



Emergency Operations Plan

Emergency Operations Plan Sections

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I. Facility Information

Facility: Southwest Surgical Center o/a Orthopaedic Institute Surgery Center

Address: 8100 West 78th Street, Suite 220

City: Edina **State:** MN **Zip Code:** 55439

Phone Number: 952-914-8400

Original Construction Date: 2003

Type of Construction: 2 Story Brick, 2 - Operating Rooms, 1 - Procedure Room, 1 - Phase 1/Block Area, 5 - Pre/Postop Bays

Owner: Allina Health System

Address: PO Box 43

City: Minneapolis **State:** MN **Zip Code:** 55440-0043

Administrator: Nancy Page, RN, BSN, CNOR

Office Address: 8100 West 78th Street, Suite 220

City: Edina **State:** MN **Zip Code:** 55439

Phone Number: 952-914-8418 **Email:** Nancy.Page@allina.com

II. Foundation for this Emergency Operations Plan

This emergency operations plan is structured in a format that is consistent with the requirements of the National Incident Management System (NIMS), Accreditation Association for Ambulatory Health Care (AAHC) Standards, and the Center for Medicare and Medicare Services (CMS) Emergency Preparedness Conditions for Coverage.

The scope of this emergency operations plan (EOP) is to outline the basic infrastructure and operating procedures utilized to mitigate, prepare for, respond to, and recover from emergency situations that tax the routine operating capabilities of Orthopaedic Institute Surgery Center.

The emergency operations plan (EOP) has been developed to manage internal and external emergency situations. This plan identifies the capabilities of Orthopaedic Institute Surgery Center (OISC) and establishes response procedures to care for patients, staff, and visitors who are present in the facility when an emergency incident occurs.

A. Demographics

OISC is located in the Abbott Northwestern Center for Outpatient Care at 8100 West 78th Street. An exterior view and map showing the location is attached as Exhibit 1.

The Center for Outpatient Care is a two story, free-standing building. There is a roof access hatch in stairwell 1. A floor plan is attached in Exhibit 2.

OISC provides outpatient surgical services to adolescent and adult patients ranging in age from 12-80 years old. Current services include orthopaedic procedures, such as arthroscopy, chondroplasty, joint debridement, tendon/ligament repair, and pain management procedures. OISC has two (2) operating rooms, one (1) procedure room, one (1) Phase 1/Block Area and five (5) private preoperative/PACU bays. There are an average of four patients in the facility at any given time.

B. Risk Assessment

Orthopaedic Institute Surgery performs an annual all hazard vulnerability assessment (HVA) *Exhibit 3*. Changes or additions to the EOP will be made based on the annual risk assessment, gaps identified during exercises or real events, or changes in accreditation, regulatory or licensing requirements. A copy of the annual HVA will be kept with the EOP in the Orange Alert Binder located at the Nurse's Station.

A Hazard Vulnerability Analysis was completed and the top three events identified for 2019 are:

1. 61% - Fire, Internal
2. 56% - Tornado (Severe Weather)
3. 44% - HVAC Failure

C. Command and Control

OISC has developed and documented an Organizational Chart (*Exhibit 4*). The Organizational Chart includes a Delegation of Authority (*Exhibit 5*) that will be followed in an emergency. The Delegation of Authority identifies who is authorized to activate the plan and make decisions or act on behalf of the facility. When an emergency happens, the individual in charge, as listed in the organizational chart, will be immediately notified and will assume the role of Incident Commander. In the event the indicated individual by position is not present in the facility or available, the next individual in the Delegation of Authority will assume the Incident Commander position.

Dependent on the type of emergency or event, the Incident Commander will enact the Orders of Succession (*Exhibit 5*) for the appropriate emergency policy and procedure. Besides the Incident Commander, a designated individual will be assigned to track all patients, visitors and staff that are present in the facility.

III. The Plan for Response and Recovery

A. General Requirements

The Orthopaedic Institute Surgery Center's Emergency Operations Plan (EOP) is designed to coordinate its communications, resources and assets, safety and security, staff responsibilities, utilities, and patient clinical and support activities during an emergency. Although emergencies have many causes, the effects on these areas of the organization and the required response effort may be similar. This "all hazards" approach supports a general response capability to address a range of emergencies of different duration, scale, and cause. For this reason, the Plan's response procedures address the prioritized emergencies but are also adaptable to other emergencies that the organization may experience.

