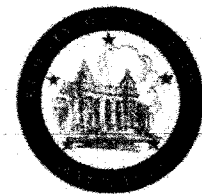


**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM
2.1
(ID # 6750)

MEETING DATE:
Tuesday, April 3, 2018

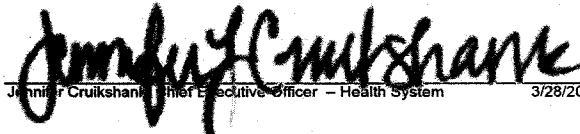
FROM : RUHS-MEDICAL CENTER:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER: Approve
Policies

RECOMMENDED MOTION: That the Board of Supervisors, acting as the Riverside
University Health System-Medical Center (RUHS-MC) Governing Board:

1. Review and approve the attached Environment of Care Plans.

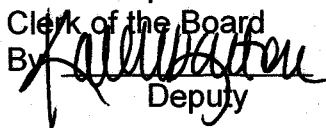
ACTION: Policy


Jennifer Cruikshank, Chief Executive Officer – Health System 3/28/2018

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Jeffries and duly carried, IT
WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Washington and Perez
Nays: None
Absent: Tavaglione and Ashley
Date: April 3, 2018
xc: RUHS

Kecia Harper-Ihem
Clerk of the Board
By 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment No	
			For Fiscal Year: 17/18	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The Riverside University Health System Medical Center (RUHS MC) is a licensed and accredited acute care hospital serving the needs of County residents since 1893. RUHS MC currently has two campuses – one in Moreno Valley and one off County Farm Road in the City of Riverside.

As an acute care hospital RUHS MC is required by the State of California to have a “governing body” separate from its administrative leaders and medical staff leadership. The “governing body” is “the person, persons, board of trustees, directors or other body in whom the final authority and responsibility is vested for conduct of the hospital.” 22 CCR §70035. (See also 42 CFR 482.12 and Joint Commission Standard LD.01.03.01) The Board of Supervisors serves as the “governing body” for the hospital.

Various regulatory requirements mandate that the Governing Board participate in the leadership and decision-making of the Medical Center by reviewing and approving its plans relating to certain topics. The attached plans relate to: the “Environment of Care”.

The Medical Center’s Plans cover the three basic elements of the Environment of Care:

- The building or space, including how it is arranged and the special features that protect patients, visitors, and staff
- Equipment used to support patient care or to safely operate the building or space
- People, including those who work within the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing risks.

RUHS-MC is committed to furnishing a safe, accessible, effective and efficient environment consistent with its mission, services and applicable governmental mandates. This includes fostering the protection, safety and well-being of patients, employees, staff and visitors during

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

natural or man-made disasters and ensuring to the greatest extent possible, adherence to our social responsibility and commitment to the community.

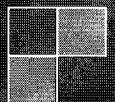
Impact on Residents and Businesses

In 2017 RUHS MC provided care to residents of the County and others in more than 19,000 inpatient stays and more than 230,000 emergency and outpatient encounters. As part of its operations it employs more than 3,000 individuals and contracts with over 1,000 other individuals and businesses. An efficient, well-functioning medical center providing care of high quality creates many positive benefits for Riverside County citizens and its businesses. These plans specifically impact the safety of those entering RUHS MC facilities during normal operations as well as during man-made and natural disasters.

2017-18

Environment of Care Management Plans

Revised
07/2017



Environment of Care Management Plans

Annual EOC Plans Reviewed

Plan Revisions Due

Emergency Management Plan

July 2018

Fire Safety Management Plan

July 2018

Hazardous Materials Management Plan

July 2018

Medical Equipment Management Plan

July 2018

Safety Management Plan

July 2018

Security Management Plan

July 2018

Utility Systems Management Plan

July 2018

Environment of Care Management Plans

Environment of Care Committee includes (but is not limited to) representatives of:

Administration

Emergency Management

EVS Department/Hazardous Materials

ITF/ETS Arlington Campus

Infection Control Department

Materials Management

Nursing

Plant Operations

Radiology Department/Radiation Safety

Rehabilitative Services Department

Safety Department

Security

Environment of Care Management Plans

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Environment of Care Management Plans

EXECUTIVE SUMMARY

PURPOSE

The mission of Riverside University Health Systems (RUHS) is to provide superior quality health care to Riverside County residents with a special focus on individuals and populations in need. Consistent with this mission, RUHS is committed to providing an environment that minimizes risks to patients, visitors, and employees. RUHS Administration and Medical Staff have established and provided ongoing support for the Environment of Care program as described in this plan.

