

A Comparison

"The organizational culture, principles, methods, and tools for creating safety are the same, regardless of the population whose safety is the focus."

The Joint Commission. 2012.
 Improving Patient and Worker
 Safety: Opportunities for
 Synergy, Collaboration and
 Innovation.

he importance of building management systems to address patient safety has been a concern for a number of years and is now incorporated into several Joint Commission standards. Employers may not know that these management systems can also be used to address worker safety issues. Increasingly, hospitals are recognizing the value of integrating their patient safety and worker safety programs. Doing so makes sense, because many of the risk factors that can affect patient safety—such as patient handling, infection control, and workplace violence—can also affect hospital workers.

A *safety and health management system* (also known as an injury and illness prevention program) is a proven, flexible framework for finding and fixing hazards before they cause injuries and illnesses. This comparison can help you:

- Identify things your hospital might already be doing for Joint Commission compliance that could facilitate implementation of certain safety and health management system elements.
- Identify logical places within your hospital's Joint Commission compliance program to integrate certain safety and health management processes.

The tables below provide comparisons according to the six core elements of a safety and health management system: management leadership, employee participation, worksite analysis, hazard prevention and control, safety and health training, and annual evaluation.

Sources for Comparison

Safety and health management systems	The criteria defining the elements of a safety and health management system are derived from OSHA Directive No. CSP-03-01-003, Chapter III, "Requirements for Star, Merit, Resident Contractor, Construction Industry, and Federal Agency Worksites" (https://www.osha.gov/OshDoc/Directive_pdf/CSP_03-01-003.pdf).
Joint Commission requirements	The following Joint Commission standards for Hospitals (HAP) were deemed most relevant to safety and health management systems and were used for the comparison: Leadership (LD), Human Resources (HR), Environment of Care (EC), Emergency Management (EM), Infection Prevention and Control (IC), Information Management (IM), and Performance Improvement (PI). All of the standards used have an effective date of July 1, 2013.



Management Leadership

Safety and Health Management Systems	Joint Commission
Management establishes, documents, and communicates to employees and contractors clear goals that are attainable and measurable.	 LD.02.01.01: The mission, vision, and goals of the hospital support the safety and quality of care, treatment, and service. LD.03.04.01: The hospital communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties. LD.04.03.09, EP 2: The hospital describes, in writing, the nature and scope of services provided through contractual agreements. LD.04.04.01: Leaders establish priorities for performance improvement.
Management signs a statement of commitment to safety and health.	LD.02.01.01, EP 1: The governing body, senior managers, and leaders of the organized medical staff work together to create the hospital's mission, vision, and goals. LD.03.03.01: Leaders use hospital-wide planning to establish structures and processes that focus on safety and quality.
Management maintains a written safety and health management system that documents the elements and sub-elements, procedures for implementing the elements, and other safety and health programs including those required by OSHA standards.	LD.04.04.05: The hospital has an organization-wide, integrated patient safety program within its performance improvement activities. EC.01.01.01, EP 3: The hospital has a written plan for managing the environmental safety of patients and everyone else who enters the hospital's facilities.
Management identifies persons whose safety and health responsibility includes carrying out safety and health goals and objectives, and clearly defines and communicates their responsibilities in their written job descriptions.	EC.01.01.01, EP 1: Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results.
Management provides and directs adequate resources (including time, funding, training, personnel, etc.) to those responsible for safety and health, so they are able to carry out their responsibilities.	 LD.01.03.01, EP 5: The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. LD.03.03.01, EP 4: Leaders provide the resources needed to support the safety and quality of care, treatment, and services. LD.03.06.01, EP 3: Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment and services. LD.04.01.03: The leaders develop an annual operating budget and, when needed, a long-term capital expenditure plan.

