

**Standard Intent:**

To ensure that Facility Management and Safety Program is properly coordinated and implemented, one individual should be assigned to provide program oversight alongside the Safety Committee; oversight includes:

Hospital should consider training, experience and qualifications to this individual prior to assignment.

In order to ensure safety, culture is spread through the organization, departmental safety liaison officers should be appointed in a way that ensure that the entire hospital services are covered. These liaison officers should have clear responsibilities and reporting channels for safety matters.

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**FMS.3 There is a multidisciplinary safety committee that provides oversight of the facility management and safety program.**

FMS.3.1 The committee's membership consists of representatives from relevant departments such as safety, security, housekeeping, infection control, risk management, biomedical engineering, laboratory, medical staff (E.R), nursing, radiation safety, maintenance, and quality management.

FMS.3.2 The safety committee provides oversight of the facility management and safety program.

FMS.3.3 Safety committee meets at least ten times per year on a monthly schedule. Minutes are documented to be approved by the hospital leadership.

FMS.3.4 The safety committee, through a multidisciplinary team, conducts quarterly and as needed facility safety tours to identify risks and hazards related to the facility and physical plants as well as evaluation of staff knowledge.

FMS.3.5 The committee uses the resulting information for corrective and preventive actions, planning, and budgeting of long-term upgrading and replacement.

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**Standard Intent:**

In order to act as a Professional Advisory Team to control / eliminate all safety hazards, hospitals should create a multidisciplinary safety committee responsible for Facility Management and Safety Program oversight, oversight includes:

**a)** planning all aspects of the program, such as development of plans and providing recommendations for space, technology, and resources;

**b)** implementing the program;

- c) educating staff;
  - d) testing and monitoring the program;
  - e) periodically reviewing and revising the program; and
  - f) providing annual reports to the governing body on the effectiveness of the program.
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**FMS.4 The hospital is in compliance with applicable laws and regulations.**

FMS.4.1 The hospital has a valid Saudi Civil Defense license.

FMS.4.2 The hospital has a valid Saudi Civil Defense report and action plan as applicable.

FMS.4.3 Hospital leaders ensure compliance with applicable building and environmental protection standards, laws, and regulations (e.g., MOMRA's hospital building requirements, Saudi building code, discharges to drainage systems, safe disposal of waste).

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**Standard Intent:**

Laws, regulations, and inspections by local authorities determine in large part how a facility is designed, used, and maintained. All hospitals, regardless of size and resources, must comply with these requirements as part of their responsibilities to their patients, families, staff, and visitors. Such requirements may differ depending on the facility's age and location and other factors.

Hospital leadership, including governance and senior management, are responsible for:

- a) knowing what national and local laws, regulations, and other requirements apply to the hospital's facilities;
- b) implementing the applicable requirements or approved alternative requirements; and
- c) planning and budgeting for the necessary upgrading or replacement as identified by monitoring data or to meet applicable requirements and providing evidence of progress toward implementing the improvements.

When the hospital has been cited for not meeting requirements, hospital leadership takes responsibility for planning for and meeting the requirements in the prescribed time frame.

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