The Quality Committee is responsible for the development of our Emergency Operations Plan. Membership includes:

- Administrator
- Quality/Infection Specialist
- Medical Director
- CEO
- Business Office

Orthopaedic Institute Surgery Center acknowledges that emergencies are to be addressed at the lowest level possible. Dependent on the type and severity of the incident, the Incident Commander will determine whether to:

1. Close the facility;
2. Shut down services;
3. Lockdown;
4. Shelter in place; or
5. Evacuate.

In the event of a total evacuation, staff, patients and visitors will relocate to the designated meeting area listed in Receiving Facilities (*Exhibit 6*). The Orthopaedic Institute Surgery Center has a contractual agreement with Abbott Northwestern Hospital for the transfer of patients based on the patients' care criteria (*Exhibit 6*).

OISC may need to communicate with outside authorities by calling 9-911. During activation for an incident, communications with State, regional and local agencies can be made by contacting authorities listed in *Exhibit 7*.

Orthopaedic Institute Surgery Center is an ambulatory surgery center in which its patient population has surgery as an elective. In the event of a disaster which has implications on our business practices, patient cases will be cancelled and rescheduled when it is safe to continue business. Those staff not required to assist in the recovery phase will be sent home.

OISC will not serve as a receiving facility and will not relocate patients to an alternate site nor require staff to provide care at an alternate site. If evacuation of the facility is indicated, patients would be discharged to home or transferred to a hospital for recovery care.

The Incident Commander has the authority and will determine the processes for initiating and terminating the response and recovery phases of any emergency. All systems related to safe patient care will be assessed to ensure they are in proper working order.

In the event an emergency restricts the proper care, treatment or services for Orthopaedic Institute Surgery Center patients, an evacuation of those patients requiring additional care would be implemented.

B. Specific Requirements

1. Communications

If applicable, warnings are received via phone, radio, and/or television.

During operating hours, events will be announced using the overhead paging system or face-to-face communication to alert staff throughout the facility.

There is no overhead paging system for the Center for Outpatient Care building. In the event of an emergency at Orthopaedic Institute Surgery Center that requires building communication, the Primary Contacts will alert each of the Suite Contacts on their floor. OISC maintains a current list of phone numbers for the Center for Outpatient Care suite contacts in the Safety and Orange Alert Plan binder located at the Nurse's Station.

External authorities are notified by calling 9-911. An explanation of the emergency event will be provided to the 911 operator to ensure a proper response by the appropriate external agency.

In the event of an emergency that requires communication to staff not on duty, physicians or patients scheduled to arrive at the facility when it is not operational, notification will be provided by the Administrator or designee (*Exhibit 9*). A list of physician phone numbers is located at the nurse's station and front desk. Patient phone numbers are documented on the daily schedule or can be accessed electronically.

In the event of an external event in the community, OISC will coordinate response with Abbott Northwestern Hospital and local/state authorities as applicable.

The Administrator and staff have cell phones that will be used as backup communication systems for Orthopaedic Institute Surgery Center. Emergency equipment and location is listed in *Exhibit 10*.

2. Resources and Assets

Orthopaedic Institute Surgery Center has access to an electronic inventory of all medications on hand.

OISC relies on several vendors for regular deliveries of supplies. OISC maintains gowns, gloves, masks and other PPE for routine and emergency use.

Contact information for medication and supply vendors is located in the EOP (*Exhibit 8*).

3. Security and Safety

As part of its Emergency Operations Plan, Orthopaedic Institute Surgery Center prepares for how it will manage security and safety during an emergency.

The Administrator oversees day-to-day safety concerns, investigations, etc. All security issues requiring assistance will be reported to 9-911.

Orthopaedic Institute Surgery Center (OISC) has a program for the management of Hazardous Materials and Waste. OISC has a contract with Stericycle to manage the disposal of Hazardous waste. There is also a contract with West Central Environmental Consultants for large spill cleanup. OISC has no employees who are members of a Hazmat team.

OISC does not have an emergency room and will not be receiving any persons who may be in need of decontamination. There are also no shower capabilities for employees in need of decontamination.

There are two entrances to the Center for Outpatient Care building which are open to the public Monday through Friday 6:00am – 6:00pm. The Center for Outpatient Care building is locked on weekends and major holidays. OISC has one entrance that is accessible to the public Monday through Friday. Hours of operation are variable based on our surgery schedule. OISC is closed on weekends, all major holidays, and as determined by the Administrator based on patient volume.