Safety and Health Management Systems	Joint Commission
Management holds those assigned responsibility for safety and health accountable for meeting their responsibilities through a documented performance standards and appraisal system.	 HR.01.07.01, EP 1: The hospital evaluates staff based on performance expectations that reflect their job responsibilities. LD.03.01.01, EP 4: Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety. LD.03.06.01.4: Those who work in the hospital are competent to complete their assigned responsibilities.
Management integrates safety and health into other aspects of planning, such as planning for new equipment, processes, buildings, etc.	LD.03.03.01: Leaders use hospital-wide planning to establish structures and processes that focus on safety and quality. LD.03.06.01, EP 1: Leaders design work processes to focus individuals on safety and quality issues.
Management establishes lines of communication with employees and allows for reasonable employee access to top management at the worksite.	 LD.02.03.01: The governing body, senior managers and leaders of the organized medical staff regularly communicate with each other on issues of safety and health. LD.03.01.01, EP 8: All individuals who work in the hospital, including staff and licensed independent practitioners, are able to openly discuss issues of safety and quality. LD.03.04.01: The hospital communicates information related to safety and quality to those who need it including staff, licensed independent practitioners, patients, families, and external interested parties.
Management sets an example by following the rules, wearing any required personal protective equipment, reporting hazards, reporting injuries and illnesses, and basically doing anything that they expect employees to do.	LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital.
Management ensures that all employees (including contract employees) are provided equal, high-quality safety and health protection.	LD.04.04.05, EP 1: The leaders implement a hospital-wide patient safety program.
Management conducts an annual evaluation of the safety and health management system in order to: maintain knowledge of the hazards of the worksite; maintain knowledge of the effectiveness of system elements; ensure completion of the previous years' recommendations; and modify goals, policies, and procedures.	EC.04.01.01, EP 15: Every 12 months, the hospital evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness. LD.01.03.01, EP 6: The governing body works with the senior managers and leaders of the organized medical staff to annually evaluate the hospital's performance in relation to its mission, vision, and goals. LD.03.02.01: The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and health. LD.03.02.01, EP 7: Leaders evaluate how effectively data and information are used throughout the hospital.

Employee Involvement

Safety and Health Management Systems	Joint Commission
Employees are trained for the tasks they will perform in support of the safety and health management system, such as conduct-	HR.01.02.01, EP 1: The hospital defines staff qualifications specific to their job responsibilities.
g inspections, investigations, or audits.	HR.01.02.05, EP 3: The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
	HR.01.04.01: The hospital provides orientation to staff.
Employees receive feedback on any suggestions, ideas, or reports of hazards that they bring to management's attention.	
All employees, including new hires, are notified about participation in the safety and health management system and employees' rights under the OSH Act.	HR.01.04.01, EP 2: The hospital orients its staff to the key safety content before staff provides care, treatment, and services.
	HR.01.04.01, EP 3: The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures. Completion of this orientation is documented.
	HR.01.04.01, EP 4: The hospital orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented.
	HR.01.05.03, EP 8: Staff participate in education and training on fall reduction activities.
Employees and contractors demonstrate an understanding of the fundamental principles of the safety and health management system.	HR.01.06.01, EP 2: The hospital uses assessment methods to determine the individual's competence in the skills being assessed.
	EC.03.01.01, EP 1: Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care.
Contract employees are provided with safety and health protection equal in quality to that provided to employees.	
All contractors, whether regularly involved in routine site operations or engaged in temporary projects such as construction or repair, are required to follow the safety and health rules of the host.	LD.04.03.09: Care, treatment, and services provided through contractual agreement are provided safely and effectively.
Employers have in place a documented oversight and management system covering applicable contractors.	LD.04.03.09: Care, treatment, and services provided through contractual agreement are provided safely and effectively.

