EMERGENCY MANAGEMENT PLAN

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EXECUTIVE SUMMARY

Coordination with local and state health jurisdictions.
The Center is not equipped or staffed to provide emergency patient care. The Surgery Center has notified the local emergency management planning office that it is recommended the Center will not participate in community wide disasters.

Coordination with local and state emergency management jurisdictions.
The Surgery Center is not staffed or equipped to provide unplanned medical care. The Surgery Center has notified the local emergency management planning office that it is recommended the Center will not participate in disasters that are community wide.

Coordination with a local Emergency Management Planning Committee, if applicable.
The Surgery Center is not staffed or equipped to provide unplanned medical care. The Surgery Center has notified the local organization and/or committee that manages local disaster planning that it is recommended the Center will not participate in disasters that are community wide.

Coordination between and among hospitals.
The Surgery Center is not a hospital and is not staffed or equipped to provide unplanned medical care. The Administrative Director will provide the Center's Plan to the hospital's emergency management department for review and coordination. The surgery center is located near Tennova Hospital. In the event of an evacuation of the surgery center, patients who cannot be sent to their homes for recovery from outpatient surgery will be transferred to the hospital for recovery care.

Coordination with community health clinics.
The Surgery Center will not have coordination with community health clinics. Patients will not be transferred to or received from a community health clinic.

Coordination with federal health facilities (VA, Military, etc.).
The Surgery Center will not have coordination with federal health facilities. Patients will not be transferred to or received from federal health facilities.

Coordination with local and regional Emergency Medical Service (EMS).
The Surgery Center is located near Tennova Hospital. In the event of the need to evacuate patients who need immediate surgical recovery care, the patient can be transferred by ambulance service, if that service is available, or by private care, wheelchair or stretcher if necessary during a community-wide emergency when ambulance service is not readily available.

Coordination with local, county, and state law enforcement agencies.
The Surgery Center will not accept patients from other health care facilities or provide care for the general public. The Surgery Center is not staff or equipped for emergency medical care. Physicians are not employees of the Center and are often required, due to their medical staff status at hospital(s), to report to the hospital for emergency patient care services. Once the center

patients are discharged, the Center employees may be asked to volunteer by reporting to the disaster site or the Center may respond by providing bandages or other supplies.

I. INTRODUCTION

A. Basic information

1. The Surgery Center of Cleveland, LLC
137 25th St. NE
Cleveland, TN 37311
Main Phone Number: 423-472-7874
Fax Number: 423-472-2881
Emergency Contact: Administrator
Emergency Contact Phone Number: 423-506-4586

2. A 1,586 square foot, one-surgical suite surgery center has existed in Cleveland for several years. The specialties performed here were primarily Podiatry, GYN, and some General Surgery. The facility was greatly under-utilized and was not profitable. The owners had advertised to sell, and Ambulatory Surgical Centers of America (ASCOA) responded and evaluated the feasibility of purchasing. There had been some discussions about a local hospital purchasing the center but was legally unable to. A local retired Urologist began meeting with various surgeons to determine their interest in investing in a new surgery center, and he generated enough interest to make the purchase viable.

In August of 1999, the contract was signed by ASCOA and eleven local physician investors. The purchase included the building, its contents, and the license and CON. On November 17, 1999, the new Administrator requested of the State that the license be held in abeyance and was granted a six-month waiver. The building closing was on December 10, 1999. The land (physical space) and CON limited the expansion to 6,000 square feet, so construction for a two-OR suite Out-Patient Surgery Center began.

The specialties initially included Ophthalmology, ENT, and Orthopedic Surgery. In January of 2000, GI was added. In March, additional specialists called to inquire about utilizing the out-patient surgery center. The additional specialties included General Surgery, Podiatry, Gastroenterology, Oral Surgery, Urology, Pedontics, GYN, Plastics, and Pain Management.

Construction began in January and plans were made to open on or around May 1, 2000. The building has a lobby that seats 31 individuals. The Pre-op area has four bays; the Recovery Room has six stretcher bays and one private recovery. There are two Surgical Suites and one Laser room. There is a Business Office with adjoining Medical Record Room.