The purpose of the Environment of Care Management Plans are to define the program to provide a safe environment for building occupants.

ORGANIZATION AND RESPONSIBILITY

1. The Chief Executive Officer (CEO) or designee receives regular reports on the activities of the Environment of Care Committee (EOC). The CEO or designee reviews reports and, as necessary, communicates concerns about key issues and regulatory compliance to the Assistant Hospital Administrator who has responsibility for the EOC and/or Plant Operations. The CEO collaborates with the Assistant Hospital Administrator(s) to establish operating and capital budgets to maintain a safe, compliant environment of care.
2. The Executive Director of Quality, Administration manage the EOC Program. Chief of Plant Operations and Safety Officer identify Life Safety Code deficiencies, and develop plans for improvement. The Chief of Plant Operations manages the maintenance of fire systems. The Chief of Plant Operations and the Safety Officer manage the fire plan, fire drills, and fire response. The Chief of Plant Operations and Safety Officer advise the Environment of Care Committee regarding fire safety issues that may necessitate changes to policies, orientation or education, or purchase of equipment.
3. Department Managers provide awareness training to new employees to department-specific and, as appropriate, to job-specific safety procedures. Department Managers are responsible for ongoing training of their employees in fire safety procedures. When necessary, the Safety Officer provides Department Managers with assistance in developing department safety procedures.
4. Individual staff members are responsible for learning and following the hospital- wide and departmental Environment of Care Management Plans. Individual staff members are also responsible for learning and using emergency reporting procedures for safety hazards.

Environment of Care Management Plans

IMPROVING CONDITIONS IN THE ENVIRONMENT OF CARE

A. Reporting of Environment of Care Issues

- i. EOC committee members report at least quarterly to the EOC Steering Committee (EOCC) relating to compliance, maintenance, and/or testing issues, response issues or any other concern regarding the EOC to the EOCC.

B. Collection, Analysis, and Dissemination of Information

- i. EOC committee members manage the collection of information about the EOC. The information is analyzed and evaluated by the Environment of Care Committee for effectiveness of the program and to improve performance. The information collected includes deficiencies in the environment, employees knowledge and performance deficiencies, actions taken to address identified issues, and evidence of successful improvement activities.

C. Performance Monitoring

- i. The Environment of Care Committee coordinates the performance measurement and improvement process for the EOC.
- ii. Designated EOC committee members are responsible for preparing quarterly reports of performance for the Environment of Care Committee. These reports include ongoing measurements of performance, and summary reports of incidents, including the results of any risk assessments.
- iii. The Environment of Care Committee establishes performance indicators to objectively measure the effectiveness of the Fire Safety Program, Emergency Management Plan, Hazardous Materials Plan, Medical Equipment Management Plan, Safety Management Plan, Security Management Plan, and the Utility System Management Plan. Additionally, the Environment of Care Committee determines appropriate data sources, data collection methods, data collection intervals, analysis techniques, and report formats for the performance improvement standards. Human, equipment, and management performance are evaluated to identify opportunities to improve the EOC Management Plans.
- iv. The performance measurement process is one part of the evaluation of the effectiveness of the Fire Safety Program. A performance indicator has been established to measure at least one important aspect of the Fire Safety Program. The current performance improvement standards for the EOC Management Plans are:

Environment of Care Management Plans

1. Emergency Operations Plan
 - a. Disaster drill critiques
2. Fire Safety Management Plans
 - a. Fire drill response
 - b. False fire alarm notification
3. Hazardous Materials and Waste Management Plan
 - a. Percentage of returned manifests
4. Medical Equipment Management Plan
 - a. Abuse/Vandalism rate
 - b. High priority work order completions
 - c. Equipment failure rates
 - d. Evaluation of "user errors" to compile data for future training
5. Safety Management Plan
 - a. Employee back injuries
 - b. Employee falls
6. Security Management Plan
 - a. Total calls for services
 - b. Code green calls
7. Utilities Systems Management Plan
 - a. High priority equipment calls
 - b. Response time to urgent equipment repair calls
 - c. Tracking and monitoring of system testing requirements

D. Annual Evaluation of Management Plans

- i. The Environment of Care Committee is responsible for the design and implementation of the Environment of Care Management Plans. Additionally, the Environment of Care Committee performs an annual evaluation of each Environment of Care Management Plan. The Executive Director of Quality, Administration and members of the Environment of Care Committee assist in the annual evaluation process.

