

Greater New Orleans Surgery Center

ANNUAL REVIEW OF EMERGENCY PREPAREDNESS PLAN

Page 1 of 1

Reviewed: August 1, 2001

~~8/1/03, 6/25/08,~~

05/01/09

Implemented: August 1, 2001

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PURPOSE:

To maintain the currency and consistency of emergency preparedness program's policies and procedures and to evaluate the usefulness of the program's performance standards.

POLICY:

Greater New Orleans Surgery Center will evaluate annually the objectives, scope, organization, and effectiveness of the emergency preparedness management program. The Governing Body has the authority to develop and maintain a disaster preparedness plan.

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Greater New Orleans Surgery Center

DR STAT – MEDICAL EMERGENCY

Page 1 of 1

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PURPOSE:

To describe the protocol for medical crises other than cardiac or respiratory arrest.

POLICY:

In case of an acute medical crisis (not a cardiac or respiratory arrest), the "Doctor STAT" procedure will be implemented.

PROCEDURE:

1. The first person on the scene of the medical crisis will remain with the patient and initiate the "DR STAT" procedure by dialing pressing the 'page' button on the telephone base state "Doctor STAT" and location 3 times.

(Medical crises may include, but are not limited to: seizures, autonomic dysreflexia, insulin/low blood sugar reaction, sudden unresponsiveness, and/or sudden hemorrhage.)

2. The Clinical Manager will respond immediately to the area and take charge of the situation until a physician or 911 services arrive.
3. The crash cart closest to the patient will be taken to the area by the first person to pass the cart on way to emergency assist call.
4. Any physician in the center shall respond to the area. If a physician is not available, the R.N. in charge should determine, based upon the patient's condition, if the local 911 service should be called.
5. The Clinical Manager or designee will initiate first aid treatment, including advanced cardiac life support (ACLS) protocol, as appropriate
6. Medical protocol as appropriate to the medical crisis and per physician's directions will be followed.
7. The Clinical Manager or designee will control traffic in the area during the crisis and all non-essential staff and visitors should be asked to leave the area.

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Greater New Orleans Surgery Center

CODE YELLOW DISASTER/EVACUATION PLAN

Page 1 of 7

Reviewed: August 1, 2001
8/1/03, 6/25/08
05/01/09

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PURPOSE:

To provide a set of guidelines in the event of an external/internal disaster, or the evacuation of all or part of the facility.

POLICY:

1. Greater New Orleans Surgery Center will maintain guidelines to ensure the safety of patients, staff, visitors and center property during the event of an internal/external disaster or partial/total evacuation.
2. In most cases, in-house sheltering will be adequate and partial or total evacuation will not be necessary or advisable. If it is determined, however, that some or all of the facility may not be suitable for occupancy, partial or total evacuation may be warranted.
3. The order to evacuate may be given by the Administrator or his designated representative, safety officer, fire department or emergency response personnel following an emergency event that significantly compromises the overall safety of the facility.

PROCEDURE:

A. Internal disaster/evacuation

1. Any disastrous event, which may have caused damage or injury to the facility or anyone in it, should be immediately reported to the Administrator.
2. The Operator will notify the administrator who will give the order to initiate the code yellow plan. The Administrator will also announce the location and extension of a command post via 2 way radio
3. The operator will notify Local emergency services by dialing 911.
4. After advisement from the administrator, Operator will make the following announcement.
 - a. "Code Yellow. A command post has been established at extension XXX." Repeat 3 times.
 - b. Repeat above again 30 seconds after initial announcement.
 - c. Repeat above again one time at one-minute intervals for five minutes.
5. After normal working hours, the Administrator, Safety Officer, and the Clinical Manager will be alerted of the situation by the Operator or Nursing Supervisor. After they have been notified, staff.

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Greater New Orleans Surgery Center

CODE YELLOW DISASTER/EVACUATION PLAN

Page 2 of 7

6. All personnel will report to their supervisor and stand by to receive instruction. Supervisors will call the command post with a list of available staff and a list of current patients in their area (if applicable). The list of patients will be given by name.