The facility operated in the above capacity until 2007. In 2007 the ownership was expanded when NovaMed, Inc. purchased controlling ownership from the existing partners and ASCOA. The center continued to function as multi-specialty ASC. In July 2011 NovaMed, Inc. merged with Surgery Partners Holdings, and at the end of 2014 Surgery Partners Holdings acquired Symbion; however the company continues to do business as NovaMed and Surgery Partners. The construction type remained the same. A 1586 square foot, one- surg The Center was built in 2000 as a business construction.

3. Administrator: Marietha Silvers, RN-CASC
The Surgery Center of Cleveland, LLC.
137 25th St. NE

Cleveland, TN 37311
Phone: 423-472-7874 Phone cell:423-506-4586
Email Address: msilvers@surgerypartners.com

Alternate Contact Person: Steve Nelson Title: Material Management
137 25th St NE
Cleveland, TN 37311
Phone: 423-472-7874 Phone cell:423-339-7472
Email Address:snelson@surgeyrpartners.com

4. Plan developed by: Marietha Silvers, RN-CASC
137 25th ST. NE
Cleveland, TN 37311

5. Organizational Chart: Appendix A

B. Introduction

The **purpose** of this emergency management plan is to provide guidance to the surgical center personnel on their expected duties when the center must be evacuated, when the center elects to close due to a warning of a potential disaster, and when the center must temporarily cease operations due to an internal or external safety issue. The event of interruption of services can be caused by any unplanned occurrence, either natural or manmade.

The **outcome** of this plan will be the staff's understanding of its role in internal and external disasters which are specific to the community and to the operating environment of the facility. The employee will understand that the surgical center does not provide services for emergencies and cannot remain open if an internal or external disaster should require increased emergency medical care in the community. The employee will understand that safety of any patient, staff member, and other individuals who are on the premises at the time of a major disruptive event is the main concern and protecting and directing them from potential harm is the duty of all employees

Staff will receive education on the plan within 30 days of hire and annually. The plan will be **implemented** in the event of an external or internal disaster.

There is no additional information that has a **bearing** on the implementation of this plan.

The Governing Body of the Center is responsible for approving the plan and assigning responsibility to the Administrative Director for:

1. Implementing the plan;
2. Documenting the education of staff regarding the plan including drills to carry out understanding and actionable conduct;

3. Submitting the plan to State/Local authorities as required;
4. Contacting local, tribal, regional or state emergency preparedness officials to participate in community wide planning and training efforts, if applicable; and
5. Conducting an annual evaluation of the plan and its components.

II. AUTHORITY

The Administrative Director has the authority to make decisions during emergencies. The Medical Director, Charge Nurse, Material Manager(Steve Nelson) has the authority in the Administrator's absence. See Appendix A for delegations of authority.

III. HAZARD ANALYSIS

The surgery center is vulnerable to hazards, natural and manmade that develop with little or no warning. The ambulatory surgery center is located on 25th St NE Avenue, a well-traveled east-west road. Parking for physicians, employees, visitors, and patients is next to the building. The center will moderately, if ever, be vulnerable to a transportation accident of hazardous spills due to its location on 25th St, which is not the major east-west road, nor near the major north-south I-75) roads. There are minimal industries or fixed facilities in the area that would be at a high risk for explosions or chemical hazards. The nearest businesses are gas stations, used car lots, restaurants, Lee University campus.

This plan is based on a facility- and community-based All Hazard Risk Assessment located in Appendix B. Based on the completion of the risk assessment, the following hazards have been identified: fire, bomb threat, tornado, active assailant, bio-terrorism, utilities systems failure, cyber-attacks, and minimal earthquake. Policies and procedures for these specific hazards are located in Appendix B.

A. Site-Specific Information

1. Appendix C contains the (1) location map (2) evacuation routes, (3) the hospital(s) to which patients would be transferred if needed for care after surgery or to continue a surgery that had to be aborted due to immediate evacuation, (4) map showing, in relation to Center's location, any potential hazards from chemical spills, fires, etc. that could occur on major transportation pathways such as railroad, airport, and major highways, (5) floor plan of the Center, and (6) agreements with hospitals(s), ambulance services, and handicap passenger transports. Any other information involving location and evacuation is also located in Appendix C.

