Guidelines for Disaster Preparedness
for Ambulatory Surgery Centers

On December 30, 2009 the Centers for Medicare and Medicaid Services (CMS) issued standards for Disaster Preparedness (see Appendix B: CMS Manual, Pub. 100-07). The State Expert Panel on Disaster Preparedness for Ambulatory Surgery Centers (ASC) (see Appendix A: List of Members of the State Expert Panel) was convened by the Wisconsin Hospital Emergency Preparedness Program in collaboration with the Association of Wisconsin Surgery Centers to assist Ambulatory Surgery Centers (ASC) meet these standards by developing template plans that could be adapted by ASCs for their unique environment. The work resulted in significant recommendations that are applicable to every ASC in every state. We thank Wisconsin for the excellent work, and for sharing their results with us.

Note: In these guidelines, disaster preparedness plans are referred to as “Emergency Operations Plans (EOP).”

Recommendation #1: It is recommended that all ASC facilities in the State of Michigan adopt common and consistent procedures for their EOP.

Rationale: This is recommended so that partner facilities and emergency responders, who come to the aid of the ASC facility, will be better prepared in their response, knowing that all ASC facilities follow essentially the same procedures in the implementation of their EOP. This is especially true when the response is multi-organizational and multi-jurisdictional in nature.

Recommendation #2: It is recommended that any changes to these procedures be only “site-specific” changes so as not to materially change the procedures of the EOP.

Rationale: Material deviations from these procedures may jeopardize patient and staff safety, since it is likely that partner facilities and emergency responders, especially those who come from other organizations and jurisdictions, may not be aware of the material changes, made by the facility.

Recommendation #3: It is recommended that the ASC review its EOP with its partner facilities and local authorities during the planning stages and identify any site-specific changes and enhancements.

Rationale: It is critical that partner facilities and local authorities be involved in the development of the EOP and be aware of any site-specific changes and enhancements. No ASC facility can successfully manage disasters without the assistance of partner facilities and local authorities and will require their expertise to review and adapt the EOP to the unique local environment, both of the ASC facility and the geographic area.

1 Partner facilities may mean hospitals with which the ASC is associated; clinics associated with the ASC; etc. These are facilities that the ASC may have to call upon for assistance and resources in an emergency.
These guidelines are meant to give your facility a “jump-start” on the development and implementation of your EOP. It is much easier to edit an EOP than to create it from scratch. The Wisconsin State Expert Panel provides these guidelines so that time may be better spent on adapting these guidelines to the unique needs of the facility. If your ASC already has existing polices, then you may use those polices. These guidelines provide templates for those ASCs that may not yet have the policies in this document.

ASCs should refer to the CMS Interpretative Guidelines in Appendix A for what the state surveyors have been instructed to ask when they survey your facility. The State Expert Panel believes that it has addressed in these guidelines most of the key surveyor concerns.

**Disclaimer:** Although these template procedures and documents have been developed and reviewed by topic experts, these guidelines are not intended to provide legal advice. The information contained in these guidelines is information only to assist the ASC in developing their own unique EOP. ASCs must be advised that these documents cannot address all the unique variables that may be present at an individual ASC.

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**Emergency Operations Plan**

This EOP is intended to provide a single, comprehensive framework to manage disasters and other emergencies that threaten the ASC and its occupants. The EOP provides the structure for coordinating response activities among the various departments/functions at the ASC and assigns tasks and responsibilities to ASC personnel.

All staff at the ASC are to become familiar with this EOP to ensure effective and efficient implementation of their responsibilities in an emergency. Larger ASCs that have multiple departments may develop department specific emergency plans in support of this EOP.

This document must be continually evaluated, updated, and refined to meet the ASC’s changing needs. While employees should contribute to this plan, the Safety Officer or a staff person designated for this function should coordinate the EOP updates.

All managers within the ASC should ensure effective incident management by designating lead and back-up responders to perform their assigned responsibilities during emergency incidents.

Implementation of this EOP requires communication, collaboration, coordination, and cooperation among departments, employees, partner facilities and emergency responders. Collaboration and coordination with local and state agencies should be employed when necessary. The size and scope of the disaster or emergency will determine the level of support required from federal, state, and local partners. Personnel at ASCs are expected to cooperate and collaborate with partner facilities and other emergency response organizations, following the National Incident Management System (NIMS) (see *Appendix C: National Incident Management System*) framework to manage incidents that may adversely affect the ASC.
Appendix A: Members of the State Expert Panel

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Appendix B: CMS Manual, Pub. 100-07

Appendix l/416.41(c)/ Standard: Disaster Preparedness Plan / Tag Q0043 (“new”)

§416.41(c) Standard: Disaster Preparedness Plan

(1) The ASC must maintain a written disaster preparedness plan that provides for the emergency care of patients, staff and others in the facility in the event of fire, natural disaster, functional failure of equipment, or other unexpected events or circumstances that are likely to threaten the health and safety of those in the ASC.

(2) The ASC coordinates the plan with State and local authorities, as appropriate.

(3) The ASC conducts drills, at least annually, to test the plan’s effectiveness. The ASC must complete a written evaluation of each drill and promptly implement any corrections to the plan.

Interpretive Guidelines: §416.41(c)

Disaster Preparedness Plan. The intent of this regulation is for an ASC to have in place a disaster preparedness plan to care for patients, staff and other individuals who are on the ASC’s premises when a major disruptive event occurs. The governing body of the ASC is responsible for the development of this plan.

A wide range of events could occur, such as fire, flood, mass release of a biochemical hazard, electrical failure, failure of the water supply, failure of key equipment needed to sustain the operations of the ASC, etc. The ASC must take an all-hazards approach when developing its plan, identifying hazards that are specific to the operating environment of an ASC as well as hazards that may affect the community in which the ASC operates, including the ASC.

Comprehensive emergency management includes the following phases, which should be taken into account in the development of the ASC’s disaster preparedness plan:

Hazard Identification: ASCs should make every effort to include any potential hazards that could affect the facility directly and indirectly for the particular area in which it is located. Indirect hazards could affect the community but not the ASC, and as a result interrupt necessary utilities, supplies, or staffing.
**Hazard Mitigation:** Hazard mitigation consists of those activities taken to eliminate or reduce the probability of the event, or reduce the event’s severity or consequences, either prior to or following a disaster or emergency.

The emergency plan should include mitigation processes for patients, staff and others present in the facility at the time of the disaster or emergency. Mitigation details should address provision of needed care for the ASC’s patients being prepared for procedures, undergoing procedures, or recovering from procedures, as well as how the ASC will educate staff in protecting themselves and others present in the ASC in the event of an emergency. Comprehensive hazard mitigation efforts, including staff education, will aid in reducing staffs' vulnerability to potential hazards. These activities precede any imminent or post-impact timeframe, and are considered part of the response.

**Preparedness:** Preparedness includes developing a plan to address how the ASC will meet the needs of patients, staff, and others present in the ASC if essential services break down as a result of a disaster. It will be the product of a review of the basic facility information, the hazard analysis, and an analysis of the ASC’s ability to continue providing care and services during an emergency. It also includes training staff on their role in the emergency plan, testing the plan, and revising the plan as needed.

**Response:** Activities taken immediately before (for an impending threat), during and after a disaster/emergency event to address the immediate and short-term effects of the emergency.

**Recovery:** Activities and programs that are implemented during and after the ASC’s response that are designed to return the ASC to its usual state or a "new normal." Resources for providers and suppliers on effective healthcare emergency preparedness may be found on CMS’ Web site at [http://www.cms.hhs.gov/SurveyCertEmergPrep/03_HealthCareProviderGuidance.asp#TopOfPage](http://www.cms.hhs.gov/SurveyCertEmergPrep/03_HealthCareProviderGuidance.asp#TopOfPage)

**Coordination of the Plan.** The regulation requires that the ASC must coordinate its disaster preparedness plan with State and local authorities that have responsibility for emergency management within the State. Coordination should take place in addressing threats that either extend beyond the premises of the ASC, e.g., floods, earthquakes, or biochemical releases, etc., or threats within the ASC that require response from a community agency, e.g., fire department.

Coordination assists in overall emergency management planning efforts within the area where the ASC is located, for example by ensuring that the facility’s plans are consistent with the larger community approach to similar hazards. It also makes known to both the ASC and to the State and local authorities the assets and capabilities that each has available during an emergency.

The regulation does not require that ASCs be integrated into State and local emergency preparedness plans to address threats that extend beyond the premises of the ASC, since it will ultimately be the decision of the State and local officials whether and how they might utilize ASCs in a response to an emergency event. ASCs must, however, document that they have made...
efforts to communicate with their State and local emergency preparedness officials to inquire about potential coordination.

**Testing, Evaluating, and Updating the Plan.** At least once every year the ASC must conduct a drill to test the plan’s effectiveness. A drill that is conducted in concert with State or local authorities would qualify as an annual test. While the drill does not have to test the response to every identified hazard, it is expected to test a significant portion of the plan. For example, a fire drill does not qualify on its own as a sufficient annual drill of the ASC’s plan.

The ASC must prepare a written evaluation of each annual drill, identifying problems that arose as well as methods to address those problems. The disaster preparedness plan must be promptly updated to reflect the lessons learned from the drill and the needed changes identified in the evaluation.

**Survey Procedures: §416.41(c)**

- Ask the ASC’s leadership to show you the facility’s emergency preparedness plan. Ask them to summarize the plan briefly for you, explaining how it addresses protecting patients, staff, and others present in the ASC at the time of a disaster or emergency.

- Ask the ASC’s leadership how staff are informed of the plan, including their roles and responsibilities. Interview some ASC staff members, including physicians, to determine whether they are aware of the plan and its contents.

- Ask for evidence of coordination with State or local emergency management agencies. The degree to which State or local authorities engage in coordinated planning with local healthcare facilities, especially ones that are not hospitals, may vary among localities and States. At a minimum, the ASC must have documentation that it has identified appropriate State and local agencies, and that the ASC has made these agencies aware of the ASC’s interest in coordination.

- Ask for documentation of the annual drill (in the case of new ASCs undergoing an initial survey, they must have evidence of having conducted at least one drill). Ask the ASC’s leadership to describe how the drill was conducted, and what features of the plan it is designed to test. Ask some ASC staff, including physicians, if they have participated in a drill to test the emergency preparedness plan.

- Ask to see the written evaluation of the drill. Determine whether the evaluation reviews the drill in detail and makes assessments of whether the plan features that were tested in the drill performed as expected. If problems during the drill were noted, does the evaluation indicate what changes are needed to address those problems? If the evaluation calls for changes, verify that the plan was revised accordingly and that the changes were implemented.
(Name) Ambulatory Surgical Center Emergency Operations Plan (EOP)

This EOP has been developed to manage a wide variety of emergency situations, which include, but are not limited to, natural, biological or manmade disasters such as loss of electrical power, damage to the building, bomb threat, etc. This EOP has been developed in collaboration with local, state and federal agencies, as well as partner healthcare facilities and local emergency response organizations. This EOP has been developed with the participation of administration, medical staff, managers and the Emergency Preparedness Committee (insert facility specific information).

