	Document Type	Document Code:
		POL-ICP-053
	POLICY	Effective Date:
		August 2020
	Document Title	Revision Number:
		0
PHILIPPINE HEART CENTER INCIDENT COMMAND POST	**UNIT SAFETY OFFICER**	Page:
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REVISION HISTORY

Rev No.	Review Date	Description of Change	Date of Next Review
			August 2022

Reviewed by:	**GERARDO S. MANZO, MD** Incident Commander	Approved by:	**JOEL M. ABANILLA, MD** Executive Director

I. GENERAL STATEMENT

There should be a dedicated Safety Officer per unit / office, who shall act as a coordinator and at the same time monitor the implementation of the prevention of transmission and safety protocols against the COVID-19. In the absence of the safety coordinator, the unit head/supervisor will assume the role.

II. GENERAL OBJECTIVE

To strictly implement hospital-wide safety protocols against COVID-19 and ensure health care worker safety and general well-being.

III. SPECIFIC OBJECTIVES

1. To decrease the number of health workers diagnosed with COVID.
2. To strictly implement COVID safety guidelines
    2.1 Unit Compliance to handwashing and sanitation
    2.2 Unit Compliance to social distancing protocol
    2.3 Unit compliance to appropriate PPE use such as wearing of medical mask both for employees and patients.
    2.5 Unit Compliance to restriction of face-to face crowded gatherings.
    2.6 Unit Compliance to daily healthcare worker symptom monitoring.
    2.7 Unit Compliance to Healthcare workers Health declaration every 14 days.
3. To ensure availability and appropriate use of recommended PPE requirement. (depending on the degree of exposure) and isolation gowns, or full PPE.

IV. JOB DESCRIPTION

The Safety Coordinator is responsible to oversee and promote a strong safety culture within the unit / office.

V. DUTIES AND RESPONSIBILITIES

1. Ensures that all personnel know and follow the established COVID-19 safe work procedures.
2. Maintains the appropriate foot flow and work flow of people including the unit's entry and exit points.
3. Ensures hand hygiene and other Personal Protective Equipment (PPE) stocks are in place and available (hand sanitizer, paper towels, hand soap, PPEs).
4. Reinforce scheduled meal break time for gathering control and physical distancing such as spacing of seating.
5. Reminds patients and co-workers to wear appropriate PPE (see PPE Requirement).
6. For patient care areas, ensures one relative per patient only. For Covid-19 units, no relatives allowed.
7. Reminds co-workers to fill up the daily signs and symptoms monitoring sheet at the beginning of PHC working hours.
8. For Covid-19 units, acts as a "buddy" or "partner" during PPE donning and doffing procedure.
9. Reminds all staff to fill out online health declaration every two (2) weeks.
10. Make rounds as scheduled wearing the designated "safety officer vest".

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11. Accomplishes the safety report and coordinates with Infection Prevention and Control Team weekly or as the need arises..
12. Coordinates with the Safety Officer for any Covid-19 related concerns/issues.

VI. COVID HCW SAFETY POLICY FORMS:

1. Healthcare Worker Health Declaration (online) every 14 days (FM-ICP-2020-003 Rev.00)
2. Covid-19 Sign and Symptoms Log Form (FM-ICP-2020-004 Rev.00)
3. Weekly Covid-19 Safety Monitoring Report (FM-ICP-2020-007 Rev.00)

MONTHLY COVID-19 SAFETY MONITORING REPORT

UNIT: _____

Month:_____
Date : _____

I. Statistics

	Week 1	Week 2	Week 3	Week 4	TOTAL
Total Number of Personnel					
Confirmed COVID 19					
Suspect COVID 19 with Symptoms					
Total Admitted / PHC Quarantine					
Home Quarantine					

II. Compliance Reporting

	% Compliance	Remarks
Supplies Availability 1. PPE 2. Hand Hygiene Supplies	☐ Complete ☐ Incomplete ☐ Complete ☐ Incomplete	
HCW Online Health Declaration **Compliance Every 14 days**		
Daily Symptoms monitoring Compliance		
Compliance to Safety Practices 1. Scheduled meal breaks 2. Physical Distancing 3. Wearing of Face Masks/ appropriate PPE	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO	
Patient Care Areas Compliance 1. One watcher policy 2. Wearing of Face masks (patient and relative) 3. Daily Pt Symptoms Monitoring	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO	
Others		

Prepared by : _____
SAFETY OFFICER

Noted by : _____
UNIT HEAD/ SUPERVISOR