2. There are two operating rooms, one procedure rooms, and 11 areas for pre- operative and post-operative patients. The maximum number of patients if all pre-operative/post-operative patients and all operating and procedure rooms were occupied will be fourteen. The average number of patients on site is eleven.

3. The ambulatory surgery center serves patients who elect to have outpatient surgery and procedures. Only patients that can medically be admitted in the morning, have outpatient surgery or a procedure, recover and be discharged on the same day are candidates for services at the ambulatory surgery center. Patients who require relatively minor surgery but have health conditions that impact the risk of the procedure and of any anesthesia would not be scheduled at the ambulatory surgery center. Due to the nature of the surgery and patients the Center serves, the Center can discontinue operations if a hazardous condition is forecasted or a potential hazardous situation occurs.

4. The center, located in Bradley County Weather zone TNZ100. Severe weather only presents when conditions are present.

5. The Center is not in a flood zone.

6. The center is located 1mile to the nearest a railroad or interstate highway and could be at high risk for explosions or chemical hazards.

7. There are 4 nuclear power plants within the 20 to 50-mile area

IV. CONCEPT OF OPERATIONS

A. Direction, Control, and Mitigation

1. The Administrative Director is in charge during an emergency. The alternate person in charge is the Governing Body President should the Administrator be unable to serve in this capacity.

2. The chain of command to ensure continuous leadership is located in the Organizational Chart in Appendix A.

   Key personnel:
   Administrative Director:

   Name: Marietha Silvers, RN- EMT, CASC
   Address: 137 25th ST NE
   City, Cleveland State, TN 37311
   Phone:423-506-4586 Phone cell:423-506-4586
   Email Address: msilvers@surgerypartners.com

   Alternate: G. Seth Ford, MD Title: Governing Body President

   Address: 2560 Business Park Dr
   City: Cleveland State , TN 37311
   Phone: 423-472-5401 Phone cell:423-310-8862
   Email Address: gsethford@att.net

3. The Administrative Director or alternate person is responsible for deciding to close the center, shut down services, shelter in place or evacuate during an emergency situation.

4. The operational and support roles for all ASC staff are described in the Emergency Plan with additional policies and procedures found in Appendix B. These policies and procedures detail their duties in specific Internal/External disasters, medical and utility emergencies.

5. The ASC is staffed and equipped to handle routine, non-emergency care. The Center will not be additionally staffed in case of emergencies. The Center will not be open in the event of an impending disaster. In the event of a community disaster with limited water, food and supplies, the ASC would remain closed until normal water service and conditions occur. The ASC recognizes that there may be an emergency that would require the sheltering in place or evacuation in the case of eminent danger.

   a. Should an emergency shelter in place or evacuation become necessary, activation of the Shelter in Place or Evacuation policy would be made by the Administrative Director or designee.
   b. There is a diesel fuel powered generator which will provide emergency power up to 26 hours and has a diesel fuel capacity of 733 liters.
   c. If a shelter in place order is activated, staff will continue to care for the patients and visitors as outlined in Shelter in Place policy.

2. The Surgery Center is not staffed or equipped for emergency medical care. Once the

center patients are discharged, the Center staff may be asked to volunteer by reporting to the disaster site or the Center may respond by providing bandages or other supplies. This action is entirely voluntary and is based upon the extent of the emergency, availability of resources, and decision of the Center management.

3. Patients being treated at the Center during an external or internal emergency will be stabilized and cared for as outlined in our emergency preparedness policies and procedures. No new procedures will be started and all procedures occurring at the time of the emergency will be completed as safely as possible. Staff will remain on-site until patients are either discharged to their own homes or transferred for post-operative care to a hospital.

4. The Center will contact local, tribal, regional, state, and federal emergency preparedness officials to determine, what role, if any, the Center can participate in any collaborative and cooperative planning efforts and/or exercises in the county's Emergency Management Plan. The Surgery Center of Cleveland in not included in the Emergency Management Plan for Bradley County due to our limited scope of services. Shawn Fairbanks, Director of Bradley County EMS, EMA, Fire and Rescue contact number is 423-728-7010

5. Volunteers will not be utilized by the Center during an emergency.

The Center will not serve as a receiving facility and will not move patients to an alternative site nor require its staff to provide care at an alternative site. Since the Center serves patients who are medically able to undergo an outpatient procedure and be discharge without the need for extensive monitoring or medical care, only patients in surgery at the time of an emergency or those just out of surgery at the time of an emergency may need transfer to a hospital for recovery care. All other patients would be discharged to their homes. Therefore, the Center would not have a role under a waiver declared by the U.S. Secretary of Health and Human Services

B. Notification - Communication Plan

1. An emergency radio will be turned on and placed in an area that is staffed whenever there is a patient in the facility. Warnings will be received through the emergency radio.