The EOP identifies the capabilities of the ASC and establishes response procedures for when the ASC cannot be supported by the local community efforts. The (insert facility specific information), in collaboration with the Emergency Preparedness Committee, is responsible for maintaining and up-dating this EOP. Supervisors/site leaders are accountable for implementation of this EOP and for orienting new personnel, as appropriate, to job and task specific responsibilities for emergency management. Individual personnel are accountable for learning and following job and task specific procedures for emergency response.

In the development of this EOP, the ASC is addressing the following eight phases:

1. **Disaster Preparedness Plan**: The ASC has “all hazards” disaster preparedness plans to care for patients, staff and other individuals who are on the ASC premises when an incident occurs such as fire, flood, electrical failure, failure of the water supply. Administration and the governing body of the ASC are responsible for the development and approval of this plan.
   a. The ASC should designate the person responsible for the Emergency Operations Plan.
   b. This designated person should have this responsibility listed in their Job Description. Other responsibilities that should also be included in the Job Description (examples only):
      i. serve as Chairperson for the Safety or Emergency Preparedness Committee;
      ii. maintain current knowledge of changes to Environment of Care and Emergency Management standards;
      iii. establishes and implements safety and emergency preparedness policies, appropriate for the ASC;
      iv. coordinates emergency preparedness plans with partner organizations and other emergency response partners;
      v. ensures safe environment for patients, visitors, and employees;
      vi. evaluates safety and emergency preparedness orientation and annual education and training programs for employees;
      vii. ensures compliance with all applicable standards including Centers for Medicare and Medicaid (CMS), Joint Commission (or other accrediting agency) OSHA, EPA, DNR and NFPA;
viii. recommends and monitors trends for improvement opportunities related to employee, visitor, and patient incidents;
ix. plans, implements and evaluates environmental rounds;
x. monitors and evaluates timely and thorough completion of Emergency Preparedness exercises and completes the After Action Report (AAR) for all exercises, including identification of Corrective Actions;
xii. evaluates and up-dates Safety and Emergency Preparedness Programs annually.

2. **Hazards Identification:** The ASC has conducted a Hazards Vulnerability Analysis and reviews and up-dates this HVA at least every three years. This analysis should include both internal and external hazards that could affect the ASC directly and indirectly for the particular area in which it is located. This HVA allows the ASC to focus its resources in preparing for those incidents most likely to occur. In 2011 the ASC has identified these 5 top hazards (example only):

a. Fire  
b. Loss of Electrical Power  
c. Severe Weather  
d. Loss of Electronic Information (Cyber Attack)  
e. Pandemic Influenza

3. **Hazard Mitigation** means those activities taken to eliminate or reduce the probability of the event, or reduce the event’s severity or consequences, either prior to or following a disaster or emergency.

   a. Communications
      i. ASC has established methods to communicate with partner facilities and local emergency responders should there be a loss of landline and cell phone capabilities.
      ii. The ASC has an audible paging system to announce clear text messages to alert staff, patients and visitors to the emergency.
      iii. The ASC has a procedure for calling staff back to the organization, when needed and also a process whereby staff report if they become aware of an emergency and landlines cell phones cannot be used to contact staff.
      iv. The ASC has a method to communicate with patients to cancel procedures when necessary.

   b. Management of an Incident
      i. The ASC used the Incident Command System (at least the top eight positions) to manage emergencies.

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2 Many facilities use the Kaiser-Permanente Hazards Vulnerability Analysis. The PDF version of this tool can be found at [http://www.njha.com/ep/pdf/627200834041PM.pdf](http://www.njha.com/ep/pdf/627200834041PM.pdf). The actual EXCEL worksheets can be found at [http://www.calhospitalprepare.org/category/content-area/planning-topics/healthcare-emergency-management/hazard-vulnerability-analysis](http://www.calhospitalprepare.org/category/content-area/planning-topics/healthcare-emergency-management/hazard-vulnerability-analysis)

3 Each ASC should conduct its own HVA and identify the hazards that are most likely to occur. It is recommended that the ASC conduct this HVA to identify internal hazards and then involve partner facilities and local emergency responders to identify external hazards.
ii. The ASC staff are familiar with the principle and procedures of the National Incident Management System (NIMS) (see Appendix C) so as to work collaboratively with other emergency responders in an incident.

iii. The ASC has emergency contact information for all local partner facilities and emergency responders.

iv. The ASC uses WI Trac (see Appendix D: Welcome to WI Trac) as an incident management tool.

c. Allocation of Scarce Resources
   i. The ASC has established a Clinical Review Committee or its equivalent to determine how decisions will be made at the ASC given limited human and material resources.
   ii. The ASC administration has identified the ethical issues that may affect operations, staff and patients during a disaster.

d. Hazardous Materials and Waste
   i. The ASC has procedures in place for the proper collection and holding of biological wastes should established systems for such disposal be disrupted.

e. Infection Control
   i. The ASC has a staff person whose responsibility is Infection Control Prevention.
   ii. The ASC has procedures for the isolation of patients who are discovered to have an infectious disease along with the procedures for the safe transfer of this patient to an appropriate facility.

f. ASC Staffing
   i. The ASC has pre-identified a variety of staffing strategies to ensure that proper staffing levels can be maintained in an incident, even if staff do not or cannot show up for work because of the incident.

g. Training
   i. The ASC has determined the training that staff need to complete annually to maintain emergency response competencies.
   ii. The ASC maintains documentation of all training by staff for emergency preparedness.

2. Preparedness: Preparedness includes developing the plans to address how the ASC will meet the needs of patients, staff, and others present in the ASC in various emergency situations.

   a. Based on the completion of the Hazards Vulnerability Analysis, the following policies have been established to manage the incident most likely to occur at this ASC (policies are in alpha order):
b. In addition, the ASC has addressed the following in its preparedness plan:

i. Alternative Treatment Sites
   1. The ASC maintains alternative care site agreements with other adjacent medical facilities whenever possible to ensure the continuity of patient care and treatment should the ASC building be compromised.
   2. The Incident Commander is to assign appropriate staff to ensure required equipment, medications, staffing, communications, and transportation are mobilized to support relocation and management of patients to these alternative treatment sites.

ii. Clear Text Communications
   1. Currently, there are no national standards for ASC code alerts. The Michigan Hospital Association has recommended the standardization of code alerts to clear-text (plain language) in Michigan hospitals by January 2012.
   2. Emergency management codes are announced in ASC using clear text. This means that the nature of the emergency will be clearly understood by patients, visitors and staff. Code and other color designations are no longer used.

iii. Evacuation
   1. A facility evacuation plan is in place and can be implemented in phases. Relocation of patients, visitors, and staff away from the area of emergency may be undertaken by staff, moving to areas in adjacent zones. A full evacuation would be implemented if the impact of an emergency renders the ASC inoperable or unsafe for occupancy and would be implemented at the direction of the Incident Commander.
   2. The ASC has compiled a list of all ASC vehicles and employee vehicles capable of transporting staff, patients and visitors to an alternate site, if necessary.
3. Procedures are in place to ensure that patient medications, necessary supplies, equipment and personal belongings are also transported properly.
4. Procedures are in place to ensure pertinent information, including essential clinical and medication related information, is also transported to alternative care sites.
5. Identification of a SAFE ZONE outside the ASC to which patients, visitors and staff can be evacuated and be sheltered.

iv. Initiating and Terminating Response and Recovery Phase (Demobilization)
   1. The decision to recover is made by the Incident Commander.
   2. The ASC has checklists to assist in returning the facility to normal operations.

v. Resource and Asset Management
   1. An inventory of assets and resources has been developed and is reviewed annually. Resource inventories include personal protective equipment (PPE), water, fuel, staffing, and medical/surgical/pharmaceutical supplies.

vi. Safety and Security
   1. Designated staff members are assigned security functions as necessary to limit access to the ASC building and to assist in traffic control.
   2. Local law enforcement agencies (city, county, and state) may be available to cooperate in the control of traffic and exterior area security. However, the ASC should also plan to provide security without the support of community resources.
   3. ASC uses the regular staff identification badge to identify staff during the implementation of emergency plans. Each staff member responding to any emergency must present a valid ASC photo identification badge.
   4. ASC sites practice daily security procedures, (e.g., visitor/vendor restriction procedures, limited access, and photo identification) to provide a more secure daily environment and to lessen the impact when a full emergency lockdown is initiated.

vii. Utilities Management
   1. The ASC has developed alternative means of providing for electricity, water, non-potable water, fuel, medical gas/vacuum systems, and essential utility systems.

3. **Response** means that activities taken by the ASC and its staff immediately before (for an impending threat), during and after an emergency to address the immediate and short-term effects of the emergency.
a. Incident Notification
   i. Notification of an external disaster may come from other healthcare facilities, EMS, public health, emergency management, fire services, law enforcement, and regional and state agencies.
   ii. The ASC adheres to public health department mandates for infectious disease reporting. These guidelines are in place on a daily basis and will continue independent of the number of patients involved.

b. Initiating the EOP
   i. Whenever a situation adversely affects the ability of the ASC to provide services to the community, administration will notify the appropriate authorities.
   ii. The decision to activate the EOP is made by the Incident Commander.
   iii. The Incident Commander should be aware of other resources that may assist the ASC in managing the incident:
        1. The local Emergency Operations Center, if activated
        2. The State Emergency Operations Center, if activated
        3. Information from the local health department
        4. Information from partner facilities and local emergency responders
   iv. Maintaining Clinical Activities
        1. The EOP contains procedures for maintaining clinical activities as necessary.
        2. Special consideration is given to address pediatric, geriatric, and disabled patients, and those patients who may have chronic conditions/addictions.
   v. Respiratory Care Services
        1. The ASC has options to maintain oxygen and ventilators.

4. **Recovery** means those activities undertaken by the ASC to return the facility to normal business operations. Short-term actions assess damage and return critical and necessary functions to minimum operating standards; long term actions focus on returning all ASC operations back to normal operating standards.

   a. Critical Incident Stress Debriefing
      i. The ASC can provide mental health resources to assist staff, patients, and visitors in an event.

   b. Incident/Exercise Evaluation
      i. ASC tests its emergency response plans at least once a year, either in response to actual emergencies or in planned exercises. Actual events are documented in the same manner as planned exercises. Whenever practical, exercises are planned in conjunction with other partner facilities and local emergency management agencies.
      ii. During exercises, staff is designated to oversee and critique the exercise to determine how identified objectives are being achieved.
iii. All exercises are documented in the After Action Report and to identify Corrective Actions (deficiencies and opportunities for improvement).

iv. Identified Corrective Actions are then tested and documented in the next exercise.

v. The ASC modifies its EOP based on its evaluations of emergency response exercises and responses to actual emergencies.

5. Coordination of the Plan. The ASC coordinates its disaster preparedness plan with State and local authorities. Such coordination ensures that the plans of the ASC are consistent with the larger community response to similar hazards. The ASC has documented its initiatives to coordinate its plans with local partner facilities and emergency responders:

Each ASC may manage this coordination in a different manner based on practices that have been established in the area where the ASC is located. Some communities have plans to involve all partners in emergency response planning; other communities are not at the point where they have mechanisms to bring together all partners to coordinate emergency response planning.