Worksite Analysis

Safety and Health Management Systems	Joint Commission
A baseline safety and industrial hygiene hazard analysis is conducted.	
A hazard analyses of routine jobs, tasks, and processes is conducted.	EC.02.01.01, EP 1: The hospital identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities.
	EC.02.02.01, EP 1: The hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates.
	EC.02.04.01, EP 2: The hospital maintains a written inventory of all medical equipment or a written inventory of selected equipment categorized by physical risk associated with use (including all life-support equipment) and equipment incident history.
	EM.01.01.01, EP 2: The hospital conducts a hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital's services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events.
A hazard analysis of any significant changes including but not limited to non-routine tasks (such as those performed less than once a year), new processes, materials, equipment, and facilities	LD.04.04.05, EP 10: At least every 18 months, the hospital selects one high-risk process and conducts a proactive risk assessment.
is conducted.	EC.02.06.05: The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.
A pre-use analysis is conducted when considering new equipment, chemicals, facilities, or significantly different operations or	EC.02.02.01: The hospital manages risks related to hazardous materials and waste.
procedures.	EC.02.06.05: The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.
Hazard analyses performed for any significant changes or as a pre-use analysis are documented.	EM.01.01.01, EP 3: The hospitalprioritizes the potential emergencies identified in its hazard vulnerability analysis (HVA) and documents these priorities.

Safety and	Health	Management Sy	/stems	Joint Commission

An established set of written procedures ensures routine self-inspections of the workplace and documentation of findings and corrections.

EC.02.04.01, EP 3: The hospital identifies the activities, in writing, for maintaining, inspecting, and testing for all medical equipment on the inventory.

EC.02.04.01, EP 4: The hospital identifies, in writing, frequencies for inspecting, testing, and maintaining medical equipment on the inventory based on criteria such as manufacturers' recommendations, risk levels, or current hospital experience.

EC.04.01.01, EP 12: The hospital conducts environmental tours every six months in patient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate environment of care risks.

EC.04.01.01, EP 13: The hospital conducts annual environmental tours in nonpatient care areas to evaluate the effectiveness of previously implemented activities intended to minimize or eliminate risks in the environment.

A reliable system is established that enables employees to notify appropriate management personnel in writing about conditions that appear hazardous, and to receive timely and appropriate responses.

LD.03.01.01, EP 8: All individuals who work in the hospital, including staff and licensed independent practitioners, are able to openly discuss issues of safety and quality.

LD.04.04.05, **EP 6**: Leaders provide and encourage the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment.

EC.04.01.01, EP 1: The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:

- Injuries to patients or others within the hospital's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others
- Security incidents involving patients, staff, or others within its facilities
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical or laboratory equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

A written industrial hygiene (IH) program, which documents procedures and methods for identification, analysis, and control of health hazards for prevention of occupational disease, is established.

EC.01.01.01, EP 3: The hospital has a written plan for managing the following: The environmental safety of patients and everyone else who enters the hospital's facilities.

IC.01.05.01, EP 2: The hospital's infection prevention and control plan includes a written description of the activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.

Safety and Health Management Systems	Joint Commission
Investigations of all accidents and near-misses are performed and written reports of the investigations are maintained.	EC.02.04.01, EP 5: The hospital monitors and reports all incidents in which medical equipment is suspected in or attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.
	EC.04.01.01, EP 6: Based on its process(es), the hospital reports and investigates the following: Security incidents involving patients, staff, or others within its facilities.
	EC.04.01.01, EP 8: Based on its process(es), the hospital reports and investigates the following: Hazardous materials and waste spills and exposures.
	EC.04.01.01, EP 3: Based on its process(es), the hospital reports and investigates the following: Injuries to patients or others in the hospital's facilities.
	EC.04.01.01, EP 4: Based on its process(es), the hospital reports and investigates the following: Occupational illnesses and staff injuries.
	LD.04.04.05, EP 3: The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events.
Trends are analyzed for information such as injury/illness history, hazards identified during inspections, employee reports of hazards, and accident and near-miss investigations.	EC.04.01.03, EP 2: The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues.
	LD.03.02.01, EP 5: The hospital uses data and information in decision making that supports the safety and quality of care, treatment, and services.
	PI.02.01.01, EP 4: The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.

