

# Greater New Orleans Surgery Center

## EMERGENCY MANAGEMENT PLAN

Page 1 of 3

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

SUBJECT: Emergency Management Plan

PURPOSE: To ensure safety standards in preventing injury to staff, patients or physicians. This emergency preparedness management plan describes how the Surgical Center will establish and maintain a program to ensure effective response to disasters or emergencies affecting the environment of care.

SCOPE: All personnel facility wide.

PLAN:

The Governing Body has the authority to develop and maintain a disaster preparedness plan. Specific procedures are implemented in response to a wide variety of possible disasters, both internal and external. These procedures are:

External Disaster/Evacuation Plan  
Cardiac and/or Respiratory Arrest  
Physician Stat  
Bomb Threat  
Irate Person Emergency  
Missing Patient  
Fire (this procedure is discussed in the life safety management plan)

Through discussion with the local Emergency Management Department officials, it has been determined, based on the size and scope of service of this facility, that the center will not be integrated into the citywide disaster response program. Therefore, the center's role in the event of a community-wide disaster, whether drill or an actual, would be minimal at best. Local officials believe that the number of large acute care center facilities in the area would accommodate, without the need of any aid provided by this facility, a large scale, community-wide disaster. Based on this determination, this center will exercise its external disaster plan according to an annual published schedule (twice per year) based on the assumption that assistance will be provided by, not given to, city emergency response personnel.

In the case of an actual disaster adversely affecting the operations of the center, each emergency response procedure, as appropriate, has a method of notifying external authorities of emergencies. Notifying the local 911 service typically does this, as with the notification of external authorities, each emergency response procedure, as appropriate, has a method of notifying center personnel. There are a variety of methods available (i.e.; digital pager, cellular telephone, 'runners', etc.), the most common method being the utilization of an overhead paging system.

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As appropriate, the center administrator, safety officer, or person of highest authority can make the determination to establish a centralized command post in response to a disaster, which adversely affects the operations or services, provided by the center. This command post, the location of which will be announced to all staff members, will serve as the clearinghouse for information and assignments regarding the disaster. Supply, space, security, and patient management will be directed by the command post coordinator, usually the center administrator or designee, as appropriate, based on the size, type, and complexity of the disaster. To accommodate these things, the center's disaster/evacuation plan describes procedures for evacuation the facility when the environment cannot support adequate patient care and treatment, as well as alternate roles and responsibilities of key personnel. The center has also initiated transfer agreements to establish an alternative care site in the event that the environment cannot support adequate patient care and treatment. An alternative source of essential utilities and backup communication systems in the event of failure during a disaster or emergency is outlined in detail in the center's utilities management plan.

An orientation program has been established to familiarize all staff with the basic components of the emergency preparedness plan. This is completed upon initial employment through general staff orientation and as needed thereafter based on a review of data collected during staff testing, drills, and random interviews. The orientation program addresses specific roles and responsibilities during emergencies, staff roles and skills required to perform duties during emergencies, and backup communication systems, utilities, and vendors.

Emergency preparedness program performance standards exist in the form of policies and procedures and standard and emergency contingency plans. These plans cover such things as emergency preparedness knowledge and skills for staff, levels of staff participation, monitoring and inspection activities, emergency and incident reporting procedures that specify when and to whom reports are communicated, the inspection, preventive maintenance, and testing of applicable equipment, appropriate use of space, replenishment of supplies, and management of staff.

Emergency Preparedness management program data is collected concurrently by Administrator and Plant Operations department (i.e.; maintenance and safety) and reported quarterly to the Performance Improvement Council (PIC). Data is collected based on staff testing, drill performance and review, and observation of the essential emergency preparedness processes. This review will ensure that certain performance standards are met and maintained. The following table illustrates sources of data to be included in the analysis of the utility systems management plan.