Example #1: Documenting Coordination

The ASC has met with the following partner facilities and emergency response organizations for the purpose of sharing emergency response plans:

<table>
<thead>
<tr>
<th>Date</th>
<th>Organization</th>
<th>Met with</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/10/11</td>
<td>Leesburg Fire Department</td>
<td>Deputy Fire Chief</td>
<td>Several suggestions for updating our fire plan were put into the plan</td>
</tr>
<tr>
<td>11/23/11</td>
<td>Leesburg General Hospital</td>
<td>Safety Officer</td>
<td>Procedures for the transfer of patients due to staff shortages, damage to ASC, etc. were added to the plan</td>
</tr>
<tr>
<td>11/28/11</td>
<td>Lee County Emergency Management</td>
<td>Director</td>
<td>Discussed operations of the EOC and how it may help the ASC</td>
</tr>
<tr>
<td>11/30/11</td>
<td>Leesburg EMS</td>
<td>Assistant Director</td>
<td>Reviewed transport procedures</td>
</tr>
</tbody>
</table>
Example #2: Documenting Coordination

The ASC meets every two months with the Lee County Emergency Response Planning Team to discuss integration of planning and response. Members include all emergency response organizations, healthcare facilities and critical infrastructure in the county.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2010</td>
<td>Committee discussed response to a chemical spill in the community and the role of the various response organizations. Our ASC was added to the notification list. Our role is to close doors and windows and keep all patients, staff and visitors inside the building until there is an “All Clear”.</td>
</tr>
<tr>
<td>August 2010</td>
<td>Leesburg Hospital discussed its surge plan. Our ASC will sign an MOU to provide treatment for lacerations for ambulatory patients so that the ED can treat the more seriously injured.</td>
</tr>
<tr>
<td>October 2010</td>
<td>County discussed its plan for sheltering residents should there be a need to evacuate part or all of the community. If the ASC needs to close due to the incident, the ASC will determine which staff may be able to volunteer time to assist with first aid in the shelter.</td>
</tr>
</tbody>
</table>

6. Testing, Evaluating, and Updating the Plan. At least once every year the ASC conducts an exercise to test critical components of the emergency response plans. The ASC prepares an After Action report for each exercise, identifying the Corrective Actions. Corrective Actions are then tested in the next exercise and the changes are then made to the appropriate policy or plan.
Policy on Bomb Threats

Date: (enter date of initial policy here)  Last Reviewed On: (date of policy review)

Purpose: To define the appropriate staff response when a bomb threat is received.

Notification of a Bomb Threat: The following functions (designated authority) are to be immediately notified upon receipt of a bomb threat:

a. (insert facility specific information)
b. (insert facility specific information)
c. (insert facility specific information)

Action Steps:

1. Command:
   a. The highest level personnel on duty assumes the role of Incident Commander and activates the Incident Command System.
   b. If law enforcement, fire department or other authority arrives on scene, Unified Command may be established.

2. Receipt of Bomb Threat:
   a. Any person receiving a bomb threat should attempt to remain calm and
      i. obtain as much information as possible from the caller by using the form that is attached to this policy, “Recording Bomb Threats” (this form should be available at each business telephone) and
      ii. ask the questions and record the responses as listed on the form, making every effort to write down the exact words, if possible, and
      iii. complete the entire form such as listening for any possible background noises, e.g., music, train, machinery, or other identifiable sounds and also for anything that might help to identify the caller, e.g. sex, age, accent.
   b. The person receiving the bomb threat is to notify the (insert facility specific information) of the threat.
      Note: If possible, the person receiving the call is to ask someone else to notify the (insert facility specific information), e.g. by writing a note, while remaining on the telephone with the bomb threat caller.

3. Notification of Bomb Threat:
   a. The (insert facility specific information) is to activate the bomb threat announcement on the (insert facility specific information).
   b. The facility Incident Commander will call 911 to report the bomb threat and provide a current status report. The facility Incident Commander is to remain on the line, until the 911 dispatcher advises that it is OK to hang up.
4. Staff Response to Bomb Threat Notification: Upon notification of bomb threat, all staff are to follow these procedures:
   a. **DO NOT TURN ON/OFF** lights or other electrical equipment (use flashlights if necessary).
   b. **DO NOT USE** two-way radios, cell phones, other cellular/transmitting equipment.
   c. **DO NOT TOUCH OR MOVE** anything unusual or suspicious.
   d. **LOOK FOR ANYTHING YOU CANNOT IMMEDIATELY IDENTIFY** or anything that appears to be unusual or out of place. The device may be labeled “bomb” or “explosive” or “danger”.
   e. If the caller mentioned a location for the device, staff are to be instructed to search that specific location first.
   f. If a bomb or anything unusual or out-of-place is discovered, staff are to contact the facility Incident Command Center and clear the area immediately of all patients, staff and visitors and wait for further instructions.
   g. A staff member may be assigned to meet the responding agency at the ([insert facility specific information]) so the responding agency personnel can be directed to the facility Incident Command Center.

5. Supervisor Response to Bomb Threat Notification:
   a. If the bomb threat is for a specific area, the ([insert facility specific information]) will designate ([insert facility specific information]) in that area so that the search can begin immediately in that specific area or floor.
   b. If the bomb threat is not for a specific area, the ([insert facility specific information]) in each area of the facility shall assign personnel to begin the search of the entire facility. Designated search personnel are to search their usual areas of work assignment, as they are more likely to identify anything out-of-place or unusual.
   c. If the bomb threat occurs during a time when personnel on duty are limited, the facility Incident Commander will assign which staff are to search which areas.

6. All Clear:
   a. The responding agency will provide direction to the facility Incident Command Center dependent upon the scenario:
      i. A bomb has been found.
      ii. A bomb has not been found, but the threat remains credible.
      iii. The threat is declared to be unfounded.
   b. Only the responding agency can declare an “All Clear”.
   c. Based on directives from the responding agency, the facility Incident Command Center will then communicate the appropriate message(s) to staff.
# Recording Bomb Threats

**NAME:**

**DATE:**

**TIME:**

**DEPARTMENT:**

**PHONE #:**

## Questions to Ask

<table>
<thead>
<tr>
<th>Question</th>
<th>Write Down Exact Words</th>
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<tbody>
<tr>
<td>1. When is the bomb going to explode?</td>
<td></td>
</tr>
<tr>
<td>2. Where is it now?</td>
<td></td>
</tr>
<tr>
<td>3. What does it look like?</td>
<td></td>
</tr>
<tr>
<td>4. What kind of bomb is it?</td>
<td></td>
</tr>
<tr>
<td>5. What will cause it to explode?</td>
<td></td>
</tr>
<tr>
<td>6. Did you place the bomb?</td>
<td></td>
</tr>
<tr>
<td>7. Why did you place the bomb?</td>
<td></td>
</tr>
<tr>
<td>8. What is your address? Where are you?</td>
<td></td>
</tr>
<tr>
<td>9. What is your name?</td>
<td></td>
</tr>
</tbody>
</table>

Did the caller appear familiar with the office or building by his description of the bomb location?  

<table>
<thead>
<tr>
<th>Sex of caller:</th>
<th>M</th>
<th>F</th>
<th>Age:</th>
<th>Race:</th>
<th>Length of Call:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caller’s voice (check all that apply)</td>
<td>Calm</td>
<td>Laughing</td>
<td>Lisp</td>
<td>Disguised</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Angry</td>
<td>Crying</td>
<td>Raspy</td>
<td>Accent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excited</td>
<td>Normal</td>
<td>Deep</td>
<td>Stutter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slow</td>
<td>Distinct</td>
<td>Ragged</td>
<td>Rapid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slurred</td>
<td>Nasal</td>
<td>Loud</td>
<td>Soft</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clearing Throat</td>
<td>Cracking Voice</td>
<td>Deep Breathing</td>
<td>Incoherent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well Spoken</td>
<td>Foul</td>
<td>Familiar* (Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Message Taped</td>
<td>Message Read</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Background Noises

<table>
<thead>
<tr>
<th>Street Noises</th>
<th>House Noises</th>
<th>PA System</th>
<th>Animals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airport Noises</td>
<td>Motor</td>
<td>Long Distance</td>
<td>Music</td>
</tr>
<tr>
<td>Voices</td>
<td>Office Machinery</td>
<td>Clear</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Static</td>
<td>Factory Machinery</td>
<td>Local</td>
<td></td>
</tr>
</tbody>
</table>

**OTHER COMMENTS:**
Policy on Chemical Spills

Date: (enter date of initial policy here)  Last Reviewed On: (date of policy review)

Purpose: To establish protocols for staff of (insert facility specific information) to follow in the event of a hazardous materials emergency to preserve the safe environment of care and safeguard the health and safety of patients, visitors, staff, and the campus.

Notification of a Chemical Spill: The following functions (designated authority) are to be immediately notified upon notification of a chemical spill:

   a. (insert facility specific information)
   b. (insert facility specific information)
   c. (insert facility specific information)

Definitions

Chemical Spill describes or refers to a hazardous material emergency.

Hazardous Material is any substance to which exposure would result or may result in adverse effects to the health or safety of an individual and meeting the criteria as established by regulatory agencies.

Hazardous Material Emergency is an incident involving the release of a substance into the environment that has the potential to cause an immediate threat to health and or safety and requires a specialized response by trained staff to abate the situation. This includes response to unknown powders or potentially contaminated patients.

Incidental Spills are those releases limited in quantity, exposure potential, or toxicity and represent no or only minor safety or health hazards to individuals in the immediate area or those assigned to clean them up and can be easily abated by the use of proper equipment and processes.

Action Steps:

1. Command:
   a. The highest level personnel on duty assumes the role of Incident Commander and activates the Incident Command System.
   b. If law enforcement, fire department or other authority arrives on scene, Unified Command may be established.

2. Identification of a Spill
   a. Any incident where hazardous materials are released into the environment, whether it results in an incidental spill or hazardous materials emergency, will be reported to (insert facility specific information) immediately. (insert facility specific information) will make the determination, with the assistance of the staff involved, as to whether an occurrence is to be classified as a hazardous materials emergency or an incidental spill.
b. *(insert facility specific information)* assigned to a hazardous materials emergency are responsible for:
   i. determination/verification of the existence of a hazardous materials emergency;
   ii. notification of staff of an emergency situation (“Chemical Spill”) and initiation of emergency procedures;
   iii. notification of authorized emergency response agencies;
   iv. actions to secure the areas to keep others away from the release area until the arrival of the in-house hazmat team or external emergency response agency.