2. The authorities listed in Section II are to be contacted outside normal business hours.

3. During normal business hours, notification of an impending disaster would be made using the internal intercom and paging system or face to face communication. If the disaster occurs while the Center is closed the Administrator and designee maintains a list of all personnel, physicians, allied health personnel, along with their emails and phone

numbers at her/his place of residence this list may be electronic. The staff would be notified that the center will be closed due to an emergency. The emergency contact information is reviewed and updated at least annually.

4. No staff will be expected to report to work during an emergency. The Center will not be open in the event of an imminent disaster. In the event of a community disaster, the ASC would remain closed until normal water service and conditions occur. The Center would not provide services in an alternative care location.

5. Patients will be notified by telephone or in person in the event the Center will be closed or is closing due to an impending disaster. During an emergency, any procedure underway would be completed and the patients would be discharged or evacuated to a local hospital.

   Should the decision to not open the center occur when the center has already closed, patients will be notified by phone, email or any other alternate contact information. A notice will be place on the Center's patient entrance when possible.

6. If primary means of communication is not functional, cellular phones, text messages or personal emails will be utilized. The decision to use social media will be made by the Administrative Director or his/her designee. Employees, patients, and providers are located throughout the area and attempts to contact them at their home addresses by traveling in a car may endanger the messenger.

7. Should the need to transfer a patient for post-surgical care become necessary, the hospital will be notified of the impending arrival of the patient as outlined in PT. CARE EMERGENCIES Transfers.

   Patient information, for continuity of care, would be sent with the patient to the hospital and would include, at a minimum, patient name, age, DOB, allergies, medical history, current medications, preoperative diagnoses, surgical procedure performed, reason for admission, advance directives and next of kin/emergency contacts.

8. Responsible adults and/or family members waiting at the center for patients to be discharged will be notified in person if the patient is being transferred to a hospital. If the responsible adult and/or family member(s) of the patient is not at the center, they will be contacted by telephone to advise of the transfer. The hospital will be notified if the responsible adults and/or family member(s) have been contacted.

   The Center will document the specific name and location of the receiving facility according to the policy PT. CARE EMERGENCIES – Transfers. If a staff member accompanies a patient to a receiving hospital, documentation of this will be maintained by the Administrative Director or designee.

Should the staff, patients and visitors require sheltering in place, a list of all people at the Center will be maintained by the Administrative Director or designee.

9. The management of patient records during disasters or emergencies will be the responsibility of the Front Office Team Lead. Medical records will be maintained and protected according to the Center's PATIENT PRIVACY and DATA SECURITY policies and procedures.

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

10. The Center maintains an updated list and contact information for local, state, tribal, regional and federal emergency management officials, as well as the Health Department, Red Cross, and Salvation Army, should the Center require assistance during a disaster.

C. Evacuation for external and internal disaster

1. The Emergency Plan along with the plans policies and procedures provides information about the roles, and responsibilities and procedures for the discharge or transfer of patients. These policies are located in Appendix B.

2. The individual responsible for implementing the discharge and evacuation procedures is the Administrative Director or designee.

   In most cases the patient is ambulatory or can be moved about via wheel chair or by walking. If the patient can be discharged to home, that discharge will occur as quickly as possible. If the patient needs further observation and nursing care, the patient will be transferred to Tennova Hospital by ambulance or by car, or if nearby, by wheelchair or stretcher, if ambulance services is not available due to extensive community needs. If Tennova Hospital is impacted by the disaster and cannot accept the Center's patient(s) the alternate hospital would be Erlanger Health Systems.

3. In the event of a transportation shortfall, the patient will be transported by personal car, or if nearby, by wheelchair or stretcher, if ambulance services is not available due to extensive community needs.