E. Annual Program Evaluation

- i. The Executive Director of Quality, Administration and members of the EOC are responsible for coordinating the annual evaluation of the EOC Management Plans.

Environment of Care Management Plans

- ii. Annual evaluations examine the scope, objectives, performance, and effectiveness of the EOC Management Plans. The annual evaluation uses a variety of information sources including: internal policy and procedure review, incident report summaries, Environment of Care Committee meeting minutes and reports, summaries of other activities, and findings by outside agencies such as accrediting or licensing bodies. The findings of the annual evaluation are presented in a narrative report supported by relevant data. The report provides a summary of the EOC Management Plans performance over the preceding 12 months. Strengths are noted and deficiencies are evaluated to set goals for the next year.
- iii. The annual evaluation is presented to the Environment of Care Committee. The Committee reviews and approves the report. The deliberations, actions, and recommendations of the Committee are documented in the minutes. The annual evaluation is presented to the Performance Improvement Committee and ultimately the Medical Executive Committee. Once the evaluation is finalized, the Chief of Plant Operations and the Safety Officer are responsible for implementing the recommendations in the report as part of the performance improvement process.

F. Patient Safety

- i. The Safety Officer is a member of the Performance Improvement Patient Safety Committee and is responsible for integrating Environment of Care activities into the Performance Improvement Patient Safety Program. The integration includes conducting risk assessments to identify environmental threats to patient safety, conducting environmental tours to evaluate patient safety concerns on an ongoing basis, participating in the analysis of certain types of patient safety incidents, participating in the development of material for general and job-related orientation and ongoing education, and participating in meetings of the Performance Improvement Patient Safety Committee.

G. Environment of Care Committee

- i. The multi-disciplinary Environment of Care Committee considers reports dealing with Environment of Care issues at regularly scheduled meetings. The committee evaluates the reports and approves actions to address identified issues.

Environment of Care Management Plans

H. Environment of Care Committee Meetings

- i. The Environment of Care Committee meets on a quarterly basis or at least six times per year to address safety, hazardous materials, fire prevention, medical devices, utilities, emergency management, security, patient safety, quality, and other Environment of Care issues as appropriate.

I. Management of Environment of Care Information

- i. Members of the Environment of Care Committee collaborate to analyze Environment of Care issues. The analysis includes ongoing evaluation of performance and aggregate analysis of environmental rounds, maintenance activities, and other issues.
- ii. The analysis is used to manage the stability of current programs, assess risks related to new programs, and to identify opportunities for improvement.

J. Reporting of Environment of Care Activities

- i. The Environment of Care Committee provides minutes of each meeting. The minutes summarize materials presented, issues identified, and actions to be taken. The minutes identify issues with final resolution.

K. Establishing Measurement Guidelines

- i. The Environment of Care Committee is responsible for identifying important measures of the EOC Management Plans. The measures are used to evaluate performance on an ongoing basis, to measure the success of implementation of performance improvement activities, and to develop an understanding of processes that are not meeting expectations.

L. Communication with Leadership

- i. Minutes and relevant supporting materials are communicated to Environment of Care Committee and organization leaders through hospital committee reporting structures.

Environment of Care Management Plans

M. Identification of Performance Improvement Opportunities

- i. The Environment of Care Committee identifies performance improvement opportunities through the following method:
 - a. Recommendations from Executive Medical Staff Leadership
 - b. Recommendations from Department Managers
 - c. Recommendation from a member of the Environment of Care Committee
 - d. Data obtained through Environment of Care management activities
- ii. When the Environment of Care approves a proposal for improvement, a team is appointed to address the identified issues and to design a process improvement. The team will make regular reports during Environment of Care Committee meetings. The reports address progress toward
Improvement, including measurement of changes to assure they are effective and sustainable.

N. Orientation, Training, and Education

- i. All employees must attend new employee orientation in accordance with Hospital Policy # 403 Orientation/Reorientation. New employee orientation addresses key issues and objectives of all seven areas of the Environment of Care. Employees also receive departmental safety orientation at their respective work areas regarding hazards and their responsibilities to patients, visitors, and coworkers. In addition, all employees participate in periodic refresher training relative to the Environment of Care.