3. Management of the Spill
   a. It is the policy of *(insert facility specific information)* that when a hazardous materials emergency occurs, which the in-house hazmat team is unable to handle, the local fire department will be called and has the authority to resolve the incident. Only those staff of *(insert facility specific information)* who have been trained in hazardous materials response will assist in the abatement of a hazardous materials emergency incident.
   b. Departments that use, store, or transport substances that could cause either an incidental spill or hazardous material incident are responsible for developing appropriate information and training program for their staff to assure appropriate reaction to an incident.
   c. Any material transported through the facility that would cause, or is likely to cause, a hazardous materials emergency, will be conveyed inside a container of such capacity as to safely and completely contain the substance if the integrity of primary container were to be compromised.
   d. All staff are to comply immediately and completely with directions of *(insert facility specific information)*, fire officials, or any other authorized individual involved in the resolution of a hazardous materials emergency.
   e. Staff members requiring emergency medical treatment as the result of a hazardous materials emergency incident will be directed to the closest Emergency Department for treatment. *(insert facility specific information)* is responsible for the ongoing health monitoring of any staff member exposed to or injured by a hazardous substance during a hazardous materials emergency situation.
   f. *(insert facility specific information)* will assure that all appropriate documentation of any hazardous materials incidents, including statements from those involved in the initial incident, are completed. Copies of reports will be forwarded to *(insert facility specific information)* for review of the incident and development of corrective action plans for Environment of Care Committee consideration.

   a. If a staff person is involved in or discover a hazardous materials emergency:
      i. immediately report the incident by calling ext. XXXX and give the exact location of the incident, the hazardous substance involved, the quantity involved, and any known hazards of the substance i.e., flammable, corrosive, etc. *(See Appendix A, Emergency Procedure Guidelines)*;
      ii. keep all other individuals away from the area;
iii. at a safe distance, await the arrival of (insert facility specific information) and provide information/ cooperation as directed.

b. (insert facility specific information), upon notification of a hazardous materials emergency, will initiate emergency response plans and be directed by operational protocol.

c. (insert facility specific information), upon being summoned to a hazardous materials emergency is to:
   i. verify the existence of a hazardous materials emergency and summon the fire department to a hazardous materials emergency incident and issue a campus wide alert for a “Chemical Spill”;
   ii. establish and secure a perimeter to prevent unauthorized individuals from entering the contaminated zone, at a distance to prevent risk to safety and health;
   iii. compile information as to the identity of the substance, its Material Safety Data Sheet (MSDS), people in need of evacuation, etc. act as liaison and information resource to any outside emergency services summoned to assist, by coordinating their requests for service/information with the appropriate department;
   iv. gather/record information as the event evolves and prepare a comprehensive incident report after the situation has been resolved.

d. (insert facility specific information), upon confirming a hazardous materials emergency, will notify the (insert facility specific information). An incident command post will be set-up.

e. Incident commander, with the assistance of the (insert facility specific information) staff will, as appropriate, develop/implement:
   i. a course of action for the evacuation/relocation of patients or other individuals whose safety or health could be adversely affected;
   ii. modifications to facility operations to assure the continued functioning of the facility;
   iii. notification of appropriate administrative or management personnel required to control or assist in maintaining operations;
   iv. any other actions necessary to preserve the safe environment of care;
   v. a recovery plan to provide for the restoration or abandonment of the effected area.

f. (insert facility specific information) personnel, on receiving a “Chemical Spill” alert, are to:
   i. standby to shut down or alter utilities, equipment, etc. necessary to contain the release;
   ii. provide information/advice relating to mechanical/utility considerations, locations of shut-offs or other control devices, access to floor plans, schematic drawings, or information as requested by emergency response personnel.

g. Staff on receiving a “Chemical Spill” page are to:
   i. take note of the location of the incident; avoid entering the area or directing individuals through the area;
   ii. if in proximity to the event area (adjacent to, or above / below), develop preliminary plans for evacuation or operation shut-down/relocation;
iii. remain alert for the spread of materials or fumes and be prepared to initiate independent action or respond according to directions;
iv. standby to provide assistance or information as may be requested, only to the extent that it does not expose staff to any health or safety hazard associated with hazardous materials incident.

h. Any staff member injured as a result of the hazardous materials emergency incident, or concerned about possible adverse exposure received during a hazardous materials emergency incident, is to be directed to (insert facility specific information) for examination and any necessary treatment.
i. (insert facility specific information) is to contact the Emergency Department where any staff member was examined and/or received treatment as the result of a hazardous materials emergency. (insert facility specific information) will review the health status of the staff member and initiate procedures, as deemed appropriate, to monitor their ongoing health as it relates to the circumstances of the exposure.
j. Once the incident has been resolved, all necessary information and documentation related to the incident will be summarized into a report. The (insert facility specific information) is to review the incident and response procedure and initiate any appropriate corrective action and make any recommendations necessary to revise policies, protocols, etc.

5. Incidental Spill
a. Staff are to report incident to the (insert facility specific information). Staff may be sent to the area to facilitate clean-up procedures and document the incident if appropriate.
b. Incidental spills should be cleaned up by those in the area, following the information provided by the MSDS or other reliable sources of information.
c. Any staff member who is concerned about exposure to a substance as the result of an incidental spill event will be directed to (insert facility specific information) for examination and any necessary treatment. (insert facility specific information) will take any action they deem appropriate for follow-up and documentation purposes.
d. Staff are responsible for preparing an incident report including the circumstances that caused the spill, the identification of the material released, procedures initiated to report and resolve the situation, the identity of those staff members/departments involved in the clean-up procedure, and any other information necessary to document the incident.
e. (insert facility specific information) is to evaluate the incident and determine if any corrective action or revision of protocols is appropriate. (insert facility specific information) will advise the Environment of Care Committee of any/all such incidents and any recommendations developed/implemented.

6. General Information and Training Requirements
a. All staff are to receive training regarding hazardous materials in accordance with provisions of the Hazardous Materials Program.
b. Documentation is to be maintained through annual education attendance and new employee orientation.
Additionally, staff using, transporting, storing, etc. any hazardous material are to know and understand the:

a. risks associated with those substances and the protocols and processes to mitigate those risks;
b. emergency protocols for hazardous materials
c. location of pertinent MSDS; and
d. to cooperate with those responsible for the resolution of any hazardous materials incident, but only to the extent that it does not expose them to any imminent safety or health hazard.
Hazardous Materials Emergency Checklist

If you are involved in or discover a hazardous material(s) incident (chemical spill, release, etc.) immediately:

- Remove anyone in immediate danger.
- Contact (insert facility specific information) and report the incident
- Seal off the area to prevent anyone from entering the danger zone.
- Await the arrival of (insert facility specific information).

When contacting (insert facility specific information), provide them with the following information:

- Your name.
- Exact location of the incident.
- The hazardous material involved, if known.
- Any injuries sustained and if medical assistance is required.
- The composition of the substance (i.e., gas, liquid, solid) and any reactions occurring (i.e., fumes, odor, smoke, flames, etc.).
- The amount of material released.
- If an MSDS is available at the site.

When directed, (insert facility specific information) will issue a “Chemical Spill”, indicating a hazardous materials emergency incident and the location of the occurrence. Staff, upon receiving the alert, will:

- Take notice of the exact location of the incident.
- Assess potential threat based on location.
- Initiate any planning necessary should the assessment yield a potential for contact with the consequences of the incident.
- Refrain from entering the affected area or directing/transporting patients, visitors to, or through the affected area.
- Remain alert for other instructions or evacuation orders.
Policy on Clear-Text Alerting

Date: (enter date of initial policy here)  Last Reviewed On: (date of policy review)

**Purpose:** To define the process by which the facility provides alerts to staff, patients and visitors.

**Action Steps:**

1. It is the policy of the facility to announce alerts using clear-text language versus codes, e.g. Code Red.

2. Clear-Text Alerting is being used because
   a. not all codes mean the same thing at different organizations;
   b. hospitals in Michigan (and in other parts of the country) are transitioning to clear-text alerting;
   c. plain text alerts ensures that staff, patients and visitors understand the meaning of the alert
   d. staff that work in other healthcare facilities will understand the alerts and not need to memorize the meaning of different codes.

The following is an example of clear-text alerting at a major Michigan Healthcare system. The facility may change the wording as long as the alert is plain language and understandable by staff, patients and visitors.

For example, an ASC may want to add “Medical Assistance: First Aid”.

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<table>
<thead>
<tr>
<th>EMERGENCY TYPE</th>
<th>STANDARDIZED ALERT</th>
<th>OVERHEAD PAGING (IF FACILITY PAGES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire</td>
<td>Fire alarm + location</td>
<td>Attention Please: Fire Alarm Alert + Location</td>
</tr>
<tr>
<td>Medical Emergency (Cardiac/Respiratory Alert)</td>
<td>Medical Emergency + location</td>
<td>Attention Please: Medical Emergency Alert + Location</td>
</tr>
<tr>
<td>Medical Emergency Pediatrics (Cardiac/Respiratory Alert)</td>
<td>Medical Emergency Pediatrics + location</td>
<td>Attention Please: Medical Emergency Pediatrics Alert + Location</td>
</tr>
<tr>
<td>Abduction or Missing Person</td>
<td>Missing Person + descriptor (age, gender, etc.)</td>
<td>Attention Please: Missing Person Alert + Location</td>
</tr>
<tr>
<td>Severe Weather</td>
<td>Severe Weather + descriptor</td>
<td>Attention Please: Severe Weather Alert + Location</td>
</tr>
<tr>
<td>Mass Casualty</td>
<td>Mass Casualty + descriptor</td>
<td>Attention Please: Mass Casualty Alert + Location</td>
</tr>
<tr>
<td>Hazardous Spill</td>
<td>Hazardous Spill + Location + agent/descriptor</td>
<td>Attention Please: Hazardous Spill Alert + Location + agent/descriptor</td>
</tr>
<tr>
<td>Evacuation</td>
<td>Evacuation + descriptor</td>
<td>Attention Please: Evacuation Alert + Location</td>
</tr>
<tr>
<td>Decon</td>
<td>Decon Response + location</td>
<td>Attention Please: Decon Response Alert + Location</td>
</tr>
<tr>
<td>Rapid Response Team</td>
<td>Rapid Response Team + location</td>
<td>Attention Please: Rapid Response Team Alert + Location</td>
</tr>
<tr>
<td>Message Alert</td>
<td>Message Alert (Brief description of situation. This could include varying facility alerts, i.e. medical gas, vacuum, water, etc.)</td>
<td>Attention Please: Message Alert + Location</td>
</tr>
<tr>
<td>First Responder</td>
<td>First Responder + location</td>
<td>Attention Please: First Responder Alert + Location</td>
</tr>
<tr>
<td>Security Alert Response</td>
<td>Security Alert Response + location (Indicates agitated individual or show of force beyond retained security)</td>
<td>Attention Please: Security Alert Response + Location</td>
</tr>
<tr>
<td>Security Alert Building Threat</td>
<td>Security Alert Building Threat (Bomb, nuclear or biological threat)</td>
<td>Attention Please: Security Alert Building Threat + Location</td>
</tr>
<tr>
<td>Security Alert External Lockdown</td>
<td>Security Alert External Lockdown (This is in situations where potential threat against the facility from external forces)</td>
<td>Attention Please: Security Alert External Lockdown + Location</td>
</tr>
<tr>
<td>Security Alert Internal Lockdown</td>
<td>Security Alert Internal Lockdown + location (This would be a hostage or weapon situation)</td>
<td>Attention Please: Security Alert Internal Lockdown + Location</td>
</tr>
</tbody>
</table>
Policy on Electrical Safety

**Purpose:** Procedures to be followed in order to provide the safe operation of electrical devices.

**Notification of a Chemical Spill:** The following functions (designated authority) are to be immediately notified upon notification of a chemical spill:

a. *(insert facility specific information)*
b. *(insert facility specific information)*
c. *(insert facility specific information)*

**Action Steps:**

1. **Command**
   
a. The highest level personnel on duty assumes the role of Incident Commander and activates the Incident Command System.
b. If law enforcement, fire department or other authority arrives on scene, Unified Command may be established.