4. In the event of an internal disaster, the patients and employees will be evacuated, if necessary. There will not be an attempt to save records or supplies since doing so could hamper the duties of fire and safety professionals. In the event of an external disaster, the center will not remain open. Medical records for the patients being transferred to a

hospital will be transported with the patients. All other supplies and records will remain in the surgery center.

5. Copies of transfer agreements with Tennova Hospital and Erlanger Health Systems are kept in the 32 points manual.If Tennova Hospital cannot accept patients, the secondary hospital would be Erlanger Health Systems. However, it is most likely that all patients can be discharged to their homes.

6. Primary and secondary evacuation routes have been identified. Location maps and evacuation routes are located in Appendix C.

7. Some hazardous situations are forecasted and warning systems enable ample time to determine that the ambulatory surgery center business should cease. Therefore, in case of a tornado, ice storm or other early warning system, no patients will be in the center. For other emergencies, a patient can be transferred to the closest hospital within 15 minutes.

   If the center is completely full, with all operating rooms and all pre-and post-operative beds full, there is a maximum of fourteen patients that would need to be transferred. It is highly unlikely that all fourteen patients would require transfer since a significant number of cases at the surgery center will be procedures in which the patients leave the center by walking to outside transportation. However, even if all fourteen patients needed to be evacuated, the complete evacuation of the building would take less than 30 minutes.

8. The ambulatory surgery center staff will not accompany patients transferred unless there was a "transportation shortfall". Only those patients who are not fully recovered from their procedure, who are in need of professional medical monitoring and patient care, would be transported to a receiving facility and the ambulance staff would be responsible for any care during transport. In case of a community-wide disaster and there is a "transportation shortfall" and transporting is emergent, a personal car will be used with a physician or nurse accompanying the patient.

9. Family members/or responsible adult in the waiting room will be notified of any patient transfer and the location of the receiving facility. Family members/or responsible adult not present will be telephoned and provided with that information. The Administrative Director or designee will maintain the list of where and how patients were discharged and information about staff departure to provide information, as needed, after the center has closed.

10. At the order to evacuate, the registration clerk will take the list of patients admitted and in the building. The clerk will check off the names of the patients when each is discharged/ removed from the building and will note their disposition to home or transfer to a hospital. Patients will be considered discharged at the time of relocation. The employee roster will be utilized to document employee departures. All patients and staff will be

accounted for. Copies of these lists will be provided to the Administrative Director or designee.

11. Immediately after evacuation is determined to be necessary, the hospital and ambulance service will be notified. The Administrative Director will designate a lead RN and any physician available to determine the patients' priority for evacuation.

12. The Center does not stock excessive medical supplies or provisions. In the event of a county wide disaster, the Center will cooperate as determined by the local emergency management.

D. Re-entry

1. The Administrative Director is responsible for gaining authorized re-entry into the building. The State/Local authorities have the responsibility, in coordination with the Administrative Director and the jurisdictional building official, to ensure that the facility is structurally sound. If the facility is damaged during a disaster, State/Local authorities will be consulted to determine structural soundness and will coordinate with the local building official to ensure adherence to all applicable building codes.

2. The Administrator Director will confer with the architects, structural engineers, and building maintenance personnel/local authorities to ensure the building is structurally sound. Water damage to building will require additional electrical, structural, and cleaning inspections.

3. Employees, providers, and patients will be notified as to when the facility will begin accepting patients again by telephone, text, email, or letter

E. Sheltering

1. This facility will not shelter individuals from other evacuating facilities. Should the hazard require a shelter in place for staff, patients, and visitors, the Center will provide care until such time as an evacuation to an Emergency Center is cleared by the County emergency management authorities or release to home can be completed or the hazard has passed.

2. Should a shelter in place order be given, all staff will be notified by using the internal intercom and paging system or face to face communication. Other occupants will be notified by supervisory staff.

3. Disaster supplies, as outline in the Shelter in Place policy, and necessary medical supplies will be gathered up and moved to the designated SAFE ZONE.

4. The shelter in place SAFE ZONE in this Center is the operating room hallway due to the lack of windows and interior location.

5. A list of all occupants will be made and an attempt to call the Emergency Management's emergency contact number to report who is sheltering in place and the location.