B. Command Post Responsibilities

1. The location of a Command Post will be announced via the 2-way radio. A supervisor will be assigned by the Administrator or his designee to act as the coordinator of the Command Post.
2. As each supervisor contacts the command post, sufficient and qualified staff will be directed by the command post to the disaster/evacuation site and to the triage area. No other staff should respond to these areas unless instructed to do so by the command post.
3. The location of a staging area will be determined by the command post. Staff with no immediate assignments will be directed to the staging area by the command post.
4. The location of an assembly point for Media personnel will be determined by the command post. Appropriate staff will be assigned by the command post to the media area to answer any questions the media may have.
5. The command post will print a current surgery schedule. As reports from departments are received, assigned personnel at the command post will account for the patients on the current list.
6. The following guidelines will be utilized by the command post to determine staff assignment (These are only guidelines. Assignment will depend on the type of nature of the disaster, which has occurred).

Medical Staff

Responding medical staff will be directed to the triage area and/or the disaster evacuation area.

Nursing Staff

- a. Sufficient staff will be assigned to care for the needs of existing patients.
- b. Sufficient staff will be assigned to the disaster/ evacuation area.
- c. Sufficient staff should be assigned to the triage area.
- d. Admissions should respond to the command post with a current census list.

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4

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Greater New Orleans Surgery Center

CODE YELLOW DISASTER/EVACUATION PLAN

Page 3 of 7

Medical Records:

Will be directed to secure all medical records at the evacuation site.

All other staff:

- a. Will be directed to the staging area.
- b. Prepare staging area for influx of people.
- c. Prepare to provide snacks.
- d. Secure facility (other staff from staging area can be instructed to assist).
7. All off duty personnel will report to work and remain on duty working all shifts until the Administrator or his/her designee declares an easing of the emergency situation or until relief is provided by other staff.
8. The Command Post - Administrator or his/her designee is in charge of personnel and general supervision of the entire disaster procedure. He/She is responsible for coordinating with department heads the assignments of all persons connected with the facility.
9. The Medical Director or designee will be in charge of patient flow within the facility. He/she will establish and maintain patient care standards with the personnel and resources available to him.

C. Evacuation Area

1. Nursing staff members responding will assume the leadership role until the arrival of local emergency response personnel.
2. Assigned nursing personnel will respond with the emergency evacuation equipment (i.e., backboard, gurney, etc.).
3. Team leader will assess area to determine the needs of the injured and assign other responding staff to care for these needs.
4. The team leader will report to the command post with names and information regarding all persons in the disaster evacuation area.
5. Injured persons in the evacuation area will be stabilized and evacuated by a method appropriate to the injury to the triage area.
6. After all persons in the evacuation area have been accounted for and transported out, the team leader will notify the command post that the area is clear and receive further instructions.

Greater New Orleans Surgery Center

CODE YELLOW DISASTER/EVACUATION PLAN

Page 4 of 7

D. Triage Area

1. Senior nursing staff member responding will assume the leadership role until the arrival of local emergency response personnel.
2. Assigned nursing staff will respond to the triage area with a crash cart.
3. As patients arrive at the triage area, the team leader will designate staff to care for the needs of the injured, and ready them for transport out of the facility via emergency response vehicles.
4. Team Leader will maintain contact with the command post and advise of names of persons arriving at the triage area. A list will be maintained of those persons being transported to external facilities.
5. After all patients have been transported or treated; the team leader will notify the command post to receive further instructions.

E. Staging Area

1. Staff assigned to the staging area should stand by to receive further instructions and/or assignments from the command post.
2. Staff assigned to the staging area should take any visitors to the staging area and try to meet the needs of those arriving at the staging area.
3. Staff should remain in the staging area, unless otherwise assigned by the command post, until an "all clear" has been announced.

F. Media Assembly Area

1. Staff assigned to the media assembly area will address the needs of the media as they arrive.
2. Assigned staff will ensure that media personnel remain in the media assembly area and do not have access to any other area of the facility.

G. Evacuation of the entire facility

1. Structural integrity of the facility (following an episode such as a tornado) - Maintenance department personnel will conduct an inspection of the facility to assess the building's structural integrity. Findings will be reported to the Administrator or Designated representative. If it is determined that, due to structural damages, the facility (or part of the facility) is no longer safe for occupancy evacuation will ensue.