2. An electric incident or accident includes any of the following conditions:
   
a. a situation wherein personnel or patients receive electrical shock, burns, etc.
b. a situation wherein an instrument has a catastrophic failure (explodes, burns, etc.).

3. If an electrical incident occurs, the piece of equipment should be immediately disconnected or shut-off and a sign indicating “**DO NOT USE**” should be attached. The equipment, when possible, should be removed and placed in a secure area.

4. Staff are to report all electrical incidents and accidents immediately to *(insert facility specific information).*
   
a. An Incident Report Form *(insert facility specific information)* is to be completed and forwarded to *(insert facility specific information).*
b. If a patient or operator sustains injury from an electrical accident, the *(insert facility specific information)* should be immediately notified.

5. **General safety precautions for all electrical equipment:**
   
a. Do Not attempt to repair any electronic or electrical device.
b. Do Not disconnect the plug from the wall by grasping the power cord.
c. Do Not use the cheater adapters, multiple outlet adapters, or extension cords.
d. Do Not use if there is evidence by smell or touch of overheating.
e. Do Not use a piece of equipment that is unusually noisy.
6. Staff are to report immediately any of the following conditions:

a. any wire, especially a power cord, which has frayed, worn, burned or cut insulation.
b. any broken, bent or loose plug.
c. cable connectors loosely connected to the cable or to the instrument panel, or that do not connect securely.
d. switches that are loose, or do not snap definitively from one position to another.
e. control knobs which are loose or do not turn smoothly.
f. any event which suggests to the user that the device is not operating normally.
g. any wall receptacles that are loose, damages, or not supply power
Policy on Shelter-in-Place and Evacuation

Date: (enter date of initial policy here)  Last Reviewed On: (date of policy review)

Purpose: It is the policy of the ASC to have defined procedures to protect the life and safety of patients, staff and visitors should there be an incident that causes the ASC to decide either to shelter-in-place or to evacuate.

Notification of a Chemical Spill: The following functions (designated authority) are to be immediately notified upon notification of a chemical spill:

a. (insert facility specific information)
b. (insert facility specific information)
c. (insert facility specific information)

Action Steps:

Command:

a. The highest level personnel on duty assumes the role of Incident Commander and activates the Incident Command System.
b. If law enforcement, fire department or other authority arrives on scene, Unified Command may be established.

Important: This policy will need to be edited based on the size of the ASC.

Part A: Decision to Shelter-in-Place OR to Evacuate the ASC

1. The staff person, who identifies an internal or external hazard that may affect the ability of the ASC to continue operations, is to notify the (insert facility specific information), immediately.

2. Shelter-in-place is the preferred option, unless the decision is made by the ASC Incident Command, to evacuate, considering the circumstances of the incident.

3. The decision to shelter-in-place or evacuate is to be made in consultation with the response agency Incident Commander and also Unified Command, if established, e.g. the local Emergency Management Director, Fire Department, Law Enforcement, Public Health, EMS, as appropriate.

Note: An ASC may decide to both evacuate parts of the facility and also shelter-in-place in another part of the facility.

Part B: Decision to Shelter-in-Place

1. If the decision is made to shelter-in-place due to an internal and/or external environmental hazard, the ASC Incident Command will notify local authorities by calling 911 (dispatch), if
appropriate. The ASC Incident Command, in collaboration with the response agency Incident Commander or Unified Command is to decide:

a. how to protect patients, staff and visitors by movement to a more secure area.
b. how to protect the building, based on the known hazards and their effects on the building and its inhabitants.

2. The ASC Incident Command is to initiate a process to secure the building (lockdown).

3. Staff are to be advised to stay within the building and to advise all patients and visitors to stay within the building until further notice.

4. ASC Incident Command is to determine in collaboration with the response agency Incident Commander or Unified Command, as appropriate, when shelter-in-place can be terminated and to identify the issues that need to be addressed to return to normal business operations, including notification of local authorities about the termination of shelter-in-place.

Part C: Decision to Evacuate

1. In the event of a hazard, which requires a complete or partial evacuation of the facility, the ASC Incident Command is to give the order to evacuate in collaboration with the response agency Incident Commander or Unified Command.

2. The ASC Incident Command

   a. calls 911 to secure EMS transport if there are patients who need to be transported to the hospital;
   b. notifies the hospital of the need for the ASC to evacuate and request that the hospital be on stand-by to accept ASC patients, who may require transfer to the hospital;
   c. designate person to receive and direct EMS to assist with the transport of patients to the hospital.

3. Clinical Managers provide directives to staff so that

   a. surgical procedures in progress are completed as soon as possible;
   b. other patient care treatments are completed, as appropriate for the conditions;
   c. patients suitable for direct discharge are released to family members;
   d. staff are assigned to individual patients to oversee their safety during evacuation;
   e. all rooms are marked to indicate that the room has been evacuated.

4. The ASC Incident Command designates a staff person

   a. to account for all patients and to escort all ambulatory patients to the SAFE ZONE;
   b. to inform the visitors that an evacuation has been ordered and that they are being requested to leave the building and will be escorted to the SAFE ZONE;
   c. to account for all staff;
d. to contact patients not yet arrived to notify them of the incident and the cancellation of all procedures.

5. When it is determined that evacuation is necessary, ASC Incident Command will provide directives, e.g. an announcement over the PA system. The specific directive will depend upon the level of evacuation required. ASC Incident Command will determine to which area(s) (internal or external) the patients are to be moved.

   a. If an **Incident Site Evacuation** is necessary, the directive will state “Incident Site Evacuation: Evacuate from (room number or name of area) to (room number or name of area)”;
   b. If a **Horizontal Evacuation** is necessary, the directive will state “Horizontal Evacuation: Evacuate from (area) to (area)”.
   c. If a **Vertical Evacuation** is necessary, the directive will state “Vertical Evacuation: Evacuate from (floor) to (floor)”;
   d. If a **Complete Evacuation** is necessary, ASC Incident Command will define the sequence of evacuation and when to begin the movement of patients to the Safe Zone.

6. The following are the procedures to be followed to evacuate the building or a portion of the building.

   a. The patient’s chart, medications and patient ID are to accompany the patient as they are evacuated.
   b. The **(insert facility specific information)** is to compile a list of all patients that are being evacuated and to document whether they have been discharged to home or have been taken to the SAFE ZONE to await transport to home or to the hospital.
   c. Staff are to enforce “Keep to the Right” when moving down hallways.
   d. Staff should remain with patients in the SAFE ZONE until the patients have been discharged or transported.
   e. Upon completion of evacuation of each area, staff are to report to ASC Incident Command that the evacuation of all patients and visitors has been completed.
   f. Staff are to secure the evacuated area to keep anyone from re-entering the evacuated area.
   g. Staff are, to the extent possible, to turn off and unplug all equipment and turn off all medical gases and close all doors and windows in the evacuated areas.

7. **Methods for Evacuating Patients**

   a. The ASC is to use elevators, only if permitted by the Fire Department.
   b. Ambulatory patients are to be guided down the stairs, accompanied by a staff person.
   c. Non-ambulatory patients may need special equipment such as stair chairs or evacuation sleds only by staff trained in the use of this equipment.

8. **Notifications**

   a. The local Emergency Management Director is to be notified that the ASC has been evacuated.
   b. The Division of Quality Assurance, Michigan Department of Health Services to be notified that the ASC has been evacuated.
9. All Clear
   a. The ASC Incident Command will announce the “All Clear” and when return to normal operations can commence.
   b. The Division of Quality Assurance is to be notified so that it can approve the reopening of the evacuated healthcare facility.
Policy on Internal Flooding/Water Damage

Purpose: To delineate appropriate staff response when a situation due to flooding exists that may impact the safety of staff, patients and visitors and/or may threaten the integrity of the building or use of equipment.

1. Command: The highest level staff person or (insert facility specific information) on duty assumes the role of Incident Commander and activates the Incident Command System.

2. Notification: The following functions (designated authority) are to be immediately notified upon recognition of internal flooding/water damage:
   a. (insert facility specific information)
   b. (insert facility specific information)
   c. (insert facility specific information)

3. Staff Response

   a. Staff is to notify maintenance staff immediately or call (insert facility specific information)
   b. Staff are to locate and account for all patients, staff and visitors and move them to safety.
   c. Staff are to secure the affected area so that no one enters the area of damage, unless authorized.
   d. Staff are to protect electronic equipment such as computers, medical equipment, telephones, etc., by moving these items to a safe area, if possible.
   e. If maintenance is not on site, staff are to
      i. assess the cause of the flooding and attempt to slow or stop the water
      ii. use plastic trashcan liners to cover equipment (computers, medical equipment, telephones, etc.)
      iii. catch water in wastebaskets or other receptacles
      iv. assign a staff person to secure the area and keep staff, patients and visitor from walking on wet floors or entering the damaged area
   f. Once cause of flooding is controlled, the Incident Commander will make decision regarding
      i. continuity of business operations
      ii. clean-up
      iii. damage assessment and recovery
Policy on Lock Down

| Date: (enter date of initial policy here) | Last Reviewed On: (date of policy review) |

**Purpose:** The purpose of this policy is to
- maintain safety and security of patients, visitors and staff.
- enable clinical staff to continue patient treatment in a safe and effective manner.
- provide direction for hazard prevention and control to secure a department or area of the ASC.

**Notification:** The following functions (designated authority) are to be immediately notified upon the decision to lockdown the facility:

a. *(insert facility specific information)*
b. *(insert facility specific information)*
c. *(insert facility specific information)*

**Action Steps:**

1. **Command:**
   
a. The highest level personnel on duty assumes the role of Incident Commander and activates the Incident Command System.
b. If law enforcement, fire department or other authority arrives on scene, Unified Command may be established.
c. Otherwise, the ASC Incident Command is to notify law enforcement of the lockdown.

2. **Initiation of Lockdown**
   
a. Staff will initiate a departmental or facility lockdown upon direction of the ASC Incident Command or other authority, e.g. law enforcement.
b. The ASC Incident Command is to appoint staff to perform the designated security functions.\(^4\)
c. Staff appointed as security will lock and check each door.
d. If a lockdown involves a patient, visitor or staff person, no information will be given to persons inquiring about the patient, visitor or staff person.
e. Doors within the department/facility will be closed and patients and visitors will be required to remain in their rooms.
f. Doors leading to the lockdown area will be closed and locked or closed and staffed by designated personnel with 2-way radio communications, if available.
g. External questions regarding the lockdown will be answered using the scripted line. “A temporary lockdown is in progress. No further information is available.”