EOC 1. EMERGENCY OPERATIONS PLAN

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INTRODUCTION

The Riverside University Health Systems (RUHS) is committed to furnishing a safe, accessible, effective and efficient environment consistent with its mission, services and applicable governmental mandates. This includes fostering the protection, safety and well-being of patients, employees, staff and visitors during natural or man-made disasters and ensuring to the greatest extent possible, adherence to our social responsibility and commitment to the community.

RUHS MEDICAL CENTER develops and maintains the written Emergency Operations Plan (EOP) to describe the facility's local emergency operations plans and to ensure an effective response to a variety of natural or man-made disasters, to describe the local emergency preparedness program and ensure an effective response to a variety of disasters that could cause harm and/or disrupt the hospital and medical treatment environment. The response procedures addressed within the EOP and the Emergency Operations Manual include response procedures to maintaining or expanding services, conserving resources, curtailing services, supplementing resources from outside the local community, closing the hospital to new patients and performing stages and total evacuation of the hospital (EM 02.01.01, EP 2). This plan provides policy direction, describes the roles and responsibilities of personnel and contains information and references to corresponding mitigation, preparedness, response, and recovery procedures. The objectives of the EOP include:

- Maintain the continuity of patient care operations;
- Meet the medical needs of our community;
- Identify and assess vulnerabilities and hazards which may have a direct or indirect impact on the organization;
- Strategic planning for emergency response;
- Effectively manage disaster assets and resources;
- Exercise critical program elements;
- Provide training and assessment of staff knowledge.

- Manage resources and assets to assist the County of Riverside and the City of Moreno Valley;
- Incorporate the Joint Commission's Emergency Management Standards.

EMERGENCY MANAGEMENT PROGRAM

SCOPE AND OBJECTIVES

This plan applies to the RUHS MEDICAL CENTER Moreno Valley and Arlington Campus staff & physicians working at those locations. The EOP is an all-hazards plan to guide preparations, response, and recovery to emergencies and disasters, internal and external. It is supplemented by specific policies and procedures that are cited throughout the plan and by reference materials kept in the Hospital Incident Command Center (HICC). This plan incorporates the principles and elements of the National Incident Management System (NIMS) as defined by the NIMS Implementation Activities for Hospitals and Healthcare System elements (July 2008). NIMS have been adopted by the County of Riverside and the RUHS MEDICAL CENTER throughout the organization. (NIMS Implementation Element 1).

The goal of the EOP is to provide medical continuity of care in a safe and secure environment during an emergency. To achieve this goal in an uncertain and unpredictable environment, this plan is based on a comprehensive all hazards approach to emergency management. Incidents will be managed using the Hospital Incident Command System (HICS)/Homeland Security Exercise & Evaluation Program (HSEEP) and their associated forms, templates, Job Action Sheets, and Incident Response Guides.

The core of the EOP focuses on the six critical functions as identified by the Joint Commission to be major focus areas of emergency management activity. Those areas of focus include: communications, resources & asset management, safety and security, staff responsibilities, utility management, and patient and clinical support activities (EM 02.01.01). Additionally, the Hazard Vulnerability Analysis (HVA) identifies risk associated with those natural or man-made disaster possibilities within the geographical location and county in which the hospital is located. Emergency Management activities are targeted at preparation for those identified events and an annual evaluation and review of risk factors provides direction for exercises and drills. Sections within the Emergency Operations Manual are dedicated to the four phases of a disaster: mitigation, preparedness, response and recovery.

This EOP guides policies as they relate to the Emergency management Program. Departures from the EOP, in actual emergencies, are likely and are directed through the HICC as needed and directed, (CA Title 22 §70741 (a) 1).

PROMULGATION, REVIEW AND DISTRIBUTION

The plan is promulgated under the authority of The Environment of Care Committee and the Emergency Management Committee. Changes and revision of the EOP are reviewed at the Emergency Management Committee level and forwarded for review by the Environment of Care Committee. The EOP is forwarded to Executive Leadership for final review, approval and implementation through the Medical Executive Committee.

Executive Leadership and the Medical Executive Committee provide the program vision, leadership, support, and appropriate resources through the development, communication and institutionalizing of pertinent business fundamentals. The Chief Executive Officer (CEO) or designee receives regular reports on the activities of the Emergency Management Plan from the Environment of Care Committee through hospital committee reporting structures. The CEO or designee reviews reports and, as necessary, communicates concerns about key issues and regulatory compliance to the Assistant Hospital Administrator or designee who oversees disaster response. The CEO collaborates with the Assistant Hospital Administrator to establish operating and capital budgets for the EOP.