Greater New Orleans Surgery Center

CODE YELLOW DISASTER/EVACUATION PLAN

Page 5 of 7

1. If evacuation is to another center or shelter (the location of the evacuation site will be announced by the Command Post), the physicians on duty will assist in the orderly transfer of the patients.
2. Those patients meeting discharge criteria will be discharged as per center wide policy and procedure. Case management should coordinate this with the medical staff and contact the patient's family.
3. Patients requiring continued inpatient stay shall be transferred to a hospital following interfaculty transfer policy and procedure guidelines. The Administrator or his/her designee should call the other facility so that they may prepare for the arrival of patients.
4. Patients shall be matched with designated transportation according to acuity and diagnosis (ambulance, hospital van, car, etc.).
5. As required, nursing and medical staff shall accompany patients during transfer.
6. As required and possible, medications and specialty products shall accompany patients during transfer.
7. The Disaster Coordination Team shall admit no one into the facility until determined safe.

H. Influx of persons due to disaster outside facility

1. The response to an influx of persons to this facility due to an external (community) disaster will be managed in the same manner as an evacuation, with the exception of an evacuation site.
2. A command post will be established within the guidelines above and department heads will call the command post for assignments.
3. All incoming patients will enter the center through the triage area.
4. The Medical Director will assess the medical status of persons from the disaster site and determine if they should remain at the center or should be transferred to other facilities (or released to go home).
5. Admitting will notified by nursing of any patients who will remain (patients remaining will stay only until they can be transferred to a more appropriate facility).
6. The medical center where the patient was originally located will inform the Administrator or designee when they can be returned. The Administrator or designee in turn will notify the Medical Director and staff caring for the patient.
7. Extra Bed Assignments
 - a. All vacant patient beds at the Surgery Center will be used first. Other beds will be utilized only after these are completely filled.
 - b. At no time will beds be set up in any hallway.
8. Admissions will be directed to:

Greater New Orleans Surgery Center

CODE YELLOW DISASTER/EVACUATION PLAN

Page 6 of 7

- a. Determine the number of beds that are available and if possible, the number that may be needed, then report findings to the Command Post.
 - b. Set up procedures to receive patient transfer information and record the appropriate information needed.
 - c. Keep account of number and location of incoming patients.
9. Medical Records will be directed to:
- a. Act as telephone contacts for the staff doctors to notify them of the emergency. They will report to the Medical Director the number of doctors available to come to the facility if needed.
 - b. Gather transferred patient information for Admissions after their arrival.
 - c. Will maintain an admission log of new arrivals.
10. The Operator will be instructed by the command post to announce an "All Clear" after it has been determined by the command post that there is no longer a critical situation.

I. Building occupant procedure guidelines:

1. Locate the exit (means of egress) nearest to your work area and determine the route(s) that you will take **IN ADVANCE**. Also, establish a secondary route should your first choice be blocked. (Emergency evacuation routes are posted throughout the facility and should be used as a guide when determine means of egress routes.)
2. Do not evacuate unless you are instructed to do so, or danger is imminent. If danger is imminent, follow the established exits for your area and evacuate the danger area in a calm, organized manner.
3. Listen for directions via the 2-way radio. Take guidance from persons of authority to act in an emergency such as the fire department personnel, CEO, safety officer, etc.
4. **WALK - DO NOT RUN**. Remain calm and try to keep noise to a minimum. Remove high heel shoes to avoid tripping.
5. **DO NOT** push or crowd. Use handrails where provided and stay to the right of the corridors.
6. Assist persons with disabilities if they are present.
7. Follow the instructions of emergency personnel. Move to the facility's assembly point (to be announced via 2 way radio).
8. Evacuation of the physically impaired
 - a. For the purpose of this procedure, any person with a disability (temporary or permanent) or other condition that would cause them to need assistance during an evacuation is considered physically impaired, including but not limited to the following:

Greater New Orleans Surgery Center

CODE YELLOW DISASTER/EVACUATION PLAN

Page 7 of 7

Persons using wheelchairs
Persons using crutches, canes, walkers, etc.
Persons recovering from surgery
Pregnant women
Persons with significant hearing or sight impairment
Persons requiring assistance

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Greater New Orleans Surgery Center

CODE ORANGE DISRUPTIVE BEHAVIOR

Page 1 of 2

Reviewed: August 1, 2001
8/1/03, 6/25/08
05/01/09

Implemented: August 1, 2001

POLICY:

Greater New Orleans Surgery Center will provide a safe and secure environment for patients, visitors and staff during any incident of disruptive behavior.