---

\(^4\) It is highly recommend that the ASC have Job Action Sheets prepared so that persons assigned to a security function can learn their responsibilities from the Job Action Sheet.
3. Recovery and “All Clear”

4.  
   a. The ASC Incident Command will issue an “All Clear” to all departments involved.
   b. Staff may only resume normal operations when the “All Clear” has been announced.
   c. The ASC Command Center is to provide for physical and psychosocial needs of patients,
      visitors and staff as needed.
   d. The ASC Incident Command is to debrief with staff and outside protective services
      agencies, as appropriate.
   e. The ASC Public Information Officer should defer, if possible, any media briefing to local
      authorities.
   f. The ASC Incident Command is to insure proper documentation of the incident.
SECURITY BRANCH DIRECTOR

**Mission:** Coordinate all of the activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Start:</th>
<th>End:</th>
<th>Position Assigned to:</th>
<th>Initial:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Position Reports to:** Operations Section Chief  
Signature: ___________________________________________

Hospital Command Center (HCC) Location: __________________________  
Telephone: ______________________

Fax: _____________________  
Other Contact Info: ___________________  
Radio Title: ______________________

**Immediate (Operational Period 0-2 Hours)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
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</thead>
<tbody>
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</tbody>
</table>

Receive appointment and briefing from the Operations Section Chief. Obtain packet containing Security Branch Job Action Sheets.

Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification.

Notify your usual supervisor of your HICS assignment.

Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis.

Determine need for and appropriately appoint Security Branch Unit Leaders, distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204).

Establish Security Command Post.

Identify and secure all facility pedestrian and traffic points of entry, as appropriate.

Consider need for the following, and report findings to the Operations Section Chief:
- Emergency lockdown
- Security/bomb sweep of designated areas
- Providing urgent security-related information to all personnel
- Need for security personnel to use personal protective equipment
- Removing unauthorized persons from restricted areas
- Security of the HCC, triage, patient care, morgue, and other sensitive or strategic areas from unauthorized access
- Rerouting of ambulance entry and exit
- Security posts in any operational decontamination area
- Patrol of parking and shipping areas for suspicious activity
- Traffic Control

Brief the Security Branch on current situation, incident objectives and strategy; outline Branch action plan and designate time for next briefing.

Ensure Branch personnel comply with safety policies and procedures and proper use of personal protective equipment, if applicable.

Coordinate immediate security personnel needs from current staff, surrounding resources (police, sheriff, or other security forces), and communicate need for additional external resources through Operations Section Chief to the Liaison Officer.

Assist in maximizing capability of the Branch to meet work demands. Assess problems and needs in Branch area; coordinate resource management.

Participate in briefings and meetings as requested.
### Immediate (Operational Period 0-2 Hours)

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
</table>

Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit.

### Intermediate (Operational Period 2-12 Hours)

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
</table>

Meet regularly with Operations Section Chief for status reports, and relay important information to Branch staff.

Communicate the need and take actions to secure unsafe areas; post non-entry signs.

Ensure Security Branch staff identify and report all hazards and unsafe conditions.

Ensure patient valuables are secure; initiate chain of custody procedures as necessary.

Coordinate activities with local, state, and federal law enforcement, as appropriate; coordinate with the Liaison Officer and the Law Enforcement Interface Unit Leader.

Confer with Public Information Officer to establish areas for the media.

Ensure vehicular and pedestrian traffic control measures are working effectively.

Consider security protection for the following, as indicated based on the nature/severity of the incident:
- Food
- Water
- Medical resources
- Blood resources
- Pharmaceutical resources
- Personnel and visitors

Ensure proper equipment needs are met and equipment is operational prior to each operational period.

Develop and submit a Branch action plan to the Operations Section Chief when requested.

Advise the Operations Section Chief immediately of any operational issue you are not able to correct or resolve.

### Extended (Operational Period Beyond 12 Hours)

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
</table>

Continue to monitor Security Branch personnel’s ability to meet workload demands, staff health and safety, resource needs, and documentation practices.

Continue coordination with law enforcement officials.

Prepare and maintain records and reports, as appropriate.

Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.

Observe all staff and volunteers for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being. Provide for staff rest periods and relief.

Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.

### Demobilization/System Recovery

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
</table>

As needs for Security Branch staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.
### Demobilization/System Recovery

<table>
<thead>
<tr>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Determine when to resume normal security procedures; ensure removal of special signage after “all clear” is announced.
- Determine with the Hazardous Materials Branch Director and other appropriate authorities the final disposition of patient valuables.
- Coordinate completion of work with law enforcement and Liaison Officer.
- Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.
- Ensure personal protective equipment used by Security is cleaned, repaired, and/or replaced.
- Debrief staff on lessons learned and procedural/equipment changes needed.
- Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Operations Section Chief.
- Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow-up requirements.
- Submit comments to the Operations Section Chief for discussion and possible inclusion in the after-action report; topics include:
  - Review of pertinent position descriptions and operational checklists
  - Recommendations for procedure changes
  - Section accomplishments and issues
- Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.

### Documents/Tools

- Incident Action Plan
- HICS Form 204 – Branch Assignment Sheet
- HICS Form 207 – Incident Management Team Chart
- HICS Form 213 – Incident Message Form
- HICS Form 214 – Operational Log
- Hospital emergency operations plan
- Hospital organization chart
- Hospital telephone directory
- Radio/satellite phone
- Facility blueprints and maps
Policy on Loss of Fire Alarm System

Date: (enter date of initial policy here)  Last Reviewed On: (date of policy review)

Purpose: To delineate staff response when fire alarm system is not functioning.

1. Notification: The following functions (designated authority) are to be immediately notified about the loss of the Fire Alarm System:
   a. (insert facility specific information)
   b. (insert facility specific information)
   c. (insert facility specific information)

2. Command: The highest level staff person or (insert facility specific information) on duty assumes the role of Incident Commander and activates the Incident Command System.

3. Action Steps: Implement “Fire Watch” Procedures
   a. If the fire system is down for less than four hours, (insert facility specific information) will announce three times:
      “The fire alarm and/or sprinkler system is (being worked on) and/or (is not operational). In the even that fire or evident of fire is observed in the building, activate the nearest fire alarm.
   
   b. If the fire system is expected to be down more than four hours, the implementation of Fire Watch is mandatory.
      i. The designated Fire-Watch Captain will
         1. contact all departments, placing them on alert to watch for fire or signs of fire in their area,
         2. notify appropriate agencies, (i.e. fire department, alarm monitoring station, insurance company, etc.) of the implementation of Fire Watch.
      
         ii. A designated individual will be assigned as Fire-Watch Patrol to walk the facility continually, which includes inspection of all rooms and locked equipment and storerooms until systems are returned to normal operation and the Fire-Watch Captain orders the all clear. Patrol must maintain a written log of all activities. (see Fire Watch Guidelines)
   
   c. In the event that the Fire Watch goes beyond the operational period (close of business) designated staff will continue the fire watch guidelines.

4. The facility Incident Commander, when the fire alarm system has been restored shall announce – "Fire Watch” All Clear - All systems have returned to normal operations.
5. The ASC Incident Commander shall notify appropriate agencies of the completion of Fire Watch.
<table>
<thead>
<tr>
<th>Fire Watch Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fire Watch Patrol maintains a written log noting times and locations of inspection throughout the building as the Fire Watch progresses.</td>
</tr>
<tr>
<td>• Every room must be checked!</td>
</tr>
<tr>
<td>• Watch Duties include:</td>
</tr>
<tr>
<td>o placing a hand on the closed door to check for heat, while examining the door surface and edges of the door for smoke or other indications that a fire may exist.</td>
</tr>
<tr>
<td>o If no heat or smoke is detected, the Patrol then proceeds to open the door slowly (a few inches) standing to one side.</td>
</tr>
<tr>
<td>o The Patrol enters the room and makes a visual / sensory inspection of the area.</td>
</tr>
<tr>
<td>o If area has no heat or smoke or fire, the Patrol proceeds to the next room and repeats the process until all rooms are inspected.</td>
</tr>
<tr>
<td>o If a fire or evidence of fire is discovered, the Patrol activates the nearest fire alarm and follows established fire procedures.</td>
</tr>
<tr>
<td>PROTECTION DEVICE OR SYSTEM</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
</tbody>
</table>
Remove link (if applicable), operate damper, lubricate moving parts, 3-4.7  
Inspect Annually |
visual inspection, Table 7-3.1  
Annual functional test Table 7-3.1  
Sensitivity testing; after 1st year, then at 2 years, then every 5 years  
Initial: functional & sensitivity Table 7-3.2 |
See table 7-3.2 for testing and inspection frequencies of various components |
Monthly test 30 minutes minimum under load and operate transfer switch 6-4.1 |
See Table 2-1 for testing and inspection frequencies of various components |
Semi-Annual NFPA 72 Table 7-3.2** |
Annual Flow test Table 5-1.1 |
| Sprinkler System Control Valves & Tamper Switches* (NFPA 13) (NFPA 72) | NFPA 101 (2000) 9.7.2.1 | NFPA 72 (1999)   | Quarterly NFPA 25 Table 2-1**  
Semi-annual NFPA 72 Table 7-3.2** |
New link replacement annually  
Monthly inspection NFPA 17A 5-2 |
Annual Maintenance* 4-4.1 |
<table>
<thead>
<tr>
<th>PROTECTION DEVICE OR SYSEM</th>
<th>LSC CODE</th>
<th>REFERENCE STANDARD</th>
<th>MINIMUM REQUIRED TEST/INSPECTION INTERVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standpipe Fire Hose* (NFPA 1961)</td>
<td>NFPA 101 (2000) 9.7.4.2</td>
<td>NFPA 1962 Lined hose (2-3.1) – 5 years after purchase Service Test – every 3 yrs thereafter – after use re-rack &amp; physical inspection – annually Unlined hose (5-3) May be on systems installed prior to June, 1976 Physical inspection &amp; re-racked – annually Service tested – when condition is in doubt</td>
<td></td>
</tr>
</tbody>
</table>

* *Inspection/servicing shall be performed by a licensed or qualified contractor or installer**  
**Testing methods may differ between standards. See standards for descriptions of testing and maintenance methods**
Policy on Mitigation of Transmission of Seasonal Influenza Within the ASC

**Purpose:** To delineate the activities the ASC may implement to mitigate the transmission of seasonal influenza and other infectious disease outbreaks within the ASC.

**Action Steps:** The ASC uses a “Hierarchy of Controls” to prevent the transmission of influenza and other infectious diseases.

1. **Elimination of sources of infection**
   a. The ASC postpone elective visits and procedures for patients with suspected or confirmed influenza until they are no longer infectious through pre-surgery telephone screening or directives given to the patient prior to surgery.
   b. The ASC has a procedure to deny entry to those wishing to accompany patients if the visitors have suspected or confirmed influenza.
   c. The ASC has trained staff to stay at home while they are ill to reduce the risk of spreading influenza.

