Emergency Management and

Business Continuity Plan

Outpatient Surgery

Emergency Management and

Business Continuity Requirements

# If the Outpatient Surgery Center experiences an event that severely limit its ability to meet patient needs, the Department Manager may relocate surgeries or suspend operations until conditions change.

# Mission Critical Processes and Applications

**RECOVERY TIME [0-2 hours]**

|  |  |  |
| --- | --- | --- |
| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| Schedule procedures | * OR Scheduling
 | See Downtime Procedures and Forms  |
| Anesthesia: Provision of gases, machines are stocked, anesthetics | * Physician Order Entry
* Lab System-Lab values, look up Lab results, Reports
 |
| OR: Perform surgical procedures | * EHR, PACS, Operating Room Schedule
 |
| PACU: Transport and post-operative care |  |
| Sterilization of instruments |  |
|  |  |  |

Surgeons, clinical and support staff will be dispatched to the OR as needed to support essential functions.

# Continuity Procedures

## Following an event that impacts your department and/or your operations, consider the following:

* During a disaster declaration or an interruption of services to the OR, surgical procedures in progress will be completed as long as it remains safe for the staff and patients.
* Identify critical operation points, functions or skills necessary for continuity of operations (e.g., management staff; specific levels of expertise, training or experience; recording or documentation requirements; health and safety concerns)
* Assess need to close department and/or relocate services
* No elective surgeries will commence prior to an assessment of which surgical cases may proceed, be delayed or if there is no other alternative, canceled. Determine the following:
	+ % of operating rooms with surgeries in progress
	+ # of scheduled surgeries
	+ if a mass casualty event, anticipated number of potential emergency surgeries
	+ # of available OR suites vs # needed
	+ capacity for additional ORs [e.g. with gases and supplies]
	+ available surgeons [call tree]. *Unaffiliated/non-credentialed surgeons go through Medical Staff office.*

In an event where the primary location is deemed to be inoperable or unsafe, the Department Director or designee, will initiate department closure procedures and activate the alternate location, which may provide full or limited operational capability.

**Operating Rooms**

* Complete the Unit Rapid Assessment Form and bring it to the Command Center.
* Holding area patients may be sent home or returned to their inpatient bed.
* Check all equipment back up systems.
* Use a time sheet and account for all staff.
* If needed, activate your call list. Determine if available. If called in, have staff report to department. If not needed, send to the labor pool for an alternate assignment.
* Locate and make ready critical supplies. (See Supply and Equipment table)

**PACU**

* Arrange for transfer of patients to their in-house beds as soon as possible. If experiencing delays, coordinate the prioritization of PACU patients with ED patients for available in-house beds with Bed Management and the Command Center.
* Keep family members informed of the situation.
* Direct family/friends picking up discharged patients to the correct entrance.
* Inform the Command Center of any patients who no longer have transportation home. Be prepared to accept patients.
* Update Hospital Command Center (HCC) regarding department status, including resource needs, closure requirements and staffing shortages
* Plan for service reduction based on need, critical nature of service and recovery times in plan
* Communicate with incident command, all interdependent departments and other affected services regarding status and strategies for continuity/recovery
* Provide written notification to employees regarding status and strategies for continuity/recovery for the duration of the event and compensation provisions, if feasible
* Document the duration of the event
* Track, record and report all expenses during and related to the event:
	+ Loss of revenue (i.e.: income the hospital will not receive due to interruption of care)
	+ Physical losses (i.e.: damage done to space and equipment)
	+ Fixed costs (i.e.: non-variable costs paid whether department is operating or not)
	+ Operating costs (i.e.: variable costs that may increase due to the event)
* Track, record and report all on-duty time for personnel who are working during the event.
	+ Establish and maintain documentation of all payroll activities
	+ Ensure records are accurate and complete.
	+ Keep time sheets on all staff (exempt or not)
	+ Provide instructions to all employees to ensure time sheets and travel expense claims are completed properly
	+ Ensure that time records, travel expense claims, and other related information are prepared and submitted to payroll
* Retain all invoices to ensure all costs are captured and attributable to the event
* Establish and maintain documentation of all purchasing activities
* Track costs for use of equipment purchased and leased during the event