PURPOSE:

To provide an organized and integrated response from the center staff in the event of any seriously disruptive behavior.

PROCEDURE:

- A. Code Orange can be activated for:
1. Security breaks which may damage center property.
 2. Abusive or aggressive behavior.
 3. Individual with poor judgment who is uncontrollable.
- B. The staff member encountering the disruptive behavior will either initiate the page for "Code Orange" if possible (via 2 way radio), or call for assistance from the nearest staff member. (If the individual is capable of harming self or others at that time, the staff member will call for assistance and stay on the scene to protect patients and/or others.)
- C. The staff member will stay calm and using the 2 way radio call for assistance. Give the following information: "Code Orange and (area of code)" twice. Example: "Code Orange, Front desk...Code Orange, Front desk".
- D. A designated group of staff led by members who have received formal training in verbal de-escalation and nonviolent physical crisis intervention techniques and have been oriented to the roles and functions of the Code Orange team will respond. Staff with patients should remove patient not involved from the immediate code area and free up designated staff as appropriate, to respond to the Code Orange.
- F. The Code Orange Team shall consist of the following staff members:
1. Administrator
 2. Clinical Manager
 3. Any other staff member closest to the problem area
- G. The Code Orange Team Leader is responsible for determining the severity of the code and will make the decision to call for assistance from additional CPI trained staff.

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Greater New Orleans Surgery Center

CODE ORANGE DISRUPTIVE BEHAVIOR

Page 2 of 2

- H. The disruptive behavior will be de-escalated and appropriate intervention techniques will be utilized to control disruptive behavior.
- I. The patient will be moved to a quiet area with 1:1 supervision or to an isolation room as soon as possible.
- J. The operator will be notified when the Code situation is no longer needed and will call a "Code Orange, All Clear" message (via 2 way radio). The "All Clear" should be announced twice.
- | K. The Clinical Manager will notify the attending physician. Deleted: Nurse Manager
- L. When the situation is resolved, an evaluation will be held within 24 hours. The patient's Physician will coordinate this if available; otherwise, Code Orange leader will evaluate. All individuals involved in the Code Orange incident should be involved in the evaluation.
- | M. The Clinical Manager managing the incident should enter the incident into the patient's progress notes and record the incident on a Center Occurrence Report which will be reviewed by the Risk Manager. Deleted: Nurse Manager
- N. The patient's family will be notified by the patient's physician or nurse if the behavior is an unusual disruptive occurrence, (e.g., first time, more severe than usual).
- O. Unscheduled "Code Orange" drills will occur on a minimum of an annual basis on varied shifts. All "Code Orange" occurrences will be discussed and critiqued at the next scheduled PIC Committee.

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Greater New Orleans Surgery Center

CODE BLACK ELOPED OR MISSING PATIENT

Page 1 of 2

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PURPOSE:

To provide an organized procedure to search for an eloped or missing patient.

POLICY:

Staff will respond in a timely and organized manner to search for a patient who has eloped or is missing.

PROCEDURE:

- A. When a patient is noted missing from the patient unit, the staff shall press the page button and announce "Patient's name, please return to ____." Additionally, they should call a 'Code Black' via 2 way radio.
- B. Upon announcement, all staff will be responsible to search for the patient and report back within 10 minutes to the charge nurse of the unit from which the patient is missing.
 1. Personnel as assigned below shall visually check areas:
 - a. Outside grounds within visual view, maintenance area, employee lockers, central supply, soiled linen storage room.
 - b. Lounge.
 - c. Administrative area - Staff assigned to area
 - d. Main entrance, conference room, admission offices, lobby bathrooms - Receptionist & Admission Staff
 - e. All offices.
 - f. Pre-Op- Nursing Staff
Operating Rooms - Nursing Staff
PACU - Nursing Staff
 2. If Patient is located within 10 minutes and agrees to voluntarily return to facility:
 - a. Upon locating patient, notify Nursing, assess status for any injury, confusion, etc;
 - b. Encourage patient to return to area and accompany (Do not leave patient unattended);