Employees must wear photo identification above the waist. All vendors and non-employees are requested to wear ID badges.

4. Staff

As part of its Emergency Operations Plan, OISC prepares for how it will manage staff during an emergency.

Roles and responsibilities for staff with regards to communications, resources and assets, safety and security, utilities, and patient management are defined by the Incident Commander during an emergency. When an emergency is paged overhead or communicated face-to-face, all staff not dealing directly with patients are asked to respond to the event.

Depending on the incident, staff are assigned to a duty necessary to assist in controlling the incident. If needed, just in time training will be provided. Staff will be assigned to a duty which best fits their everyday job if available.

The Incident Commander will coordinate staffing needs during an incident to ensure proper staffing levels can be maintained. A current employee phone list is maintained by the Administrator and updated when staff or phone numbers change. The phone list is located in the OISC staffing hour's binder at the Nurse's station and in the Administrator's office.

OISC is not staffed or equipped for emergency medical care. Center staff may be asked to volunteer by reporting to the incident site and/or the Center may respond by providing supplies. This action is entirely voluntary and is based upon the extent of the incident, availability of resources and decision of OISC Administration.

Staff will be tracked during an incident using the schedule in the Staff Hours binder.

Staff receives training utilizing several methods. Just in time training can be utilized if necessary. Basic emergency training with regards to codes is via online training and is an annual requirement.

5. Utilities

As part of the Emergency Operations Plan, OISC prepares for how it will manage utilities during an emergency.

Allina Facilities and Welltower manage all utility systems for the ANW Center for Outpatient Care and OISC and maintains all records for system functionality, preventative maintenance, and repairs.

Utilities Overview – The ANW Center for Outpatient Care building has a combined square footage of 41,336. The Center for Outpatient Care is a two-story, free-standing building. The building is fully sprinklered.

Normal and Alternative Sources of:

Electrical – Normal power is supplied by Xcel Energy. All Critical and Life Safety Circuits are on emergency back-up.

Electrical back-up is furnished by two generators. The generators provide power to the Critical and Life Safety components. The generators run on diesel and should run for 20 – 24 hours with a full supply. The generators are located on the east side exterior of the building.

Water Source – Water is provided by the City of Edina. OISC maintains a supply of drinking water that is used daily for patients, visitors, and staff. There are typically 6 – 5 gallon containers on hand at all times.

Fuel – The only fuel need currently at OISC is for the emergency generators. The fuel levels are monitored by Allina Facilities.

Medical Gas/Vacuum systems – OISC staff and anesthesia providers are responsible for monitoring OISC's medical gas supply levels. OISC nursing staff are responsible for ordering medical gases.

OISC has a piped medical gas system. Quintech, Inc. is the medical gas system service provider. The master alarm panels are located at the nurse's station. The panels are tested monthly by OISC staff for audible and visible signals. The Administrator is notified for any "non-passing" signals for corrective action.

Praxair is the medical gas supplier. OISC nursing staff notify Praxair for all oxygen and nitrous oxide alarms on the panel for replacement.

In the event the piped medical gas system fails, there are back-up tanks available and Quintech would be notified for repair. Each anesthesia machine has one (1) oxygen E-tank, one (1) nitrous oxide E-tank, and one (1) medical air E-tank. Anesthesia monitors the supply levels of these tanks. There is one (1) oxygen E-tank on the crash cart, in which the level is monitored on operating days by OISC nursing staff. There are an additional five (5) oxygen E-tanks, two (2) nitrous oxide E-tanks, and one (1) medical air E-tank located in the gas room. The gas room is accessible from the exterior Main Level Mechanical Room located east of the main entrance. OISC staff will notify Praxair if E-tanks need to be replaced/exchanged.

There is one medical vacuum system, which is located in the exterior Main Level Mechanical Room. Quintech, Inc. is the vacuum system service provider. The master alarm panels are located at the nurse's station. The panels are tested monthly by OISC staff for audible and visible signals. The Administrator is notified for any "non-passing" signals for corrective action. If the vacuum system fails, all nursing and anesthesia providers will be notified. There is one (1) portable suction machine located on the crash cart. Quintech would be notified for repair of the system.