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| Data  | Source   | REPORTING STUCTURE      |
|---|----------|-------------------------|
| Drill Critiques   | Internal | <del>Annual (PIC)</del> |
| Scheduled drills  | Internal | <del>Annual (PIC)</del> |
| Staff training  | Internal | Annually (PIC)          |
| Staff testing and interviews                            | Internal | Annually (PIC)          |
| Annual Evaluation of the Emergency Preparedness Program | Internal | Annually (PIC)          |

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The objectives scope, performance, and effectiveness of the center's emergency preparedness management program are evaluated annually. A report is prepared and presented to the center's Performance Improvement Council (PIC) and changes made too improve the plan are based on committee recommendations. Additionally the ASC must complete a written evaluation of each drill and promptly implement any corrections to that plan

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# Greater New Orleans Surgery Center

## EQUIPMENT MANAGEMENT PLAN

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Reviewed: August 1, 2001

~~8/1/03, 6/25/08, 05/01/09~~

Implemented: August 1, 2001

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SUBJECT: Equipment Management Plan

PURPOSE: The equipment management plan describes how the Surgical Center will establish and maintain a medical equipment management program to promote safe and effective use of medical equipment.

SCOPE: All personnel facility wide.

PLAN:

The acquisition of medical equipment at this facility is based on the center's mission to provide quality surgical care to improve the quality of life for its patients. The center has implemented a computerized preventive maintenance program with the ability to develop current medical equipment inventories to help ensure reliability, minimize risks, and reduce failures, schedule preventive maintenance work requests, provide preventive maintenance work routines (these routines are user definable and comply with manufacturers recommendations), and track equipment history. The computerized preventive maintenance system also allows the center to establish criteria for identifying, evaluating, and taking inventory of medical equipment to be included in the program before the equipment is used. At a minimum, these criteria address equipment function (diagnosis, care, treatment, and monitoring), physical risks associated with use, maintenance requirements, and equipment incident history.

Clinical and physical risk is assessed and minimized through inspection, testing, and maintenance of equipment. Data collected through this effort allows the center to monitor and report incidents in which a medical device is connected to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices act of 1990. The center utilizes the Center Incident Report to report and investigate equipment management problems, failures, and user errors.

All center staff will familiarize themselves, through general orientation, with the basic components of the center's equipment management programs. The facility manager is responsible for developing department specific competency programs to familiarize staff members to individual types of equipment as appropriate. These competencies include the capabilities, limitations, and special applications of equipment, basic operating and safety procedures for equipment use, emergency procedures in the event of equipment failure, and processes for reporting medical equipment management problems, failures, and user errors. The center utilizes a contract medical equipment repair and maintenance service to perform assigned maintenance responsibilities. Contingency plans exist that address specific procedures in the event of equipment failure, when and how to perform emergency clinical interventions when medical equipment fails, availability of backup equipment, and how to obtain repair services.

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These procedures exist in the form of policies and procedures, department competencies, staff education and training, and the use of standard work practices.

Performance standards for the inspection, testing and preventive maintenance of critical operating components is integrated into the center have computerized preventive maintenance system. Data is collected based on staff input and observation of the physical environment, internal and external monitoring, and testing and maintenance of medical equipment. This review will ensure that certain performance standards are met and maintained. The following table illustrates sources of data to be included in the analysis of the utility systems management plan.

| <b>Data</b>  | <b>Source</b> | <b>REPORTING STRUCTURE</b> |
|--|---------------|----------------------------|
| Work Order Request Analysis                        | Internal      | Quarterly (PIC)            |
| Systems Failure Summary Sheets                     | Internal      | Quarterly (PIC)            |
| Internal/External Inspection Summary Sheets        | Internal      | Quarterly (PIC)            |
| Equipment Hazard Notices and Recalls               | External      | Quarterly (PIC)            |
| Safe Medical Devices Act reporting and monitoring  | Internal      | Quarterly (PIC)            |
| Annual Evaluation of the Equipment Management Plan | Internal      | Quarterly (PIC)            |

The objectives scope, performance, and effectiveness of the centers equipment management program is evaluated annually. A report is prepared and presented to the centers Medical Advisory Board and changes made.

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# Greater New Orleans Surgery Center

## HAZARDOUS MATERIAL AND WASTE MANAGEMENT PLAN

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Reviewed: August 1, 2001

8/1/03, 6/25/08, 05/01/09

Implemented: August 1, 2001

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**SUBJECT:** Hazardous Material and Waste Management Plan

**PURPOSE:** This hazardous materials and waste management plan describes how the Surgical Center will establish and maintain a program to safely control hazardous materials and waste.