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Greater New Orleans Surgery Center

CODE BLACK ELOPED OR MISSING PATIENT

Page 2 of 2

- c. Explain to the patient that he/she should not leave the facility unattended
 - d. Nursing will assess the patient upon return for any injury and document findings
 - e. Notify patient's physician, Director of Nursing, and Administrator.
 - f. Assign supervision level and appropriate personnel to monitor patient; and
 - g. Complete an Incident report and forward to Risk Manager within 24 hours.
3. If Patient is not located with 10 minutes:
- a. Charge Nurse shall:
 1. Contact the Clinical Manager or Administrator. Deleted: Nurse Manager
 2. Notify the attending physician
 3. Complete the Incident report
 4. Attempt to contact patient at home via phone.
 - b. Clinical Manager shall initiate contact with the local enforcement agencies and notify the authorities of a missing patient. Description of patient (height, weight, color of eyes, hair, race, etc) shall be provided as well as a picture of the patient if available. Deleted: Nurse Manager
 - c. The Clinical Manager or designee shall notify the Administrator. Deleted: Nurse
 - d. The Clinical Manager or designee shall notify the family or significant other. Deleted: Manger
Deleted: Nurse Manager
4. If Patient is located, but refuses to return to the facility:
- a. Encourage patient to return to the facility to assist him/her with adequate discharge plans.
 - b. If patient still refuses to return to the facility:
 1. The Charge Nurse shall:
 - a. Notify the patient's physician
 - b. Follow AMA policy/procedure
 - c. Complete an Incident Report
 - d. Assist with discharge
 - e. Contact Clinical Manager Deleted: Nurse Manager
 2. The Clinical Manager shall:
 - a. Contact family and/or significant other
 - b. Notify Administrator
 - c. Contact local authorities if patient may pose a threat to self

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Greater New Orleans Surgery Center

CODE GREEN INCLEMENT WEATHER

Page 1 of 3

Reviewed: August 1, 2001
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PURPOSE:

To provide a set of guidelines in the event of a tornado, cyclonic winds or hurricane.

POLICY:

Greater New Orleans Surgery Center will maintain guidelines to ensure the safety of patients, staff and visitors and center property during the event of a tornado or cyclonic winds.

PROCEDURE:

- A. Tornado Watch: When the National Weather Service issues a Watch, it means that severe thunder storms or tornadoes are likely to occur.
- B. Tornado Warning: when the National Weather Service issues Warning a tornado, it means that tornadoes have been spotted, or are being tracked by radar. In this case, there is the danger of damaging winds, large hail, lightning, and heavy rain. It is only after a Warning has been issued that a "Code Green" should be announced.
- C. In the event of a tornado watch, the following procedures should be followed:
 1. Any staff member hearing the announcement of a "tornado watch" being in effect should immediately notify the Operator.
 2. The Operator will notify the Administrator, the Clinical Manager, and the Safety Officer. Deleted: Nurse Manager
 3. The persons notified of the watch should remain on standby status in case the watch is graduated to a "warning."
- D. In the event of a tornado warning, the following procedures should be followed:
 1. Any staff member hearing the announcement of a "tornado warning" should immediately notify the Operator.
 2. The Operator will notify the Administrator, the Clinical Manager, and the Safety Officer. Deleted: Nurse Manager
Deleted: Officer .
 3. The person of highest authority on site will determine if "Code Green" should be announced and initiated. Normally this will be the Administrator, Safety Officer or Administrator-on-call. If these persons cannot be contacted for any reason, the next in line of authority would be the Nursing Supervisor.
- E. If the determination is made to initiate "Code Green", the authorized person will call the Operator give instructions to announce the code over the P.A. system.
- F. The operator will announce over the P.A. system, "Code Green - All Areas" three times.

