

**APPLICABLE PROGRAMS: ALL**

# Preparing for Winter Grounds Maintenance

Facilities professionals share tips for snow and ice abatement and prevention of slips, trips, and falls



The brutal, record-breaking heat of summer 2023 might make the approach of cold weather seem welcome, but health care facilities need to plan now for both routine seasonal maintenance and winter's worst. Snow, ice, reduced visibility, and more can wreak havoc with the safety of patients, staff, and visitors as they navigate campus grounds and roads, garages and exterior parking areas, and slippery entranceways and corridors.

“When leaves start to turn colors, pretend it’s the dead of winter.” This facilities maxim should guide winter weather preparations, notes Herman A. McKenzie, MBA, CHSP, Physical Environment Director for The Joint Commission’s Standards Interpretation Group.

Joint Commission surveyors typically cite grounds maintenance issues under Environment of Care (EC) Standard **EC.02.01.01, Element of Performance (EP) 5:** The [organization] maintains all grounds and equipment.

If snow or ice impedes egress from a health care facility, an organization will be scored under Life Safety (LS) Standard **LS.02.01.20:** The [organization] maintains the integrity of the means of egress.

The Joint Commission, however, does not provide detailed requirements regarding winter-related grounds maintenance and associated activities. Winter weather precautions and activities should be developed by each health care organization (HCO) and described in the HCO’s safety and security plan(s). Policies,

protocols, and procedures should be based on local and regional weather patterns, facility type and layout, populations served, and other factors particular to the site, as well as local and state laws and regulations.

Severe storms and utility failures should be considered in a health care facility's hazard vulnerability analysis (HVA) and, if prioritized, addressed in the organization's Emergency Operations Plan (EOP). (Note that emergency power requirements are beyond the scope of this article. To learn more about managing utilities, see the articles "Utilities Will Fail: Is Your Organization Vulnerable?" in the October 2023 issue and "Is Your Organization Prepared for Temperature Extremes?" in the July 2021 issue of *EC News*.)

### **Lists, maps, and plans**

"There are usually two lists associated with preparing your site for winter," says McKenzie. "The first one would involve your on-site maintenance staff and address lighting and any exterior door issues that must be addressed before the weather turns; those repairs are harder to do in the dead of winter." This list might include painting doors or checking and repairing locks and hinges, for example.

The second list should address policies and procedures related to snow removal and expectations for the HCO's snow removal team. "Being very specific in terms of when the team should be engaged is a key to understanding snow removal requirements," says McKenzie. This document should state, for example, "When there's more than 2 inches of snow, the snow team should be activated. A clear scope of work should describe parking lot-, sidewalk-, and driveway-clearing assignments and frequency requirements."

For a general winter maintenance checklist for HCOs that can be customized, see "[Toolbox](#)" on page 20. In addition, McKenzie recommends that each department in a health care facility develop its own tailored checklist of precautions, procedures, and tips related to winter weather planning that is updated and distributed annually. Checklists for non-facilities staff who aren't involved with grounds maintenance might focus on personal safety and security during the winter months, potential supply chain challenges for their work area, and time management during prolonged commutes.

"Don't rely on memory," McKenzie advises, emphasizing the importance of checklists for yearly sets of procedures and precautions that can easily be forgotten. "Repeat the process, set a pattern, and make it as simple as possible."

Larger health care campuses may want to have a more comprehensive written snow mitigation plan that addresses day-to-day snow removal operations. Among other components, the plan should include a map or diagram indicating which egress paths must be kept consistently clear of snow and ice and should address both pedestrian and vehicular traffic. For example, an emergency department, physician and staff entrances, patient entrances, an ambulance entrance, a helipad, and fire lanes should be indicated on this map. The map should also indicate fire safety equipment that can't be blocked per code requirements, such as fire department connections, fire hydrants, medical gas equipment that's outside, and any generators that are outside.

The written plan should also describe how major snow removal equipment—such as skid steer loaders, plow trucks, and dump trucks—should be managed on the campus, whether owned by the HCO or a contracted service firm. (For more information on what a written snow removal plan should include, see the article “Preparing for Snowstorms” in the November 2021 issue of *EC News*.)

### **Working with contractors**

Many HCOs use contractors for snow removal and ice abatement. Consider the following tips when assessing your options and working with contracted services firms:

- ▶ Make sure to keep a written record of the contractors you’ve used, the quality and reliability of their work, and the fees charged. Don’t rely on the purchasing department to keep track of this information.
- ▶ Given inflation, budget more for winter services this year, McKenzie advises. “You might have to pay a premium for contractors,” he cautions.
- ▶ Tour the entire site with contractors, especially new ones, before the first snowfall. “That’s worth every minute and every dollar,” says McKenzie.
- ▶ Be sure to understand the limits of the services provided for a specific fee. Anything extra may involve additional charges. Or the company may provide certain services that you don’t need.