**SCOPE:** All personnel facility wide.

**PLAN:**

The surgery center has adopted processes for the selection, storage, use, and disposal of hazardous wastes from generation through final deposit. Written criteria exist in the form of policies and procedures. This criteria is consistent with applicable law and regulation to identify, evaluate, and inventory hazardous materials and waste used or generated in the facility. These procedures include the management of chemical waste and regulated medical/infectious waste, including sharps. The center also provides secure, environmentally controlled hazardous materials and waste storage spaces as well as personal protective equipment (PPE) for those personnel who must work or come into contact with hazardous materials and waste. The reporting and investigation of all hazardous materials or waste spills will be performed through the center's incident reporting system. Each incident will be acted on by the appropriate persons and the Performance Improvement Council.

Center staff will familiarize themselves with the basic components and operation of the Hazard Materials and Waste Management program. This will be accomplished through the center's established general orientation program. This program addresses precautions for selecting, storing, using, and disposing of hazardous materials and wastes. The education program also addresses emergency procedures and health hazards related to chemicals in the workplace, as well reporting incidents that involve spills or exposure. Incident reporting is accomplished through the center's incident reporting program. Each department manager performs departmental specific training.

Performance standards exist in the form of policies and procedures and standard work practices. These things include staff knowledge and skill necessary for managing hazardous materials and wastes, staff participation in hazard materials and waste activities, monitoring, inspection and corrective action, routine procedures for incident reporting, and the inspection, preventive maintenance, and testing of applicable equipment. There are also mechanisms in place which provide specific precautions, procedures, and protective equipment used during hazardous materials and waste spills or exposures.

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## HAZARDOUS MATERIAL AND WAST MANAGEMENT PLAN

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Hazardous Materials and Waste management program data is collected concurrently by the Safety Officer and reviewed by the Performance Improvement Council (PIC) on a quarterly basis. Data is collected based on staff input and observation of the physical environment, and internal and external monitoring. This review will ensure that certain performance standards are met and maintained.

The following table illustrates sources of data to be included in the analysis of the Hazardous Materials and Waste management plan.

| <b>Data</b>                                      | <b>Source</b> | <b>When and Where Reported</b> |
|--|---------------|--------------------------------|
| Material Safety Data Sheet Review                | Internal      | Annually (PIC)                 |
| Staff training records                           | Internal      | Review Quarterly (PIC)         |
| Bio-Hazard waste removal work practices          | Internal      | Review Quarterly (PIC)         |
| Review of HAZ-MAT or waste related incidents     | Internal      | Review Quarterly (PIC)         |
| Safety Surveillance                              | Internal      | Quarterly (PIC)                |
| Preventive Maintenance records                   | Internal      | Review Quarterly (PIC)         |
| Annual Evaluation of the Hazardous Material Plan | Internal      | Quarterly (PIC)                |

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# Greater New Orleans Surgery Center

## LIFE SAFETY PLAN

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Reviewed: August 1, 2001

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Implemented: August 1, 2001

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**SUBJECT:** Life Safety Plan

**PURPOSE:** The life safety management plan describes how the Surgery Center will establish and maintain a life safety management program to provide a fire-safe environment of care.

**SCOPE:** All personnel facility wide.

### PLAN:

The Surgery Center is a freestanding Ambulatory Surgery Center, serving those persons in need of outpatient surgery in a quality facility. The physical facility is designed to protect patients, personnel, visitors, and property from fire, and other products of combustion. This design is accomplished by meeting the requirements of the National Fire Protection Association's Life Safety Code 101 (NFPA 101), 1991 edition regarding structural requirements for fire protection. In the event that the center undergoes significant renovation, alteration, or construction, the guidelines for Construction and Equipment of Hospitals and Medical Facilities (1993 edition, published by the American Institute of Architects).

The center will inspect, test, and maintain fire alarm and fire suppression systems. This will include the following:

#### Fire Alarm System

- a. Annual testing of all circuits, smoke dampers, and communications devices which transmit a signal to the fire alarm monitoring company
- b. Annual preventive maintenance of all components.