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Greater New Orleans Surgery Center

CODE GREEN INCLEMENT WEATHER

Page 2 of 3

- G. Immediately upon hearing the "Code Green", staff on all units and in all ancillary departments will begin moving patients to areas of safety (hallways where there are no windows, offices without windows, etc.). Patients need to be protected from flying glass and other debris. Visitors and staff also need to be directed to safe areas, but the first concern of all staff is the patients.
- H. The person of authority on site (or his/her designee) will oversee the moving of patients to areas of safety and assure that all units and departments are following procedures for "Code Green."
- I. Once patients are relocated, staff should, when feasible, sit them or lay them on the floors facing the walls and cover them with blankets or bedspreads. Patients who cannot be removed from bed should simply be rolled into the hallways and adequately covered.
- J. Staff not located in clinical areas should move to areas of safety and stand by to help move patients if needed. Administrative and clerical staff should also move to areas of safety and remain ready to assist with patients.
- K. When the authorized person determines that the danger is over, he/she will call the operator and instruct him/her to announce the "all clear". The operator then will announce over the P.A. system, "Code Green - All Clear" three times.
- L. Once the "All Clear" has been announced, the following procedures will be followed:
 - 1. The Safety Officer will tour the facility and assess any damage. He will check all emergency systems, power systems, and communication systems to assure they are not damaged. In case of power or communication failures, he will remain on scene until the problems are resolved. If necessary, he will contact outside resources to aid in getting all systems back on line. He will keep the Administrator and/or the Charge Nurse apprised of the status of system repairs.
 - 2. Clinical staff (and others if asked) will return patients to their areas or to their scheduled activity (this may not be possible if the tornado has destroyed a portion of the facility).
 - 3. The person in authority over the code activities will visit each unit and treatment area to assure that procedures are being carried out.
 - 4. If the center has sustained damages, which may require a total or partial evacuation, dial 911 to get outside help and initiate the facility disaster procedure.
- M. Once the crisis is over and all systems are operating normally, the person in authority will complete a report describing the event. In case of patient or visitor injuries, a Center Incident Report should be completed on each injured patient, and a Worker's Compensation Accident Investigation form should be completed on each injured staff person.

Greater New Orleans Surgery Center

CODE GREEN INCLEMENT WEATHER

Page 3 of 3

CODE GREEN DRILL

A Code Green Drill will be carried out in the same manner as an actual Code Green. The exception is that activities may, at the discretion of the "drill master" be simulated (i.e. relocating bed patients, notifying person's off-site, etc.)

If calling a Code Green Drill, the Operator should announce, "Code Green, this is a drill" three times.

The Code Green Drill should be terminated by announcing, "Code Green Drill, All Clear" three times.

Drills will be conducted by the Safety Officer or designee with written critiques of the drill presented to the PIC Committee.

Greater New Orleans Surgery Center

RESPONSE TO COMMUNITY PERSONS WITH EMERGENCIES

Page 1 of 1

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POLICY:

If persons from the community present themselves to Greater New Orleans Surgery Center for care of an emergency medical condition and/or crisis, responding center staff is to call "911" for the appropriate emergency response team and complete a Center Incident Report and forward to Risk Manager.

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17

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Greater New Orleans Surgery Center

CODE BLUE CARDIAC AND/OR RESPIRATORY ARREST

Page 1 of 3

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POLICY:

1. In case of cardiac and/or respiratory arrest, it is the responsibility of qualified personnel to initiate CPR until the arrival of the emergency medical team, unless legally noted advanced directive present. Then follow advanced directive policy.
2. The Code Blue procedure will be initiated on all patients who exhibit signs and symptoms of cardiac and/or respiratory arrest unless otherwise documented by the attending physician.
3. The patient is to be transported by Emergency Medical Service to the hospital of his/her choice if condition permits. This will be determined by request at the time of their admission. The patient's physician(s) and family are to be notified.
4. Each patient to be transferred shall be personally examined by a physician before transfer, unless transfer is immediately necessary and is ordered by an on-call physician when such personal examination will delay transfer of the patient to his/her detriment.

PURPOSE:

To reverse the life threatening condition of cardiac and/or respiratory arrest through a maximum team effort, to sustain a person's life.

