjustments; and
 - 30 days for long-term maintenance issues requiring vendor involvement.
- The Safety Officer will follow up to verify that corrective actions were completed and documented.
- Repeated or uncorrected safety issues shall be escalated to the Clinical Director and Executive Leadership for review.

6. Staff Reporting and Engagement

- Any staff member who identifies a safety hazard must report it immediately to their supervisor or the Safety Officer.
- Reports may be made verbally or via the Safety Concern Form.
- Staff participation in safety rounds and drills is mandatory.
- Safety updates, trends, and reminders will be communicated in staff meetings and posted in common areas.

7. Training

- All employees shall complete Environment of Care and Safety Training:
 - Upon hire and annually thereafter;
 - After a facility change, expansion, or renovation;
 - Following any safety-related incident or audit finding.
- Training includes:
 - Fire and emergency evacuation;
 - Infection prevention;
 - Hazard identification;
 - Equipment safety; and
 - Staff roles in maintaining a safe care environment.

Training completion will be documented in personnel files.

8. Quality Assurance

- The Quality Improvement Committee will review EOC inspection results and incident reports quarterly.
- Performance measures include:
 - 100% of monthly EOC inspections completed;
 - 100% of identified hazards corrected within required timeframe;
 - Zero outstanding "Immediate Threat to Safety" issues; and
 - 100% staff completion of annual safety training.
- Data will be trended and used to improve facility safety and emergency readiness.

9. Review and Revision

This policy shall be reviewed annually or upon:

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- Facility expansion or relocation;
- Regulatory or accreditation standard updates; or
- Identification of new environmental risks.

Revisions must be approved by the Safety Officer, Clinical Director, and Quality Improvement Committee.