#### Fire Suppression System

- a. Annual inspection of all components of the center's automatic sprinkler system.
- b. Monthly and annual fire extinguisher inspections

Inspection, testing, and maintenance of the fire alarm and fire suppression systems will be performed by a qualified (state licensed) individual who will make recommendations based on findings to the person responsible for maintaining the facilities fire alarm and fire suppression systems. An exception to this is made with the inspection of facility owned fire extinguishers and exit lights. These devices will be inspected monthly by safety officer and annually by a qualified individual. Each extinguisher is placed as appropriate based upon the recommendation of the local fire authority.

Life Safety Code and fire protection deficiencies identified is reported to the center's Performance Improvement council on a quarterly basis, along with completed or planned corrective action. These deficiencies might be identified through internal (center staff) or

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external (outside authorities) monitoring and/or inspections. Deficiencies are reported to the center's safety officer.

Staff orientation and education is conducted upon initial employment during general orientation and at least annually thereafter. The orientation and education program addresses roles and responsibilities of staff at and away from the fire point of origin, the use and function of the fire alarm and fire suppression system, evacuation procedures and techniques, engineering controls (including smoke containment). Reviewing data collected during the following performance function(s) assesses the need for more frequent training:

Fire drills (includes staff response and fire systems reliability);

Fire alarm system inspections;

Fire suppression system inspections;

Fire safety inspections conducted by center staff and local authorities.

During times of construction, the facility will implement, document and enforce Interim Life Safety measures (ILSM) to temporarily compensate for hazards posed by Life Safety Code (LSC) deficiencies or construction activities.

The center has established performance standards to monitor the effectiveness of the life safety program. All center staff will familiarize themselves with the basic components of the life safety systems of the center. Performance standards for the inspection, testing and preventive maintenance of critical operating components is integrated into the center have computerized preventive maintenance system.

Life safety systems management program data are collected concurrently by the Plant Operations department (i.e.; maintenance, housekeeping and security) and reviewed by the PIC committee quarterly. Data is collected based on staff input and observation of the physical environment, internal and external monitoring of life safety systems and staff performance, testing and maintenance of the center's life safety systems. This review will ensure that certain performance standards are met and maintained. The following table illustrates sources of data to be included in the analysis of the life safety management plan.

A fire safety policy has been adopted by the center. This procedure addresses facility-wide fire-response needs, area specific needs and evacuation routes, roles and responsibilities of staff at and away from the fire point of origin, and building evacuation. This policy has been reviewed and approved by the local fire authority.

The objectives scope, performance, and effectiveness of the center's life safety management program are evaluated annually. A report is prepared and presented to the Medical Advisory Board; Governing Body and changes made too improve the plan are based on Board recommendations.

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## LIFE SAFETY PLAN

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| <b>Data</b>   | <b>Source</b>     | <b>REPORTING STRUCTURE</b>      |
|---|-------------------|---------------------------------|
| Completed Fire drills                                   | Internal          | Quarterly (PIC)                 |
| Systems Failure Summary Sheets                          | Internal          | Quarterly (PIC)                 |
| Internal/External Inspection Summary Sheets             | Internal/External | Quarterly (PIC)                 |
| Completed Center Incident Report Forms                  | Internal          | Quarterly (PIC)                 |
| Annual Evaluation of the Life Safety Management Program | Internal          | Annually (MAB & Governing Body) |

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# Greater New Orleans Surgery Center

## SECURITY MANAGEMENT PLAN

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Reviewed: August 1, 2001

8/1/03, 6/25/08, 05/01/09

Implemented: August 1, 2001

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SUBJECT: Security Management Plan

PURPOSE: The security management plan describes how the Surgery Center will establish and maintain a security management program to protect all staff, patients, and visitors from harm.

SCOPE: All personnel facility wide.

PLAN:

The center has adopted policies and procedures and standardized work practices to ensure a safe and secure environment for all staff, patients, and visitors. Center leadership has designated the Safety Officer, to develop, implement, and monitor the center's security management plan. The security management plan addresses specific security issues concerning patients, visitors, personnel property and mechanisms for reporting and investigating all security incidents.

Center personnel are required to wear an identification badge while on duty. This identifies them as being a part of the surgical center team to patients and visitors. Patients are identified by an arm bracelet, issued upon admission, which contains their name; admit date, their physician's name, and other demographic information. Visitors are not required to wear any identification due to the nature of the services we provide and the size and complexity of our facility. Although we do not provide urgent care, we do maintain vehicular access to the facility.