DEFINITION:

Cardiac Arrest - absence of heart beat or functional circulation.

Respiratory Arrest - absence of spontaneous breathing (apnea).

PROCEDURE GUIDELINES:

1. The Code Blue Team will consist of:
 - a. Surgical staff
 - b. PACU staff
 - c. ACLS trained RN will start IV, and follow ACLS protocol until physician is available.
 - d. An assigned licensed Nursing Staff member trained in ACLS can provide artificial respirations after airway is established.
 - e. A Nurse will document the progress, treatment, and medications to include time and dosage of all medications given and record on the CPR flow sheet.
 - f. Any staff member will depress the page button and page overhead "Code Blue" and location, two times.

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Greater New Orleans Surgery Center

CODE BLUE

Page 2 of 3

- g. Unit Secretary or designated staff member will call Emergency Medical Services, 911, when instructed to do so by the "Code Blue" Charge Nurse.
- h. Two assigned licensed staff members trained in BCLS will assist with CPR, including cardiac compression and artificial respirations, monitoring blood pressures and pulses.

NOTE: If a code situation should occur when a physician and the ACLS trained RN are not present, only basic rescuer CPR will be performed on the patient until the emergency medical team arrives.

2. Responsibilities of Personnel:

- a. First staff member on scene or in attendance with patient:
 - 1. Calls for help.
 - 2. Attempts to establish an airway and initiates CPR.
- b. Staff (if code in nursing area) or designated staff member:
 - 1. Announces Code by depressing the page button on any in-house telephone to alert the "Code Blue Team" of the location of the code, e.g. "Code Blue...PACU," - "Code Blue..PACU."
 - 2. Designated staff member calls Emergency Medical Services, 911 - when instructed to do so.
 - 3. Designated staff member copies the chart, to include medication sheets.
- c. Code Blue Team/Assigned team members are made up of the following:
 - 1. Code Blue team consists of the following:
 - a. Clinical Manager - takes charge of code in progress until physician arrives and coordinates, directs, and performs code duties (i.e., applies cardiac monitor, starts IV, etc.).
 - b. (CPR) Two certified staff members to perform cardiac compressions and artificial respiration's in coordination.
 - c. Recorder - A licensed nurse that records treatment, progress, time, meds, and cardiac flow sheet.
 - d. Runner - A designated staff member who obtains extra supplies, equipment, drugs and any other items needed during Code Blue process. Runners responsibilities also include clearing out area/room of unnecessary equipment (wheelchair, overbid table, etc.) to help prepare for Emergency Medical crew arrival.

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Greater New Orleans Surgery Center

CODE BLUE

Page 3 of 3

2. Response Team Members:
 - a. Bring crash cart and suction equipment.
 - b. Bring stretcher to location of the code.
 - c. Assist with CPR.
 - d. Stay to offer assistance to Emergency Medical Services.
 - e. Upon arrival of Emergency Medical Services, give report of situation to technicians.
 - f. The transferring physician determines and orders life support measures which are medically appropriate to stabilize the patient prior to transfer. When stabilization is not possible, evaluation and treatment are performed and patient transfer is carried out as quickly as possible. Before transfer, the transferring physician secures a receiving physician and hospital that are appropriate to the patient's medical needs that will accept responsibility for the patient's care.
 - g. The physician calls the appropriate hospital's Emergency Department and gives report.
 - h. Documentation is completed in the patient's progress notes.
 - i. Notify patient's physician(s) and family of transfer.
 - j. The Code Blue Clinical Manager, Nurse Recorder, Shift Supervisor, or qualified staff member completes CPR flow sheet. A copy of the flow sheet and all relevant medical records (copies) are sent with the patient at time of transfer.

6. Supervisor:
 - a. Is responsible for verification of completion of all documentation regarding the code. A duplicate of the Code Blue flow sheet should be sent with the patient at the time of transfer.
 - b. Notifies the Administrator.

7. It is not necessary to call "All Clear" on Code Blue.

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Greater New Orleans Surgery Center

CODE BROWN BOMB THREAT

Page 1 of 2

Reviewed: August 1, 2001
8/1/03, 6/25/08,
05/01/09

Implemented: August 1, 2001

PURPOSE: To provide a set of guidelines in the event of a bomb threat.