2. **The ASC has implemented Engineering Controls, as appropriate, by**
   a. Installing partitions (e.g., transparent panels/windows/desk enclosures) in triage areas as physical barriers to shield staff from respiratory droplets.
   b. Using hoods for the performance of laboratory manipulations that generate infectious aerosols.
   c. Installing hand-sanitizers and tissues liberally throughout the ASC.
   d. Conducting aerosol-generating procedures in an airborne infection isolation room (AIIR) to prevent the spread of aerosols to other parts of the facility.
   e. Using closed suctioning systems for airways suction in intubated patients.
   f. Using high efficiency particulate filters on mechanical and bag ventilators.
   g. Ensuring effective general ventilation and thorough environmental surface hygiene.

3. **The ASC has implemented Administrative Controls, as appropriate, by**
   a. Vaccinating as much of the healthcare workforce as possible.
   b. Have a procedures not to cancel/postpone treatments/procedures for patients with known or suspected influenza infections.
   c. Implementing respiratory hygiene/cough etiquette programs.
   d. Setting up triage stations, managing patient flow, and assigning dedicated staff to minimize the number of healthcare personnel exposed to those with suspected or confirmed influenza.
   e. Screening personnel and visitors for signs and symptoms of infection at entrances.
   f. Adhering to appropriate isolation precautions.
   g. Limiting the number of persons present in patient rooms and during aerosol-generating procedures.
   h. Arranging seating, especially during the influenza season, to allow 6 feet between chairs or between person in waiting areas.
   i. Ensuring compliance with hand hygiene, respiratory hygiene, and cough etiquette.
j. making tissues, facemasks, and hand sanitizer available in waiting areas and other locations
k. establishing protocols for cleaning of frequently touched surfaces throughout the facility (elevator buttons, work surfaces, telephones, etc.)
l. locating signage in appropriate language and at the appropriate reading level in areas to alert staff and visitors of the need for specific precautions
m. placing facemasks on patients, when tolerated, at facility entrances

4. **Personal protective equipment**
   a. wearing appropriate gloves, gowns, facemasks, respirators, eye protection, and other PPE
   b. ensuring that the ASC Respiratory Protection Program is reviewed and up-dated annually
   c. ensuring that the supply of PPE inventory is sufficient should there be a disruption of the supply chain during the influenza season.
Policy on Severe Weather

Purpose: To define appropriate staff response when there is a severe weather Watch or Warning.

Definitions:

Severe Thunderstorm Watch is issued by the National Weather Service when the weather conditions are such that a severe thunderstorm (damaging winds 58 miles per hour or more, or hail three-fourths of an inch in diameter or greater) is likely to develop.

Severe Thunderstorm Warning is issued by the National Weather Service when severe thunderstorms are possible in and near the watch area. It does not mean that they will occur. It only means they are possible.

Tornado Watch is issued by the National Weather Service when severe thunderstorms and tornadoes are possible in and near the watch area. It does not mean that they will occur. It only means they are possible.

Tornado Warning is issued by the National Weather Service when a tornado or funnel cloud is imminent or is actually sighted or detected on radar.

Notification of Severe Weather: The following functions (designated authority) are to be immediately when there is a severe weather Watch or Warning:

a. (insert facility specific information)
b. (insert facility specific information)
c. (insert facility specific information)

Action Steps:

1. Command:
   a. The highest level personnel on duty assumes the role of Incident Commander and activates the Incident Command System.
   b. If law enforcement, fire department or other authority arrives on scene, Unified Command may be established.

2. Staff Response to a Severe Weather Threat:
   a. Staff, located on (insert facility specific information) are assigned to receive any weather alert from the National Weather Services via the emergency weather radio or other media announcements.
   b. The person receiving the weather alert is to notify the (insert facility specific information) of the severe weather alert.
c. The *(insert facility specific information)* is to notify the staff, patients and visitors of the watch or warning that is in effect by using the appropriate announcement texts.

3. Staff Response to Thunderstorm Watch

   a. Upon receiving an alert over the weather radio, *(insert facility specific information)* shall announce:

   “Your Attention please. Your attention please. The National Weather Service has issued a Severe Thunderstorm Watch in effect until *(insert time)*. All personnel are to activate severe thunderstorm watch procedures until an ALL CLEAR is issued.”

   b. Staff are to account for all patients, staff and visitors and be prepared to implement procedures for a Severe Thunderstorm Warning if conditions worsen.

   c. *(insert facility specific information)* is to continue to monitor alerts issued on the weather radio and weather radar on television/radio.

   d. *(insert facility specific information)* is to provide regular updates to staff, patients and visitors as to status of watch.

   e. If the severe weather threat extends over any shift change, the *(insert facility specific information)* is to review the severe weather threat with arriving staff.

   f. The *(insert facility specific information)* shall declare “ALL CLEAR”, based upon notification of weather radio or media.

4. Staff Response to Severe Thunderstorm Warning

   a. Upon receiving an alert over the weather radio, *(insert facility specific information)* shall announce:

   “Your attention please. Your attention please. The National Weather Service has issued a Severe Thunderstorm Warning in effect until *(insert time)*. All personnel are to activate severe thunderstorm warning procedures until an ALL CLEAR is issued.”

   b. All staff shall return to their workstations.

   c. Staff are to account for all patients, staff and visitors and move them away from windows.

   d. *(insert facility specific information)* is to continue to monitor alerts issued on the weather radio and weather radar on television/radio.
e. If the severe weather threat extends over any shift change, the *(insert facility specific information)* is to review the severe weather threat with arriving staff.

f. All personnel should continue to keep patients, staff and visitors away from windows until the ALL CLEAR is announced.

g. The *(insert facility specific information)* shall declare “ALL CLEAR”, based upon notification of weather radio or media.

5. Staff Response to Tornado Watch

a. Upon receiving an alert over the weather radio, *(insert facility specific)* shall announce:

   “Your Attention please. Your attention please. The National Weather Service has issued a Tornado Watch in effect until *(insert time)*. All personnel are to activate tornado watch procedures until an ALL CLEAR is issued.”

b. Unit personnel are to account for all patients, staff and visitors and be prepared to implement tornado warning procedures if conditions worsen.

c. *(insert facility specific information)* is to continue to monitor alerts issued on the weather radio and weather radar on television/radio.

d. If the severe weather threat extends over any shift change, the *(insert facility specific information)* is to review the severe weather threat with arriving staff.

e. All personnel should continue to keep patients, staff and visitors away from windows until the ALL CLEAR is announced.

f. The *(insert facility specific information)* shall declare “ALL CLEAR”, based upon notification of weather radio or media.

6. Staff Response to Tornado Warning

a. Upon receiving an alert over the weather radio, *(insert facility specific information)* shall announce:

   “Your attention please. Your attention please. The National Weather Service has issued a Tornado Warning in effect until *(insert time)*. All personnel are to activate tornado warning procedures immediately and remain at alert until an ALL CLEAR is issued.”
b. All unit personnel are to account for all patients, staff and visitors.

c. Staff are to close blinds, curtains, shades and privacy curtains.

d. Staff are to move patients, staff and visitors to the designated safe areas:

e. If the severe weather threat extends over any shift change, the (insert facility specific information) is to review the severe weather threat with arriving staff.

f. The (insert facility specific information) shall declare “ALL CLEAR”, based upon notification of weather radio or media.

7. All Clear

a. Staff are to assess patients, staff and visitors for injuries and report all injuries to the (insert facility specific information).

b. Staff are to assess for structural damage and report to (insert facility specific information).

c. Staff are to return to normal operations.
Utilities Systems Failure and Staff Response

This chart outlines various utility and life safety failures and the results of those failures, what staff should expect if those systems fail, and the steps to follow to ensure patient care. All outages would warrant the immediate contact of the ASC administrator or designee.

<table>
<thead>
<tr>
<th>System Failure</th>
<th>What to Expect</th>
<th>Staff Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer systems</td>
<td>System down</td>
<td>1. Use paper documentation as needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Utilize runners for inter-department communication.</td>
</tr>
<tr>
<td>Electrical power failure - emergency generators work</td>
<td>Many lights are out; only RED outlets work. Emergency lights on.</td>
<td>1. Ensure that oxygen concentrators are on emergency power (red outlets).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Ensure refrigerated medication is plugged into emergency outlet.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Use flashlights if necessary.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Lower beds in case of full power outage.</td>
</tr>
<tr>
<td>Electrical power failure – Generator Failure</td>
<td>Failure of all electrical systems</td>
<td>1. Use flashlights</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Determine alternative location for refrigeration of medication.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Provide portable tanks for patients on oxygen.</td>
</tr>
<tr>
<td>Elevator out of Service</td>
<td>Elevator not available</td>
<td>1. Use alternate elevators if available.</td>
</tr>
<tr>
<td>Elevator stopped between floors</td>
<td>Elevator alarm bell sounding; elevator phone call made</td>
<td>1. Use emergency telephone in the cab, or direct the occupant to use the phone.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Maintain voice contact with persons in elevator and let them know help is on the way.</td>
</tr>
<tr>
<td>Fire alarm systems</td>
<td>No fire alarms or sprinklers</td>
<td>1. Institute Fire Watch if directed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Minimize fire hazards; no sparking devices</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Use phone or runners to report fire.</td>
</tr>
<tr>
<td>Oxygen Failure</td>
<td>Gas alarms, No O₂</td>
<td>1. Use portable O₂</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Utilize portable concentrators not already in use.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Assess patients for proper O₂ saturation (≥90%)</td>
</tr>
<tr>
<td>System Failure</td>
<td>What to Expect</td>
<td>Staff Responsibility</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Natural gas - failure or leak          | Gas Odor                | 1. Remove patients from area if necessary.  
2. Open windows to ventilate, if applicable.  
3. Do not use any spark-producing devices, electrical motors or switches. |
| Nurse call system                      | No patient contact      | 1. Use bedside patient telephone if available;  
2. Use pull tab alarms.  
3. Move patients into line of sight if possible;  
4. Designate a person to check patients. |
| Patient care equipment and systems     | Equipment/system does not function properly | 1. Contact vendor  
2. Replace and tag defective equipment, place somewhere for vendor pickup.  
3. Share equipment as necessary.  
4. Prepare to transfer patient if necessary. |
| Sewer stoppage                         | Drains backing up       | 1. Contain the area using the linens.  
2. Move patients if necessary.  
3. Do not flush toilets; use commodes/red bags  
4. Turn off water to toilets if necessary.  
5. Do not use water. |
| Telephones                             | No phone service        | 1. Use cell phones.  
2. Use runners for communication if necessary. |
| Water                                  | Sinks and toilets inoperative | 1. Conserve water  
2. Be sure to turn off water in sinks and toilets, label “out of order”  
3. Use red bags in toilet/commodes.  
4. Clean and share commodes as necessary |
| Water (non-potable)                    | Tap water unsafe to drink | 1. Place “Do Not Drink” signs at all drinking fountains and washbasins.  
2. Use bottled water for med pass.  
3. If necessary send someone for bottled water. |
| Ventilation systems (HVAC)             | No ventilation, heating, or air conditioning | 1. Open windows, if hot or applicable  
2. Use blankets, if cold or needed  
3. Close drapes to reduce heat. Direct patients to remove extra clothing if necessary.  
4. Restrict use of odorous hazardous materials. |
Exercises, After Action Reports and Corrective Actions

Your ASC is encouraged to use the exercise tools available through the Homeland Security Exercise and Evaluation Program (HSEEP) to help your facility to be in compliance with the standards of your regulatory and accrediting agencies. HSEEP, although not required for ASCs, is required to be used by all governmental emergency response organizations. If your ASC uses these HSEEP tools, you can speak the same language and use the same tools to prepare for and carry out exercises in which you jointly participate with your community partners.