The facility has identified the main pharmacy and medication rooms as sensitive areas. Access is controlled to these areas through the use of locked access by appropriate staff. Access to other less sensitive areas is also controlled through staff observation of who and who does not belong. A general orientation program addresses security issues and includes methods to minimize security risks, emergency procedures, and security incident reporting. Emergency procedures address actions to take in the event of an emergency, handling the media and the provision of additional staff to control human and vehicular traffic.

Performance standards for security is acknowledged through staff testing and monitoring and inspection activities, the review of daily security logs, the review of center incident reports, and the review of preventive maintenance records. Security management program data will be collected concurrently by the Safety Officer (i.e.; maintenance, security, and risk management) and reviewed by the PIC committee on a quarterly basis. Data is collected based on staff input and observation of the physical environment, internal and external monitoring, and testing and maintenance of the essential utilities systems. This review will ensure that certain performance standards are met and maintained. The following table illustrates sources of data to be included in the analysis of the utility systems management plan.

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| <b>Data</b>                                       | <b>Source</b> | <b>REPORTING STRUCTURE</b> |
|---|---------------|----------------------------|
| Incident Reports                                  | Internal      | Quarterly (PIC)            |
| Preventive Maintenance Records                    | Internal      | Quarterly (PIC)            |
| Internal/External Inspection Summary Sheets       | Internal      | Quarterly (PIC)            |
| Security Logsheets                                | Internal      | Quarterly (PIC)            |
| Annual Evaluation of the Security Management Plan | Internal      | Annually (PIC)             |

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## SAFETY MANAGEMENT PLAN

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Reviewed: August 1, 2001

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SUBJECT: Safety Management Plan

PURPOSE: The safety management plan describes how the Surgery Center will provide a physical environment free of hazards and manage staff activities to reduce the risk of injuries.

SCOPE: All personnel facility wide.

PLAN:

The safety management plan includes components to maintain and supervise all grounds and equipment. This is accomplished through established work practices and policies and procedures. Frequent safety surveillance provides an effective method of risk assessment that pro-actively evaluates the impact of the center's building, grounds, equipment, occupants, and internal physical systems on patient and public safety. The center has established programs (Center Incident Reporting and Worker's Compensation Accident Investigation reporting) for the reporting and investigation of all incidents of property damage, occupational illness, and patient, personnel, visitor injury, including response to product safety recalls.

The Medical Advisory Board appoints the center's safety officer. This appointment is based on the individual's qualifications to perform the functions of developing, implementing, and monitoring of the safety management program. The safety officer also has been granted administrative authority to intervene whenever conditions pose an immediate threat to life or health or threaten damage to equipment or buildings. The safety officer is responsible for collecting and reporting any significant variances identified in the safety management program to the center's Performance Improvement Council (PIC). This committee includes representation from administration, nursing services, surgery services, and support services.

Center staff is familiarized with the basic components and operation of the center's safety management program. Staff training and orientation is conducted upon initial employment during a general orientation session. This orientation and training session includes an introduction to general safety processes. Managers perform area specific training and specific job-related hazards. Reviewing data collected during safety surveillance surveys, assessment and reporting activities assesses the need for more training.

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Performance standards are identified through established procedures which identify the level of staff participation of the different components of the plan, standard work practices, monitoring and inspection activities, emergency and incident reporting procedures that identify when and to whom reports are communicated, and the inspection, preventive maintenance, and testing of safety equipment. Staff safety management knowledge and skill is measured through the monitoring of such things as staff testing, drill performance, interviews, etc. Safety policies and procedures are distributed, practiced, enforced, and reviewed as frequently as necessary, but at least every three years.