Vertical Transport – There are two (2) elevators in the ANW Center for Outpatient Care building. If a passenger is trapped in an elevator, reassure them that help is on its way. Notify Welltower to take the malfunctioning elevator out of service and notify the elevator vendor company for repair.

Heating and Cooling – If the heating, cooling and ventilation (HVAC) system fails, Welltower will be notified.

Steam for Sterilization – Sterilization is completed on-site. Steris will be notified for all steam failures. The affected autoclave(s) will be taken out of service until steam is restored.

See *Utilities Management Plan*.

6. Patients/Visitors

As part of Orthopaedic Institute Surgery Center's EOP, OISC will prepare for how it will manage patients during an emergency.

During an emergency, the Administrator or designee is responsible for notifying patients and visitors regarding the emergency and plan.

All patient cases at Orthopaedic Institute Surgery Center are elective. If an incident occurred and OISC was unable to provide support care, treatment and services, those cases which are active will be completed and no new cases will be started. Depending on the incident, patients may be asked to evacuate emergently or urgently and asked to reschedule through their physician offices. Patients needing continued care would be transferred to Abbott Northwestern Hospital. The Incident Commander will determine when an evacuation is necessary.

If an incident occurred in which OISC could not meet the personal hygiene and sanitation needs of patients, the patients would either be transferred to Abbott Northwestern Hospital or sent home. Since OISC is an ambulatory surgery center in which patients are discharged the same day as their procedure, most of the personal hygiene items are limited to the restrooms and locker rooms for staff. Sanitation needs would be consolidated and there is potable water available to assist with flushing designated toilets.

The Incident Commander or designee is responsible for documenting moves of patients, so that accurate locations of all patients are available. The daily surgery schedule will be used to track registered patients. Tracking should include those:

1. Staying in place at the facility;
2. Evacuated to another facility, including destination, mode of travel, and time of departure;
3. Leaving on their own/discharged home.

The Incident Commander or designee will direct visitors in the lobby to the patient and provide necessary information regarding whether the patient can be safely discharged to home or requires hospital transfer. The disposition of visitors present in the facility at the time of the incident will be documented on the daily surgery schedule.

Office Coordinators obtain a visitor and/or emergency contact name and phone number on registration and document this information on the daily surgery schedule. Visitors and/or emergency contacts not present in the facility will be notified by the Administrator or designee the plan of care for the patient including discharge destination information.

Office Coordinators will be responsible for patient records during emergencies. A copy of the patient's medical record will accompany the patient in the event of a hospital transfer. Medical records will be maintained and protected according to the Center's privacy policies and procedures.

Information provided to outside agencies, media and others not involved in the care of the patient during a disaster or emergency, regarding the general condition and location of patients will be provided as permitted under patient privacy laws for locating family member and disaster relief purposes.

7. Volunteers

Volunteers will not be utilized by Orthopaedic Institute Surgery Center during an emergency.

IV. Evaluation

A. Evaluation of the Effectiveness of Planning Activities

Orthopaedic Institute Surgery Center evaluates the effectiveness of its emergency management planning activities.

OISC conducts an *annual review of its risks, hazards and potential emergencies* which are defined in the hazard vulnerability analysis (HVA). The HVA is reviewed at the first Quality Committee meeting of the New Year and documented in Quality meeting minutes.

An annual review of the Emergency Operations Plan is also conducted at the first Quality Committee meeting of the New Year. The review is documented in meeting minutes and changes are made to the Emergency Operations Plan as indicated.

The Emergency Operations Plan and related policies will be reviewed and approved annually by the Board of Governors.

B. Evaluation of the Effectiveness of the Emergency Operations Plan

Orthopaedic Institute Surgery Center evaluates the effectiveness of its Emergency Operations Plan.

All OISC employees will review the Emergency Operations Plan, emergency policies, and codes upon initial hire, annually, and whenever there is a change in the EOP. Documentation of training is maintained in personnel files.

Individual personnel are accountable for learning and following job and task specific procedures for emergency response and participating in drills.

Orthopaedic Institute Surgery Center activates its Emergency Operations Plan at a minimum of four (4) times per year on a quarterly basis. The activation is either the result of an actual event or planned drill. In addition, OISC will conduct quarterly fire drills.