**What is HSEEP?** The Homeland Security Exercise and Evaluation Program (HSEEP) is a set of tools to help you to design, conduct, evaluate and improve your exercises. HSEEP is a capability-based exercise program. A capability-based program is knowing “how to do it” as opposed to capacity, which is having all the “stuff and staff” to do it.

**Why Should ASCs Use HSEEP?** HSEEP uses the familiar “Plan, Do, Check, Act” quality improvement model for exercises. HSEEP provides a methodology to comply with the Joint Commission and CMS exercise standards. HSEEP tools provide templates to accomplish what is already required of your ASC by either The Joint Commission or CMS.

**8 Step Exercise Design Model**

Your ASC may use the following eight steps in the development of any exercise (tabletop, functional, or full scale).

1. **Each exercise is based on a needs assessment.** What needs to be tested or retested? This is usually based on a review of corrective actions identified during previous exercises, a review of your HVA, specific community hazards and local event history.

2. **The scope of exercise must be specific.** The scope of the exercise answers the questions: who, what, where, when and how?

3. **The purpose of the exercise is to be clearly stated.** Why is this exercise being conducted? What do you intend to accomplish?

4. **The objectives of the exercise are to be SMART.** Exercise objectives are always to be:

   - *Simple* (straightforward, easy to read);
   - *Measurable* (specific and quantifiable);
   - *Achievable* (within the time of the exercise);
   - *Realistic* (is the scenario is likely to occur);
   - *Task-oriented* (some observable action taken, e.g. “Incident Command is to be set up within 10 minutes of notification.”)

   Defining objectives to be tested is the most important part of exercise design. Use action words when writing objectives: access, demonstrate, identify, record, establish, etc. It is important that each objective be for one task and not compound objectives, e.g. “Set up Incident Command and establish the phone bank”. Rather, this should be two objectives.
5. The narrative which sets the scenario for the exercise is written. Sufficient detail for the exercise scenario is to be provided so that the participants know what the situation is that they must manage during the exercise.

6. Identify major and detailed events Since table-top or functional exercises are not real time, you need to tell the exercise participants in the exercise instructions what is happening “now at 3 pm” and in several minutes, “what is happening now at 5 pm”.

7. Identify expected player’s action(s), based on objectives. What do you hope staff will do when you give them the scenario and the timeline of events?

Example: ASC just received a call that there has been a water main break. It is not know how long it will take to restore water service.

- First expected action: Staff, receiving the notification, will notify the Administrator.
- Second expected action: Incident Command is activated.
- Third expected action: Staff receive briefing from Incident Commander.
- Fourth expected action: Staff begin conservation of water.
- Fifth expected action: Staff place notices not to use toilets or what alternatives for toileting are available.
- Sixth expected action: Staff know how to obtain potable water for patients.

8. Write messages (to move scenario along) based on situations and events. Sometimes partners, i.e., public health may not really be participating in an internal ASC exercise. You would then simulate the information that Public Health would be giving ASC such as a boil water order.

After Action Report/Improvement Plan (AAR)

The AAR provides documentation of the exercise. Most importantly, the AAR identifies recommendations for improvements, which are called Corrective Actions. Appendix A (in HSEEP) is the key portion of the AAR because it lists the Corrective Actions, the recommendations for improvement. Corrective Actions should be measurable and should be assigned to a specific person. The Corrective Actions should then be retested at the next exercise.
Example of a Completed After Action Report

July 15, 2011
0800-1000

Purpose of Exercise: The purpose of this functional exercise was to test the ability of the Ambulatory Surgical Center (ASC) to evacuate patients by involving EMS and the County EOC in a simulated flood incident. This exercise was initiated by County Emergency Management. The ASC elected to participate in this community exercise to test key objectives of its evacuation plan.

Participating Agencies included County Emergency Management, Public Health, EMS, Law Enforcement, the local hospital and the ASC. All staff of the ASC departments participated in the exercise except for those directly involved with two surgical patients.

Scenario Overview: At 0800 on July 15, dispatch notified the ASC that there was a flood affecting the area that could affect the ASC. There were six patients in the ASC: two being prepped for surgery and 4 in the waiting room.

Exercise Objectives:

1. Communications
   a. To determine if the ASC is notified by Dispatch of the incident in a timely manner
2. Resource Mobilization
   a. To activate the SAFE ZONE as an evacuation site
   b. To determine how long it takes staff to safely move all patients and visitors to the SAFE ZONE

Observed Strengths:

1. ACS received timely notification by local dispatch.
2. All staff responded appropriately except two new hires who had not yet received evacuation training.
3. SAFE ZONE is the elementary school next door. Teacher’s Lounge was the designated SAFE ZONE and was available to receive patients, visitors and staff.

Areas for Improvement:

1. There is a need to ensure that all new hires are trained in emergency preparedness plans.
2. Only one ambulance was available immediately with another that could be dispatched in 20 minutes. Plan for shelter-in-place needs to be reviewed.
3. Teachers need to be made aware that their lounge may not be available for several hours.
4. Telephone lines in Teacher’s Lounger are limited to two lines.
# Appendix A: Improvement Plan

<table>
<thead>
<tr>
<th>Capability/Critical Area</th>
<th>Recommendation</th>
<th>Corrective Action Description</th>
<th>Primary Responsible</th>
<th>Completion Date</th>
<th>Retest Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Mobilization</td>
<td>There is a need to ensure that all new hires are trained in emergency preparedness plans</td>
<td>All new hires complete all training within 30 days of hire</td>
<td>ASC HR Manager</td>
<td>9/15</td>
<td>12/15</td>
</tr>
<tr>
<td></td>
<td>Plan for shelter-in-place needs to be reviewed.</td>
<td>Identify hazards that would not permit shelter-in-place</td>
<td>ASC Safety Officer; Emergency Management Director</td>
<td>9/15</td>
<td>12/15</td>
</tr>
<tr>
<td></td>
<td>Teachers need to be made aware that their lounge may not be available for several hours.</td>
<td>Place signage in Teacher’s Lounger to indicate the potential for its use as a SAFE ZONE for the ASC</td>
<td>ASC Safety Officer</td>
<td>9/15</td>
<td>12/15</td>
</tr>
<tr>
<td></td>
<td>Telephone lines in Teacher’s Lounger are limited to two lines.</td>
<td>Staff to bring personal cell phones with them to SAFETY ZONE and agree to allow them to be used for ASC business purposes</td>
<td>ASC Safety Officer</td>
<td>9/15</td>
<td>12/15</td>
</tr>
</tbody>
</table>
Appendix C: The National Incident Management System (NIMS)

The National Incident Management System (NIMS) provides a systematic, proactive approach to guide organizations such as ASCs to work seamlessly with all levels of government, nongovernmental organizations and the private sector to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life and property and harm to the environment.

It is important to remember that NIMS is a system of incident management. It is more a “culture” and a process about how your ASC manages an incident rather than a checklist of actions. Although ASCs are not required to be “NIMS Compliant”, the following are examples of what an ASC could do in its planning so that it is consistent with the response of its other emergency response partners:

Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation and corrective actions.

The ASC completes an After Action Report for each exercise and then prioritizes and follows up on these prioritized Corrective Actions and tests those Corrective Actions in a subsequent exercise and then up-dates the Emergency Operations Plan as necessary.

Participate in interagency mutual aid and/or assistance agreements to include agreements with public and private sector and nongovernmental organizations.

ASCs should establish mutual-aid agreements with hospitals and with other emergency responders, vendors, etc., as appropriate and necessary.

Identify the appropriate personnel to complete ICS 100 HC, ICS 200 HC, IS 700 and IS 800 or equivalent courses.

The appropriate persons at the ASC who should take this training have been identified and have completed this training.

Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communication standards.

Although the use of plain English codes within the ASC is strongly encouraged. It should not be assumed that patients and visitors can interpret these codes, especially codes that may affect them. However, when communicating with entities outside the ASC, plain English is to be used in place of acronyms and internal emergency codes (e.g. “Dr. Red” is internal to an ASC. If an ASC is reporting a fire to the Incident Commander, the ASC should simply state that it has a fire.

5 These courses are on-line and can be found at http://www.fema.gov/emergency/nims/NIMSTrainingCourses.shtm
Manage all emergency incidents, exercises and pre-planned (recurring/special) events in accordance with ICS organizational structures, doctrines, as defined by NIMS.

The ASC has adopted the Incident Command System as the means by which to manage incidents, exercises and pre-planned events. This is evidenced by reference to Incident Command in the Emergency Operations Plan.

Ensure that Public Information procedures and processes gather, verify, coordinate and disseminate information during an incident or an event.

The ASC has trained its staff on how communications are managed under ICS. To ensure consistency of messaging, the ASC Public Information Officer coordinates all messages with the Joint Information Center.
Appendix D: Welcome to WI Trac

The Michigan Hospital Emergency Preparedness Program welcomes you to WI-Trac, “Michigan Tracking, Resources, Alerts and Communication”. WI Trac is a tool that hospitals and their emergency response partners use to alert and communicate with each other, not only in an emergency, but also on a day-to-day basis.”

Purpose of WI Trac: WI-Trac is a tool to better manage an incident through sending alerts and advisories, knowing the status of healthcare facilities and knowing what resources are available to assist one another in need.

Functions of WI Trac: In addition to resource reporting and the ability to send alerts and advisories, WI Trac has an information database for all users, the ability to do enhanced surveillance, a knowledge database and a report writer. WI Trac will also be used for patient tracking.

Users of WI Trac: WI-Trac is intended for hospitals, EMS, First Responders, public health, physician offices, law enforcement, fire departments, Dispatch Centers and Emergency Management directors and other health care facilities. WI Trac is intended for anyone who partners with healthcare for the better care and treatment of victims, who may be involved in an incident.

WI Trac Organization: The organizational structure of WI Trac is simple. There is a System Administrator, who oversees the functions and operations of WI Trac statewide. Each facility is to have a Site Administrator. That Site Administrator, in turn, can designate Site Users and Read-Only Users.

Access to WI Trac: To access WI Trac, you will need to complete the following two steps:

| STEP ONE: The person, who is designated to serve as the Site Administrator for your organization, is to contact Deb Van Matre, WI Trac State System Administrator, at dvanmatr@froedterthealth.org and provide her with 1) your name, 2) telephone number, 3) email address and 4) your organization’s name. You will then be given a WI Trac ID and Password for the WI Trac “demo” site along with a document entitled, “WI Trac Training and Certification”. |
| STEP TWO: In order to become the Site Administrator of WI Trac for your organization, have the ability to assign rights to others at your organization to be Site Users or Read-Only Users and get access to the “live” WI Trac site, you must complete and sign the document, “WI Trac Training and Certification” and send this to the State System Administrator, Deb Van Matre. Once this document is received and verified, you will then receive by email the ID and Password to the “live” WI Trac site and be designated as the Site Administrator for your organization. |