Safety management program data is collected concurrently by the Safety Officer. The (PIC) retrospectively reviews this data on a Quarterly basis. Data is collected based on staff input, observation of the physical environment, observation of standard work practices, and internal and external monitoring. This review will ensure that certain performance standards are met and maintained. The table below illustrates sources of data to be included in the analysis of the safety management plan.

| <b>Data</b>                                     | <b>Source</b> | <b>REPORTING STRUCTURE</b> |
|---|---------------|----------------------------|
| Work Order Request Analysis                     | Internal      | Quarterly (PIC)            |
| Safety Surveillance Reports                     | Internal      | Quarterly (PIC)            |
| Internal/External Inspection Summary Sheets     | Internal      | Quarterly (PIC)            |
| Center Incident Reports                         | Internal      | Quarterly (PIC)            |
| Annual Evaluation of the Safety Management Plan | Internal      | Annually (PIC)             |

The objectives, scope, performance, and effectiveness of the center's safety management program is evaluated annually. A report is prepared and presented to the centers Governing Body and changes made to improve the plan are based on committee recommendations.

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# Greater New Orleans Surgery Center

## UTILITIES MANAGEMENT PLAN

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Reviewed: August 1, 2001

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Implemented: August 1, 2001

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SUBJECT: Utilities Management Plan

PURPOSE: This Utility Management Plan Describes How the Surgery Center Will Establish And Maintain A Utility Systems Management Program.

SCOPE: All personnel facility wide.

PLAN:

This utility management plan is established to promote a safe, controlled, comfortable, and reliable environment of care through the assessment and minimization of risks associated with utilities systems. The center has implemented a preventive maintenance program with the ability to develop current utility system operational plans.

The preventive maintenance system also allows the center to establish criteria for identifying, evaluating, and taking inventory of critical operating components of center systems. At a minimum, these criteria address the impact of utility systems on life support systems, infection control systems, environmental support systems, equipment-support systems, and communication systems.

The facility maintains a set of suite drawings. These drawings are located in the Administrators office and are used to assist maintenance staff in locating problems or perceived problems with architectural, mechanical, plumbing, and electrical systems. In addition, controls are labeled to assist staff during partial or complete emergency shutdowns of building systems. Building systems failures, problems, and user error data are tracked, summarized, and reported to the Performance Improvement Council on a quarterly basis. Recommendations are made and corrective actions are implemented based on reported data.

Staff orientation and education is conducted upon initial employment during general orientation and at least annually thereafter. The orientation and education program addresses utility systems capabilities, limitations, and special applications as identified through the maintenance department competency checklist and staff general orientation, emergency procedures in the event of a failure, information and skills necessary to perform assigned maintenance responsibilities, location and instructions for the use of emergency shutoff controls, and a process for reporting utility system management problems, failures, and user errors.

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## UTILITIES MANAGEMENT PLAN

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The center will maintain a current set of emergency procedures for responding to critical utility systems failures. These procedures will be maintained in the maintenance policy and procedure manual and include information on specific procedures in the event of a utility system malfunction, identification of an alternate source of essential utilities, shutoff of malfunctioning systems and notification of staff in affected areas (including how and when to perform emergency clinical interventions as appropriate), and obtaining repair services. New utility systems will be assessed at installation to determine if the system is critical. This determination will be made using the criteria for admission into the preventive maintenance program.

All center staff will familiarize themselves with the basic components and operation of the essential utility systems of the center. Performance standards for the inspection, testing and preventive maintenance of critical operating components is integrated into the center have computerized preventive maintenance system.

Utility systems management program data will be collected concurrently by the Safety Officer Performance Improvement Council on a quarterly basis (retrospectively). Data is collected based on staff input and observation of the physical environment, internal and external monitoring, and testing and maintenance of the essential utilities systems. This review will ensure that certain performance standards are met and maintained. The following table illustrates sources of data to be included in the analysis of the utility systems management plan.

The objectives scope, performance, and effectiveness of the centers utility management program is evaluated annually. A report is prepared and presented to the centers (PIC) and changes made to improve the plan are based on committee recommendations.

| <b>Data</b>  | <b>Source</b> | <b>REPORTING STRUCTURE</b> |
|--|---------------|----------------------------|
| Work Order Request Analysis                        | Internal      | Quarterly (PIC)            |
| Safety Surveillance Reports                        | Internal      | Quarterly (PIC)            |
| Internal/External Inspection Summary Sheets        | Internal      | Quarterly (PIC)            |
| Center Incident Reports                            | Internal      | Quarterly (PIC)            |
| Annual Evaluation of the Utilities Management Plan | Internal      | Annually (PIC)             |

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