V. INFORMATION, TRAINING, AND EXERCISE

The purpose of any exercise is to validate training, reveal planning strengths and weaknesses; uncover resource needs and shortfalls; improve coordination within the organization and community; clarify roles and responsibilities; and improve overall performance of all employees, managers, and medical staff. It is essential to practice the Emergency Plan periodically to ensure it works and is updated at least annually.

1. All employees will review the Emergency Management Plan as well as other emergency policies (e.g. active assailant, fire, hurricane, malignant hyperthermia, cardiac or respiratory arrest) upon initial hire, annually, whenever the employee's responsibilities or designated actions under the plan change, and whenever a plan is changed.

2. All employees, physicians and allied health personnel are trained at orientation within 30 days of hire. The Administrative Director or Designee will provide the initial orientation. The Administrative Director, Designee or guest speaker will provide annual training. Training may be conducted more frequently if a drill indicates need for additional training. Facility-wide disaster drills are conducted to test parts of the Emergency Plan four times a year. Additionally, fire drills are held once a quarter. Annually, there is fire extinguisher handling training. Documentation of training for all employees, physicians, and allied health personnel is maintained for surveyor review.

   All employees participate in drills. Results of drills are used for educational sessions. Employees are crossed trained on related responsibilities to promote safety and reliability of having employees available to handle important tasks. Written plans are kept and made available for employee review.

3. The Center will contact local, tribal, regional, state, or federal emergency preparedness official to participate in any collaborative and cooperative planning efforts and/or exercises that may be appropriate. Documentation of these communiques will be maintained in Appendix D.

4. If the Center does not participate in a community-wide full-scale exercise then the facility will participate in an annual facility-wide full-scale exercise as well as a second table-top

exercise to test the plan. These exercises will be included in the four disaster drills the Center must participate and document each year.

5. The Center will complete a written evaluation of each drill and promptly implement any corrections to the plan that are identified. The training and testing program will be reviewed, updated, as needed, and approved by the Governing Body annually.

6. The Center will remain informed by periodically visiting websites such www.ready.gov and www.usa.gov/prepare-for-disasters

VI. APPENDICES

Appendix A
Appendix B
Appendix C
Appendix D

APPENDIX A

Roster of Staff and companies with key disaster related roles.

1. Organization Chart
2. Delegations of Authority –See Call Tree
3. List of names, addresses, telephone numbers, and positions of all staff, physicians, and allied health personnel –See Call Tree and HST physician roster report CT6005
4. List of organizations and companies and emergency services providers (e.g. hospitals, EMS, transportation, emergency generator fuels) including contact person, telephone numbers, and emails addresses
5. List of emergency management officials and disaster relief organizations (e.g. police, fire, Red Cross, local Emergency Management)

APPENDIX B

1. All Hazards Risk Assessment
2. See Policies and procedures for the specific hazards
    a. Evacuation Plan
    b. Transfer of Patient, transfer agreement(s) with hospital(s), any agreement(s) with ambulance or handicap transport services.
    c. Shelter in Place
    d. Fire Plan
    e. Active Assailant Response Plan
    f. Loss of Power
    g. Loss of Water
    h. Flooding, water penetration
    i. Tornado
    j. Hurricane
    k. Ice Storm
    l. Fire Storm

APPENDIX C

See Maps and floor plan
Agreements with hospitals and transportation organizations

1. Location map of ASC including streets within 3 blocks of the Center
2. Primary and secondary evacuation routes and description of route from Center to hospital(s)
3. Map showing location of Center and location of hospital(s) for patient transfers, noting distance from Center to hospital(s)
4. Map showing location of Center and any hazards such as chemical plants, railroads, major transportation pathways within a 5-mile radius of the Center
5. Floor plan of Center
6. Agreements with hospital(s), ambulance services, handicap passenger transporters

APPENDIX D

Supporting Materials

1. Governing Body Approval-See Minutes
2. Latest Fire Marshal inspection report-See Emergency Drills Manual
3. Correspondence with local agencies regarding cooperation and collaboration and any community exercises-See 32 Points Manual
4. Plan Approval by the local authorities having jurisdiction over emergency management planning-NA in Tennessee