This plan is reviewed annually as part of the management process for this program. The goal of the annual review of the EOP is improvement of the overall emergency management capability and the review is overseen by the Emergency Management Committee, who represent a cross-section of leadership, clinical and operations support stakeholders and is approved by the Executive Leadership (See Authority & Signature page)(EM 03.01.01, EP2, CA Title 22 §70741(a)1).

The EOP is an evolving document based on best practices and lessons learned. Previous editions of the RUHS MEDICAL CENTER EOP are superseded by this document and should be destroyed. This plan is available electronically to RUHS-Medical Center employees via the RUHS-Medical Center Intranet. Changes and revisions to the EOP are posted by email as appropriate and are also found on the RUHS MEDICAL CENTER Intranet.

EMERGENCY MANAGEMENT COMMITTEE

In accordance with its administrative protocols, the Executive Leadership and the Medical Executive Committee provide the Emergency Management Committee with the authority to ensure that this plan is appropriately set forth and carried out. The administrative leadership is responsible to ensure the RUHS-Medical Center EOP is appropriately designed, implemented, tested, and maintained. The chairperson of the Emergency Management Committee is accountable for overall program coordination. The Emergency Management Committee monitors the ongoing program and provides a forum for consensus building, approvals, and recommendations for improvements and exercise planning.

The Emergency Management Committee meets bi-monthly to establish priorities for emergency management activities and to ensure readiness within the Medical Center. The Emergency Management Committee's responsibilities include:

- Strategic Planning.
- Ongoing hazard, threat and vulnerability risk assessment – Hazard Vulnerability Analysis (HVA).
- Developing and editing the EOP to ensuring program consistency with other healthcare organizations and response partners in the community.
- Defining the role of the facility in the communitywide emergency management program.
- Developing and editing policies, procedures and guidelines as needed to address hazards identified in the HVA. For each high risk hazard, the committee will also assess and recommend measures for mitigation, preparedness, response, and recovery.
- Ensuring departments have developed department specific procedures, that staff is trained in disaster roles and responsibilities and that staff participate in exercises and real events.
- Managing resources, space and supplies.
- Monitoring performance of the plan.
- Providing direction and oversight for emergency management accreditation and regulatory compliance activities.
- Developing and maintaining primary and alternate HICC.
- Identifying and implementing an Incident Command System. Ensuring that all employees have received appropriate training for their roles in the command system.
- Designing, implementing, and evaluating disaster exercises, drills, and tabletops, and ensuring that findings from these activities are corrected in a timely manner.
- Performing an annual review of the HVA, inventory of resources, assets, inventory processes and the Emergency Management Program's objectives and scope (EM 03.01.01, EP 2, EP 3 and CA Title 22 §70741(c)).

- Regular membership on the Emergency Management Committee includes representatives from key stakeholders representing patient care services (inpatient, outpatient), Pharmacy, Laboratory, Radiology, Medical Staff, Human Resources, Plant Operations, Materials Management/Purchasing, Environmental Services, Safety, Infection Control, Patient Safety Officer, and Nursing. Permanent and temporary subcommittees and/or task forces are formed to accomplish specific emergency management tasks as necessary.

Committee Membership (CA Title 22 §70741 (a)). The following departments are represented on the Emergency Management Committee:

Admitting
Business Office Communications
Correctional Health Systems
Emergency Department
Environmental Services
Fiscal Services
Food and Nutrition Services
Federal Qualified Health Centers
Human Resources
Infection Control
Information Services
Laboratory
Materials Services
Safety
Trauma Services

PLANNING ASSUMPTIONS

The Emergency Management Committee reviews the RUHS-Medical Center EOP, HVA and changes in regulations, social and political events, natural and human caused disasters, recommendations from exercise 'hot wash(s)' and critiques of conducted exercises to determine appropriate needs and changes to the existing plans. In collaboration with the County of Riverside and the City of Moreno Valley, the Emergency Management Committee discuss and evaluate operational improvements which would enhance the prevention, preparation, response and recovery of RUHS MEDICAL CENTER to emergencies. RUHS Medical Center.

departments, managers, and administrators submit recommendations to Executive Leadership and the Medical Executive Committee for review and approval (EM 01.01.01, EP 1 and EM 02.02.01, EP 1).