POLICY: Greater New Orleans Surgery Center will maintain guidelines to ensure the safety of patients, staff, visitors and center property during the event of a bomb threat.

PROCEDURE:

A. Receiving Threats

1. Police records indicate that a telephone warning is the most common way of receiving bomb threats.
2. The recipient of such a call will take the following action:
 - a. Keep the caller on the line as long as possible.
 - b. Immediately after the caller hangs up, report this information to the supervisor who will immediately notify:
 1. The Administrator
 2. The Police Department - Call 911
 3. Clinical Manager
 - c. Code Brown WILL NOT be announced over the P.A. system. But should be announced via 2 way radio.

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B. The Search

1. Department heads will direct methodical visual only searches of their area, and report their findings to the Administrator or his representative.
2. The Safety Officer will coordinate activities with the Police and/or fire personnel and keep the Administrator informed of all events.
3. Specific assignments of responsibility for center personnel are as follows:
 - a. Clinical Manager: The individual on duty is responsible for coordinating an inspection of patient areas and each nursing unit.
 - b. Business Office Personnel: Responsible for searching toilets, washrooms, corridors, classrooms, conference rooms, and cleaning closets.
 - c. Safety Officer: Responsible for searching and inspecting maintenance areas and making sure exits are properly functioning.
4. Those not involved in searching will carry on the normal activities of the facility unless they are notified otherwise.

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5. The search in any area must be as thorough as possible and conducted in the shortest possible length of time.
6. Precautions to be followed in making the search:
 - a. Divide your area into sections and concentrate on one section at a time until the entire area is adequately covered.
 - b. If a strange or suspicious object is encountered, immediately notify the Administrator. **IT MUST NOT BE TOUCHED.**
 - c. If the danger zone is identified or located, the area must be blocked off or barricaded with a clear zone of three (300) hundred feet until the object has been removed or disarmed or danger has otherwise passed.
7. The Administrator will document the activity during the Bomb Threat and review the events with the Safety Officer.
8. A summary of the Risk Manager's report will be forwarded and reviewed by the Intradepartmental Review Committee.

C. Evacuation

1. If evacuation of the patients becomes necessary, it will be conducted ONLY upon the decision of the Administrator in coordination with the local authorities.
2. The building will be evacuated according to the established evacuation procedure.

D. Education

1. At least one drill will be conducted each year.
2. The Safety Officer or his designee, to keep everyone aware of this procedure will conduct an inservice program for the staff.

Greater New Orleans Surgery Center

EMERGENCY PREPAREDNESS PROGRAM OVERVIEW

Page 1 of 1

Reviewed: August 1, 2001
8/1/03, 6/25/08,
05/01/09

Implemented: August 1, 2001

PURPOSE:

To provide a set of preplanned organization wide responses to manage disruptions of normal operations and services.

POLICY:

There shall be an emergency preparedness program designed to manage the consequences of natural disasters or other emergencies that disrupt Greater New Orleans Surgery Center ability to provide care and treatment.

PROCEDURE:

- A. The emergency preparedness program consists of written plans for the following:
1. Fire - Code Red (refer to the life safety management plan for details on this plan)
 2. Cardiac and/or respiratory arrest - Code Blue
 3. Emergency/assistance - Code Orange
 4. Inclement weather (Tornado/Hurricane) - Code Green
 5. Disaster/Evacuation Plan - Code Yellow
 6. Bomb Threat - Code Brown
 7. Elopement - Code Black
 8. Medical Emergency - Doctor STAT
- B. The above policies will address the responsibilities of the medical/clinical staff, nursing, and support staff.
- C. To activate any element of the plan, staff members may utilize the in-house 2 way radio. In addition, the Public Address system may be accessed from any in-house center phone by dialing the appropriate number.
- a. The 2 way radio will be housed at the front desk and in PACU, they will remain in the 'on' position. The Administrator and Clinical Manager will collect one radio daily after arriving for our shift at the facility. The other 2 will remain in their designated area for usage by all staff in that area until an emergency arises. When an emergency happens the staff member closest to the radio shall keep it with them and remain with her peers until further notice.

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