Drills include, but are not limited to:

1. One (1) Malignant Hyperthermia drill
2. One (1) Cardiopulmonary Resuscitation (CPR) drill

OISC will attempt to coordinate an annual drill with the local community. Documentation of communication or attempts will be maintained.

If the Center does not participate in a community-wide full-scale exercise then the facility will execute an annual facility-wide full-scale exercise as well as a second full-scale exercise or tabletop exercise. These exercises will be included in the four (4) drills the Center is required to participate in and document each year.

All exercises conducted by OISC will be evaluated for response and include any deficiencies or opportunities for improvement. The EOP will be modified based on the evaluation findings of an exercise or actual event.

Related Policies and Procedures

A011 – Malignant Hyperthermia
A012 – Dr. Blue in the Ambulatory Surgery Center
A014 - Maintenance/Repair of Patient Care Equipment
A015 - Electrical Equipment Safety
A017 - Line Isolation Monitoring System
A018 - Use of Electrocautery
A019 – Dr. Blue in Surgical Services
A020 - Alert Red Fire Safety Plan
A024 - Alert Yellow: Stay Away
A025 - Evacuation Plan
A027 - Patient Transfer to Hospital
A030 - Storage and Safe Use of Medical Gases
A032 - Severe Weather Alert Plan
A033 - Surgical/Procedural Fire Safety and Prevention
A034 - External Disaster
A036 - Fire Protection Systems Out of Service
A039 - Active Violent Event
A041 – Facility Lockdown
S05 - Handling, Disposal, Storage, and Spill Control of Hazardous Substances
S06 - Chemical Safety and Spill Response

Documents

Department Specific Safety and Orange Alert Plan – Orthopaedic Institute Surgery Center

REFERENCES

AAHC. Accreditation Association for Ambulatory Health Care.
State Operations Manual. Appendix L – Guidance for Surveyors: Ambulatory Surgical Centers.

Utilities Management Plan

Failure of:	What to Expect	Who to contact	Responsibility of user
Electrical Power Failure-Emergency Generator on	Many lights out: only RED outlets work	651-291-3570 Welltower and 1-800-937-5983 Allina Facilities	Ensure all critical patient equipment is plugged into red outlet (emergency power). Hand ventilate patients as necessary.
Electrical Power Failure-Total	All electrical systems down	651-291-3570 Welltower and 1-800-937-5983 Allina Facilities	Utilize flashlights, hand ventilate patients, closely monitor battery operation of other critical equipment.
Elevators out of Service	Elevator not responding. All vertical movement by stairwells	651-291-3570 Welltower	Review fire and evacuation plans for alternate routes.
Elevator stopped between floors, passengers entrapped	Elevator alarm sounding, elevator not responding.	651-291-3570 Welltower	Keep verbal contact with people in elevator. Maintain contact until help arrives.
Nurse Call System	Impeded patient contact	1-800-937-5983 Allina Facilities	Move patients if necessary. Assign a rover to check in on patients and runners to communicate emergencies.
Medical gases	Gas alarms, no O2, medical air or Nitrous Oxide (NO2)	Praxair 651-603-1996 Acct 81411461	Hand ventilate patients, use portable cylinders of O2 and other gases, and consider transferring patients.
Medical Vacuum	No vacuum, vacuum systems fail	Quintech, Inc. 1-866-869-3583 or 507-370-4404	Use portable vacuum suction.
Hazardous Waste Spill	Chemical spill.	651-291-3570 Welltower	Refer to SDS. Restrict access to spill area. Notify all persons in immediate spill area. Contain spill if possible. Clean up spill only if trained.
Steam Generator	Lack of steam for sterilization	651-291-3570 Welltower or 1-800-333-8828 Acct 61270 Steris	Sterilization equipment out of service until repairs are completed.
Patient care equipment	Equipment (medical) does not function properly	612-262-7500 Clinical Engineering Service	Provide necessary support to the patient function. If critical equipment, take it out of service and replace immediately. If equipment related to patient injury, lock item in secure area and notify the Administrative Director.
Telephones	No phone service	612-262-1900 Allina IT	Administrator has a cell phone.
Water	Sinks and toilets inoperative	651-228-9456 Welltower	Follow directions of Welltower. Tape sink handles, put red plastic bags over lavatory and stool to prevent use. Use bottled water as available. Conserve water.
Ventilation, heating /cooling systems	No ventilation, no heating or cooling	651-228-9456 Welltower	Follow directions of Welltower.