EXERCISING THE PLAN

The plan is tested in functional exercises at both RUHS MEDICAL CENTER Campuses, Moreno Valley and Arlington. Exercises are conducted at least twice a year at both RUHS MEDICAL CENTER sites, (CA Title 22 §70741(d)).

Exercises are structured on realistic scenarios drawn from the higher risk vulnerabilities identified in the HVA. These exercises incorporate likely disaster scenarios which allow the hospital to evaluate its handling of communications, resources, assets, security, staff, utilities and patients, (EM 03.01.03, EP 5 and EM.02.01.01, EP2). One of the planned exercises involves an influx of actual or simulated patients sufficient to stress the system. Another planned scenario involves escalating events when the City of Moreno Valley and the County of Riverside is unable to support the hospital, (EM 03.01.03, EP 3) RUHS MEDICAL CENTER has a defined role in the City of Moreno Valley and the County of Riverside community wide emergency management program and thus participates annually in a community with multiple responding partners and agencies. One of the functional exercises will be conducted in conjunction with exercises, usually the State of California and/or local community wide exercise but may be accomplished in a separate tabletop exercise, (EM 03.01.03, EP 4). Actual incidents are documented and substituted for drills where appropriate, (EM 03.01.03, EP 1; CA Title 22 §70741 (d)). The Hospital Incident Command System, or HICS, is activated and tested during the exercises, (NIMS Element 7, EM 03.01.03, EP 2).

Quarterly, California hospitals are required to conduct fire drills on each shift, (CA Title 22 §70743(c)). These drill results are shared with the Emergency Management Committee and the Environment of Care Committee.

Exercise evaluations are performed by non-participating staff who have the sole responsibility to monitor performance and document opportunities for improvement. (EM 03.01.03, EP 6). Exercise evaluation includes monitoring of exercise goals and the six key strategic areas below.

- Communication, including the effectiveness both internally and externally to local government, first responders, and other healthcare entities
- Resource mobilization and allocation, including responders, equipment, supplies, personal protective equipment, and transportation
- Safety and Security
- Staff roles and responsibilities

- Utility Systems
- Patient clinical and support care activities

Suggested Exercise Evaluation Metrics are based upon the HVA and the needs of the local community (EM 03.01.03, EP 7-12). Exercise analysis will be based on the monitored activities and controller/observer observations, as well as other means such as a 'hot wash' after action debriefing. The exercise critique, 'Hot Wash' or After-Action Report will include multi-disciplinary input from administration, clinical, physician, and support staff during a review at the Emergency Management Committee meeting. The exercise evaluation will also include an assessment of the effectiveness of improvements made in response to previous exercise evaluations. Real world emergencies and exercises will be critiqued to identify deficiencies and opportunities for improvement. (EM 03.01.03, EP 13-14). All after-action reports and corrective action plans will be reported to the EOC Committee.

The Exercise After-Action Report, 'Hot Wash' findings will be used to develop a Corrective Action Plan to improve the RUHS MEDICAL CENTER EOP and emergency management program (EM 03.01.03, EP 16). The strengths and weaknesses identified during the exercise are communicated first to the Emergency Management Committee, then to the Environment of Care Committee. All activities undertaken to remedy findings and improve the program will be tracked by the Emergency Management Committee (EM 03.01.03, EP 15). EOP Modifications and exercise deficiencies are tested in the next exercise (EM 03.01.03, EP 17)

CONCEPT OF OPERATIONS

COMMUNITY ENVIRONMENT AND COLLABORATION

RUHS-Medical Center is located in northwestern Riverside County, approximately sixty miles east of downtown Los Angeles, and thirty-five miles west of Palm Springs, California. The City of Moreno Valley is surrounded by the Cities of Riverside and Perris, March Air Reserve Base, Lake Perris and the unoccupied land mass known locally as the Badlands. The City of Moreno valley encompasses approximately 50 square miles with an elevation of 1,650 feet above sea level. The City of Moreno Valley is situated along two major freeways; State Route 60 which connects directly to the Los Angeles metropolitan area and Interstate 215 which connects the Cities of Riverside and San Bernardino with the City of San Diego.