For example, XYZ Contractor states on its website that it provides the following services for a flat fee for each visit, with additional services charged by the hour:

- After snowfall reaches 1 inch, we plow and shovel stairs at entrances, sidewalks around the building, entrance and exit garage ramps/driveways, and the alley behind the building.
- We spread de-icing product (rock salt for asphalt and calcium chloride for concrete) over surfaces (sidewalks, walkways, driveways, parking areas, and so on); pretreat property in advance for ice storms and on request for snowstorms; and posttreat the property.
- We are not responsible for areas where parked cars are in the way.
- When vetting a new contractor, ask for references, particularly from other health care facility clients. Make sure the firm understands the National Fire Protection Association (NFPA) requirements related to clear, unobstructed egress and not blocking fire department connections, fire hydrants, and so on (as noted earlier).

### **Training—and retraining—are essential**

When snow removal and de-icing operations are performed in-house, the importance of training staff on equipment use cannot be overstated. HCOs often hire additional seasonal or contracted maintenance staff during the winter; these individuals might not have had first-time or reminder training in the safe operation of plows, spreaders, de-icers, or even hand shovels.

In addition, be sure to remind staff to dress appropriately for outdoor work in cold temperatures and winter conditions. Consider keeping a stash of heavy coats, gloves, and socks on hand for weather events that occur when maintenance workers are already on site.

### **Physical reminders**

Many HCOs keep a bucket of salt and some shovels near each entrance and exit to encourage regular maintenance of sidewalks at those points. Be sure not to block access to or egress from the facility, however. (The bulk of these supplies should be kept in a storage area.)

And make sure exits are clearly marked and illuminated. “The most common thing we hear is ‘I didn’t know that was an exit door,’” McKenzie says.

### **Preventing slips, trips, and falls**

Preventing slips, trips, and falls in winter weather needs to be a top priority for health care facilities, emphasizes Gary S. Smith, MSHA, Safety and Compliance Manager—Facilities and Operations for the University of Rochester Medical Center (URMC) in Rochester, New York.

At URMC, as with many other health care institutions, “slips, trips, and falls, both inside and outside, are a primary cause of injury and considered a key performance indicator,” Smith says. “Our teams constantly track and analyze incidents, using data to make adjustments and lower the risk. This information is reported quarterly to the Environment of Care Committee to ensure it gets the visibility needed to make improvements.”

In response, URMC has developed a cross-departmental slip, trip, and fall (STF) reduction committee to analyze and mitigate the risk of STFs during winter weather. The committee currently includes representatives from Environmental Health and Safety, Environmental Services, Parking & Transportation, Buildings & Grounds, and Public Safety. “The committee ensures that there is collaboration across departments to help share ideas and best practices,” Smith explains.

URMC has implemented a well-known STF awareness program for staff, patients, and visitors called “Walk Like a Penguin,” which uses the Antarctic birds as an example of how to walk on icy, slippery surfaces.] Messages include wearing proper nonslip footwear; taking short, flat steps—shuffling if necessary; keeping a low center of gravity; balancing one’s



weight over one's feet; dressing warmly; calling the ice and snow removal hotline when unsafe conditions appear; and reporting falls and filling out incident reports to provide follow-up.

In addition, the STF reduction committee oversees identifying and repairing damaged surfaces in parking lots and sidewalks; ensuring buildings have an ample supply of materials to salt and shovel entryways; renewing plowing contracts; and having high-absorption rugs and fans in interior spaces so melted snow and ice do not cause slippery floors.

The committee also organizes university-wide winter safety campaigns that provide regular communications to all faculty, staff, and students; additional internal and external signage and a hotline for reporting conditions that might be unsafe; and parking and transportation support such as helping staff shovel out parked vehicles, jump-starting dead batteries, de-icing locks, and inflating tires.

Proactive measures do work. Thanks largely to the STF reduction committee, “the university has seen a nearly 25% drop in overall STF cases since 2019,” says Smith. He attributes this to using salt brine to pretreat walkways, installing underground snow-melting systems at key high-traffic entrances and exits, and streamlining contracted services.

“After reviewing the pool of contractors, we consolidated the list, identifying the ones that provide the best services,” Smith says. “We receive better service, and it ensures uniformity across our operations.” 

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