# Personnel Procedures

Employee Checklist

* Report to your department
* Bring/Wear ID Badge at all times
* Receive assignment from Department/Unit Manager
* Report to Labor Pool at the direction of Department/Unit Manager
* Prepare to stay/sleep at the Medical Center and bring the following: Bottled Water
* Toiletries
* Flashlight
* Personal Medications
* Change of Clothing

## Following an event that impacts your department and/or your personnel, consider the following:

* Evaluate immediate and ongoing staff needs based on existing and predicted levels of human resources available
* Activate your call list
* Notify Employees: communicate event impact, estimated duration and location/time/frequency of updates
* Determine staff availability
* Notify human resources, managers, union representatives and other key personnel as to status and plan implementation
* Coordinate alternative staff resource options with human resources. If needed:
	+ Identify similar core competencies that exist
	+ Request staffing needs update from the labor pool to sustain essential functions
	+ Secure contract staff or borrow from another facility
	+ Cross train staff with similar competencies by educators
* Develop and implement contingency staffing schedules and Implement alternative staff resource options that may supplement staffing needs (i.e., runners)
* Use sign in and time reporting sheet to account for all staff and hours during incident

ALTERNATE WORK OPTIONS

* Identify alternate work options available through “telecommuting” or other off-site possibilities as determined in departmental BCPs
* Assess flexible leave options that would allow employees to address family needs while continuing to support the employing organization through a flexible work plan
* Collaborate with EIS for remote access for staff performing mission critical processes

HEALTH AND SAFETY

* Evaluate potential health and safety issues with Environmental Health and Safety that might arise through diversion of staff to new job roles

FAMILY CARE PLAN

It should be assumed during a disaster that all employees might be needed. If staff must perform role at the medical center and requires care for dependents during the response, confirm with the Hospital Command Center that the Family Care Plan has been activated.

* Work with Environmental Services to set up space for over night arrangements
* Communicate with food services needs to accommodate staff staying overnight and working extra shifts

# Interdependencies

To perform mission critical processes, the department depends on the following internal and external services.

|  |  |  |
| --- | --- | --- |
| **INTERDEPENDENCY** | **SERVICE/PROCESS** | **ACTIONS IF SERVICE IS UNAVAILABLE** |
| Sterile Processing | Clean/Sterilize necessary tools for surgical procedures | * Use contractor services or process at another hospital under a MOU
 |
| Blood Bank | Transfusions and cross matching, order blood and blood products | * Call in order and have runner bring blood
 |
| Pharmacy | Stocking of Pyxis and provision of emergency medication orders | * Put Pyxis on override and have pharmacist dispense medications
* Assess availability of specific medications
 |
| Laboratories | Testing of specimens/blood tests | * Send to other facility or exterior contractor
 |
| Diagnostic Imaging | Receiving of diagnostic images (X-ray, CT, MRI) | * Bring Mobile units to OR. CT scans would be conducted once available
 |
| Respiratory  | Treatments/Procedures | * Use contractor services
 |
| Transport | Transport Patients | * Use contractor services
 |