The RUHS-Medical Center EOP includes a broad range of large-scale emergencies and disasters that could potentially impact our community. These disasters are identified within the City of Moreno Valley Emergency Operations Plan and include but are not limited to:

- Major Earthquakes
- Wild fire
- Hazardous Materials Releases
- Flooding
- Dam Failure
- Transportation Emergencies
- Civil Unrest
- Power Outages
- Terrorism
- Public Health Emergencies
- Incidents involving the release of Radioactive Materials

The RUHS Medical Center Emergency Management Committee Chair or designee is a member of the Western Riverside Emergency Council (WREC). The WREC Council consists of local hospitals, cities, county, and state agencies who meet on a monthly basis to prepare, plan, and effectively respond to an emergency. The anticipated role of RUHS Medical Center is to function as a Level II Trauma care facility capable of effectively treating many levels of injuries and/or illnesses. This role may be reduced if environmental circumstances affect the integrity of the campus or the utility systems essential to providing care. As an agency of Riverside County, RUHS Medical Center operates and works in cooperation with the Riverside County Department of Public Health. This association provides for mutual support with Riverside County agencies. The City of Moreno Valley Office of Emergency Operations confers and enters into operational drills with RUHS MEDICAL CENTER annually. As a member of the Medical and Health Operational Area Coordinator (MHOAC) the Emergency Management Committee Chair or designee representing RUHS Medical Center discusses and promotes the collaboration of disaster planning with the Emergency Managers and Planners from other medical facilities within Riverside County. RUHS Medical Center is also represented at the Riverside County Bio-Terrorism Advisory Committee which is a group of interested communities, medical providers, private interests and the community.

During mitigation, preparedness, response, and recovery operations RUHS MEDICAL CENTER coordinates with external response partners including the Riverside County Office of Emergency Services (Under the direction of the Riverside County Fire Department/CAL FIRE), Riverside County Sheriff's Department which provides physical protection for

RUHS MEDICAL CENTER and the Greater Los Angeles Federal Executive Board Disaster Preparedness and Recovery Group.

EXTENDED PREPAREDNESS

RUHS Medical Center has evaluated its ability to continue operations without community support for 96 hours. Emergency preparedness is advanced, in part, by local, state and federal preparedness grants. This includes grants from the Department of Health and Human Services – Health Resources and Services Administration (HRSA). Funds received from the

Items	Current amount at facility	Consumption Rate	Operating Duration	Measures to Reduce Consumption	Additional options to last after 96 hours
Potable Water	144 Cases	1 gallon / Person	96 hours	Discharge Patients	Delivery from
Food for Patients	Standard inventory	3 Meals / Day	96 hours	Serve 2 meals per day	Delivery from suppliers
Food for Staff	Standard inventory	2 Meals / Day	96 hours	Serve 1 meals per day	Delivery from suppliers
Diesel	10,000 Gallons	200 Gal/Hr	48 hours	Reduce electrical usage	Relocate patients
Gasoline	50 Gallons	1 Gal/Hr	1.9 Days	Reduce electrical usage	Order additional fuel
Linen	3200	1.5 lbs. Patient/Day	3-5 Days	Discharge Patients	Change linen as required
N-95 Masks	600 Box's	10 Box's/Day	8-10 Days	Discharge Patients	Use PAPR
Gloves	5400 Box's	193 Box's/Day	8-10 Days	Discharge Patients	Delivery from
Hand Soap	35 Cases	5 cases / Day	8 – 10 Days	Discharge patients	Delivery from
Hand Sanitizer	35 Cases	5 cases / Day	8 – 10 Days	Discharge patients	Delivery from
Mechanical Ventilators	67	48	1 – 2 Days	Transfer patients	Discharge patients

Hospital Preparedness Program have been used to enhance the emergency management program in accordance with NIMS principals (NIMS Element 2). The following table identifies strategies and vulnerabilities for continuity of operations for specific critical supplies and issues: (EM 02.01.01, EP 2-3, CA Title 22 §70741 (b) 1).

Critical Supplies and Strategies for Extension

The information in the above table follows an all-hazards approach, and just-in-time adjustments may be necessary according to the scenario and challenges present.