Hazard Prevention and Control

Safety and Health Management Systems	Joint Commission
Access to certified safety and health professionals and other licensed health care professionals is provided.	LD.03.06.01, EP 3: Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services.
rpes of hazards employees are exposed to, the severity of the azards, and the risk the hazards pose to employees are all condered in determining methods of hazard prevention, elimination, and control.	EC.02.01.01, EP 3: The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.
	EM.01.01.01, EP 5: The hospital uses its hazard vulnerability analysis as a basis for defining mitigation activities (that is, activities designed to reduce the risk of and potential damage from an emergency).
The organization complies with any hazard control program required by an OSHA standard, such as PPE, Respiratory Protection, Lockout/Tagout, Confined Space Entry, Process Safety Management, or Bloodborne Pathogens.	IC.01.02.01, EP 1: The hospital provides access to information needed to support the infection prevention and control program.
	IM.03.01.01, EP 1: The hospital provides access to knowledge-based information resources 24 hours a day, 7 days a week.
	LD.04.01.01, EP 2: The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
Licensed health care professionals are available to assess employee health status for prevention, early recognition, and treatment of illness and injury.	EC.03.01.01.1: Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care.
	EC.03.01.01.2: Staff and licensed independent practitioners can describe or demonstrate actions to take in the event of an environment of care incident.
A written preventive and predictive maintenance system is in place for monitoring and maintaining workplace equipment.	EC.04.01.01, EP 10: Based on its process(es), the hospital reports and investigates medical/laboratory equipment management problems, failures, and use errors.
A documented system is in place to ensure that hazards identified by any means (self-inspections, accident investigations,	EC.04.01.05, EP 1: The hospital takes action on the identified opportunities to resolve environmental safety issues.
employee hazard reports, preventive maintenance, injury/illness trends, etc.) are assigned to a responsible party and corrected in a timely fashion.	EC.04.01.05, EP 3: The hospital reports performance improve ment results to those responsible for analyzing environment of care issues.
A documented disciplinary system is in place and includes enforcement of appropriate action for violations of the safety and health policies, procedures, and rules.	HR.01.06.01, EP 15: The hospital takes action when a staff member's competence does not meet expectations.

Safety and Health Management Systems	Joint Commission
Written procedures for response to all types of emergencies (fire, chemical spill, accident, terrorist threat, natural disaster, etc.) on all shifts are established, follow OSHA standards, are communi-	EM.02.01.01, EP 2: The hospital develops and maintains a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur.
cated to all employees, and are practiced at least annually.	EC.02.02.01, EP 3: The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.
	EC.02.03.01, EP 9: The hospital has a written fire response plan.

Safety and Health Training

Safety and Health Management Systems	Joint Commission
Training is provided so that managers, supervisors, nonsupervisory employees, and contractors are knowledgeable of the hazards in the workplace, how to recognize hazardous conditions, signs and symptoms of workplace-related illnesses, and safe work procedures.	HR.01.04.01: The hospital provides orientation to staff. HR.01.05.03, EP 6: Staff participate in education and training that incorporates the skills of team communication, collaboration, and coordination of care.
Training required by OSHA standards is provided in accordance with the particular standard.	 HR.01.04.01, EP 3: The hospital orients staff on relevant hospital-wide and unit-specific policies and procedures. HR.01.04.01, EP 2: The hospital orients its staff to the key safety content before staff provides care, treatment, and services.
Managers and supervisors understand their safety and health responsibilities and how to carry them out effectively.	EC.03.01.01, EP 1: Staff and licensed independent practitioners can describe or demonstrate methods for eliminating and minimizing physical risks in the environment of care.
New employee orientation/training includes, at a minimum, discussion of hazards at the worksite, protective measures, emergency evacuation, and employee rights under the OSH Act.	 HR.01.04.01: The hospital provides orientation to staff. HR.01.05.03, EP 7: Staff participate in education and training that includes information about the need to report unanticipated adverse events and how to report these events. EM.02.01.01, EP 7: The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of the hospital's patients during emergencies.
Training is provided for all employees regarding their responsibilities for each type of emergency.	EM.02.02.07, EP 2: The Emergency Operations Plan describes the roles and responsibilities of staff for communications, resources and assets, safety and security, utilities, and patient management during an emergency. EM.02.02.07, EP 7: The hospital trains staff for their assigned emergency response roles.