# Mission Critical Equipment and Supplies

* Conduct Inventory and document status of equipment and supplies
* Check condition of storage or onsite stockpiles to determine the level of damage, if applicable
* Create a resupply list
* Assess how long department can operate with available equipment and supplies
* Request assistance from HCC for Mutual Aid Agreement, if needed
* Coordinate with BioMed
* Return and reconfigure medical equipment that was moved or disconnected.
* Ensure that any specialized electronic equipment and systems for ORs are functioning correctly

| **MISSION CRITICAL EQUIPMENT AND SUPPLIES**  |
| --- |
| **EQUIPMENT/SUPPLY ITEM** | **QUANTITY/PAR LEVEL** | **POST INCIDENT INVENTORY** | **GAP/AMTNEEDED** | **ACTIONS IF ITEM IS UNAVAILABLE** |
| Electronic monitors |  |  |  | * [Insert actions when item is unavailable]
 |
| Anesthesia and heart-bypass machines |  |  |  |  |
| PPE |  |  |  |  |
| Autoclaves |  |  |  |  |
| Supplies for IV Infusion |  |  |  |  |
| Normal Saline |  |  |  |  |
| O2 E Bottles |  |  |  |  |

| **MISSION CRITICAL EQUIPMENT AND SUPPLIES**  |
| --- |
| **EQUIPMENT/SUPPLY ITEM** | **QUANTITY/PAR LEVEL** | **POST INCIDENT INVENTORY** | **GAP/AMTNEEDED** | **ACTIONS IF ITEM IS UNAVAILABLE** |
| Surgical video systems and equipment (scopes, cameras, displays) |  |  |  |  |
| Audio-recording systems |  |  |  |  |
| Lights and equipment booms |  |  |  |  |
| Supplies to Perform Surgery |  |  |  |  |
| Supplies for Sterilization |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Vendors/Resources Call List

| COMPANY | POINT OF CONTACT | PHONE NUMBER | EMERGENCY CONTRACT IN PLACE Y/N? |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Mission Critical Vital Records

| **RECORD NAME** | **LOCATION** | **ALTERNATE BACK UP SOURCE** | **RECORD TYPE** **PAPER/ELECTRONIC** |
| --- | --- | --- | --- |
| Employee Files |  |  | Paper |
| Patient Records |  |  | Paper |
| Waiver, Transfer, Process Forms  |  |  | Paper |
| Downtime Forms |  |  | Paper |
|  |  |  |  |

# Staff Call List

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST****NAME** | **LAST****NAME** | **JOB** **TITLE** | **SHIFT** | **EXTENSION** | **PAGER** | **HOME** | **CELL** | **ETA [mins]** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Evacuation and Relocation Procedures

# Evacuation Locations

Reference evacuation map on wall for horizontal and vertical evacuation locations and fire extinguisher locations.

# Evacuation Procedures

## Role Specific Guidelines during Surgery in a Fire Situation

## **Surgeon**

* Remove from the patient materials that may be on fire and help put fire out.
* Control bleeding and prepare the patient for evacuation if necessary.
* Conclude the procedure as soon as possible.
* Place sterile towels or covers over the surgical site.
* Help move the patient if the patient is not in immediate danger.

## Anesthesiologist

* Shut off the flow of oxygen/nitrous oxide to the patient or field and maintain breathing for the patient with a valve mask respirator (i.e., Ambu Bag).
* Collaborate with the circulating nurse on the need to turn off the medical gas shutoff valves.
* Disconnect all electrically powered equipment on the anesthesia machine.
* Disconnect any leads, lines, or other equipment that may be anchoring the patient to the area.
* Maintain the patient’s anesthetic state and collect the necessary medications to continue anesthesia during transport.
* Place additional IV fluids on the bed for transport with the patient, if time permits.

## Charge Nurse or Designee

* Activate the Fire Alarm.
* Notify security of a fire and its location.
* Document the time the fire started.
* Determine how many people are in the department and account for everyone.
* Ensure the surgery command post is staffed.
* Determine the state of ongoing surgeries/procedures in each area.
* Consult with anesthesiologist in charge on how to handle each patient.
* Assign personnel to assist where needed.
* Ask visitors to leave if necessary.
* Evacuate patients who may need to be moved immediately.

## Scrub Person

* Remove from the patient materials that may be on fire and help put fire out.
* Assist with conclusion of procedure if possible.
* Obtain sterile towels or covers for the surgical site and instruments.
* Gather a minimal number of instruments onto a tray or basin and place them with the patient for transport.
* Assist with patient transfer from the OR table to a stretcher/bed for transport out of the OR.