Safety and Health Management Systems	Joint Commission
Persons responsible for conducting hazard analysis, including self-inspections, accident/incident investigations, and job hazard analysis, receive training to carry out these responsibilities.	 HR.01.04.01, EP 4: The hospital orients staff on their specific job duties, including those related to infection prevention and control and assessing and managing pain. HR.01.02.05, EP 3: The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
Training attendance is documented and meets OSHA standards, or for non-OSHA required training, is provided at adequate intervals.	HR.01.05.03, EP 1: Staff participate in ongoing education and training to maintain or increase their competency; staff participation is documented.
Training curricula is up-to-date; is specific to worksite operations; is modified when needed to reflect changes and/or new workplace procedures, trends, hazards and controls identified by hazard analysis; and is understandable by all employees.	 HR.01.05.03, EP 4: Staff participate in ongoing education and training whenever staff responsibilities change. HR.01.05.03, EP 5: Staff participate in education and training that is specific to the needs of the patient population served by the hospital.
Persons who have specific knowledge or expertise in the subject area conduct training.	HR.01.06.01, EP 3: An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.
Employees understand where personal protective equipment (PPE) is required, why it is required, its limitations, how to use it, and maintenance procedures.	EC.02.02.01, EP 3: The hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.
	EM.01.01.01, EP 8: The hospital keeps a documented inventory of the resources and assets it has on site that may be needed during an emergency, including, but not limited to, personal protective equipment, water, fuel, and medical, surgical, and medication-related resources and assets.
	IC.01.05.01, EP 7: The hospital has a method for communicating responsibilities about preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families.
	IC.02.01.01, EP 2: The hospital uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.

Annual Evaluation

Safety and Health Management Systems	Joint Commission
A system and written procedures are in place to guide an annual evaluation of the safety and health management system.	EC.04.01.01, EP 15: Every 12 months, the hospital evaluates each environment of care management plan, including a review of the plan's objectives, scope, performance, and effectiveness.
	LD.04.04.05, EP 10: At least every 18 months, the hospital selects one high-risk process and conducts a proactive risk assessment.
The evaluation covers all elements and sub-elements of the safety and health management system.	PI.01.01.01: The hospital collects data to monitor its performance.
The evaluation identifies the strengths and weaknesses of the safety and health management system, and opportunities for improvement.	EC.04.01.03, EP 2: The hospital uses the results of data analysis to identify opportunities to resolve environmental safety issues.
	PI.01.01.01, EP 8: The hospital uses the results of data analysis to identify improvement opportunities.
Managers, qualified corporate staff, or outside experts conduct the evaluation with participation from employees.	EC.04.01.03, EP 1: Representatives from clinical, administrative, and support services participate in the analysis of environment of care data.

This document is advisory in nature and informational in content. It is not a standard or regulation, and it neither creates new legal obligations nor alters existing obligations created by OSHA standards or the Occupational Safety and Health Act.

The Joint Commission holds copyright to the Joint Commission standards in the Hospital Accreditation Program and has granted a license to OSHA to reprint selected standards. This document, which compares certain Joint Commission standards to OSHA's Safety and Health Management System (SHMS) requirements, is not a Joint Commission-approved "crosswalk" of Joint Commission standards and SHMS processes and The Joint Commission takes no responsibility for its accuracy. OSHA compliance is neither an assurance nor a quarantee of compliance with Joint Commission standards.