## RN Circulator

* Ensure the patient’s safety by remaining with him or her and comforting him or her.
* Activate the fire alarm system and call the security command post to alert all necessary personnel.
* Extinguish small fires if possible.
* Remove any burning material from the patient or sterile field and extinguish it on the floor.
* Provide the scrub person and anesthesiologist with needed supplies.
* Collaborate with the anesthesia care provider on the need to turn off the medical gas shutoff valves.
* Carefully unplug all equipment if the fire is electrical.
* Be aware of the safest route for escape.
* Obtain a transport stretcher if necessary.
* Remove IV solutions from poles and place them with the patient for transporting out of the OR.
* Help anesthesiologist disconnect any leads, lines, or other equipment that may be needed for transporting the patient.
* Prepare for fire department arrival.
	+ - * The Charge Nurse should triage patients in consultation with Anesthesia. Patients may have medication or anesthesia reversed faster, if condition permits, to facilitate transfer to a medical/surgical floor or another facility accepting transfers.
			* Intra-operative situations must be assessed by each surgeon/anesthesiologist team to determine appropriate stabilization point for evacuation.
			* Operating rooms, if surgery must be continued, may be available at another acute care facility accepting transfers. Coordinate requests through the Hospital Command Center.
* Close doors to occupied OR suite(s) and place wet towels around the doors if smoke, dust or fumes are present.
* Keep the surgeon advised on safe exit routes, relocation or refuge areas.
* To the greatest extent possible, obtain equipment and services required for completion of the surgery.
* Obtain E cylinders and Ambu Bags for each available gurney.
* Keep list of anticipated supplies on hand and be prepared to ensure additional sterile supplies can be processed quickly.
* Disconnect equipment from patients in accordance with ***Medical Equipment Transfer Protocols.***
* As needed, contact the Hospital Command Center to request:
	+ Portable Monitors
	+ Portable Oxygen with regulators
	+ Portable Suction
	+ Portable Defibrillator
	+ Portable Ventilator
* Contact Respiratory to assist in evacuating ventilator patients.
* Manually ventilate patients (ambu bag) during transport and have the ventilator brought separately to the evacuation location.
* Package patients with IV bags and pumps if the IV cannot be discontinued during the evacuation process.
* Switch patients over to portable monitors as necessary (defibrillators may be utilized for this purpose).

# Relocation Procedures

## Conditions for Consideration for Alternate Site

* Computer with network access
* Medical gases
* Space that can be adequately converted into operating room suites
* Proximity to ancillary services and supplies
* All patients will be accompanied by personnel from the evacuating area to the evacuation location and during transport.
* Whenever possible, relevant equipment will be transferred with the patient to the receiving facility. If the staff is not needed, staff should return to facility.
* Once patient is turned over to the receiving facility, the staff member will return to the facility being evacuated and report to the Labor Pool***.***
* Return all portable equipment to be used in the next transfer.

# Recovery Procedures

**Prior to recovery and resumption of services at the primary site, it is essential to determine the status of the facility and equipment. Once it is confirmed that essential infrastructure and supplies are available, efforts to recover at the primary patient care area can be initiated.**

* Identify missing or damaged medical equipment such as point of care testing machines, ventilators, portable monitors, smart pumps, blood gas machine, ventilators, bronchoscopes, echocardiogram machines, ultrasound machines, cardiac tear testing machines, etc.
* Alert supply chain team about equipment that was sent with patients when they were evacuated.
* Assist Biomed team to return and reconfigure medical equipment that was moved or disconnected during the relocation Work with Biomed teams and vendors to ensure that any specialized medical equipment and systems are functioning correctly.
* Work with IT and Communications to identify missing or damaged computers or communications equipment.
* Work with Facilities team to ensure that all gas and suction lines are working correctly.