Strategies to address supply, staff or space shortages:

- ❖ Rationing of existing resources
- ❖ Canceling elective surgeries
- ❖ Canceling appointments in non-critical departments and redirecting resources
- ❖ Canceling all appointments and redirecting resources
- ❖ Assessment and discharge of qualified inpatients by physician staff with nursing staff assistance
- ❖ Modification of admission and discharge policies and procedures by physician and nursing staff
- ❖ Requesting Emergency Department ambulance diversion
- ❖ Using non-critical services area locations for critical services provision
- ❖ Partial Evacuation of facility
- ❖ Full Evacuation of facility

HAZARD VULNERABILITY ASSESSMENT

The Emergency Management Committee conducts an annual written HVA to identify potential man-made and natural emergencies that could affect demand for services or ability to provide those services, the likelihood of those events occurring, and the consequences of those events. (EM 01.01.01, EP2, EM 03.01.01, EP 1). The HVA identifies the greatest vulnerabilities for use in decision-making and allocating resources for planning and mitigation projects based on the probability of occurrence, the magnitude or severity of consequences, and the overall level of preparedness. The HVA is shared with other area hospitals and the local Operational area during meetings of the Western Riverside Emergency Council. The HVA is part of the RUHS Medical Center Emergency Operations Manual and is located as section EM 1002 and is maintained on the RUHS Medical Center intranet and the Shared P Drive in the Safety folder.

Identified hazards from the HVA are prioritized with community partners to assure reasonable collaboration in planning and response (EM 01.01.01 EP3). In concert with this activity, the Medical Center's needs and vulnerabilities are communicated to the community and capabilities within the local community to meet needs assessed and are

reviewed by the local community during the WREC meetings and during exercise planning with the community. (EM 01.01.01, EP4).

The HVA is used by the Emergency Management Committee as a basis for defining mitigation, preparedness and response activities for identified hazards within the Medical Center's ability to affect change (EM 01.01.01, EP 5, EP 6).

A score or hazard rating "percentage" is established to determine the order of impact on Hospital operations and provides a focus for resources and efforts to prepare for those emergency events. The following are events identified as priority impact:

**RIVERSIDE UNIVERSITY HEALTH SYSTEMS MEDICAL CENTER
Hazardous Event Overall Ranking**

Rank	Hazard	Risk Score
1	Code Orange Bomb Threat	6.00
2	Cyber Attack	6.00
3	Code Silver- Active Shooter	3.94
4	Earthquake	3.00
5	Fire	3.00
6	Gas Leak	2.81
7	Terrorism	2.25
8	Water Pipe Break	2.25
9	CBRN Attack (Chemical,Biological, Radiological, Nucler)	2.00
10	Water Supply Disruption/Contamination	1.50

**ARLINGTON CAMPUS
Hazard Event Overall Ranking**

Rank	Hazard	Risk Score
1	Earthquake	7.5
2	Code Orange- Bomb Threat	7.5
3	Communication Failure	6
4	Terrorism	6
5	Code Silver- Active Shooter	6
6	Hostage/ Barricade	6
7	Wildland Fire	5.625
8	Civil Disturbance	5.25
9	Cyber Attack	4.5
10	Extreme Weather	3.375

**RUHS MEDICAL CENTER
HAZARD VULNERABILITY ASSESSMENT- Hazardous Events**

HAZARD	PROBABILITY	SEVERITY	HEALTH SYSTEM IMPACT			MITIGATION CAPACITY		RISK SCORE
			HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	INTERNAL RESPONSE	EXTERNAL RESPONSE	
			Possibility of death or injury	Physical losses and damages	Interruption of services	Time, effectiveness, resources	Community Mutual Aid, Staff and supplies	
	Improbable: 0 Remote: 1 Occasional: 2 Probable: 3 Frequent: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Low: 1 Moderate: 2 High: 3 Extreme: 4	NA: 0 Low: 1 Moderate: 2 High: 3 Extreme: 4	
Civil Disturbance	1	2	1	2	2	2	3	0.00
Extreme Weather	3	2	2	2	2	2	2	0.75
Communication Failure	2	3	1	3	3	2	3	0.75
CBRN Attack (Chem, Bio, Radio, Nuc.)	1	4	4	3	4	1	2	2.00
Drought	3	3	2	2	2	2	2	1.13
Water Supply Disruption/Contamination	2	3	2	3	3	2	2	1.50
Jail/ Prison Event	1	2	1	1	2	4	4	-0.50
Flooding	3	3	2	3	2	2	3	1.13
Insect Infestation	3	2	2	2	2	2	2	0.75
Landslide	3	2	1	1	1	2	2	-0.38
Tornado	1	2	2	3	3	1	2	0.63
Earthquake	2	4	4	3	3	2	2	3.00
Fire	4	3	3	3	3	2	3	3.00
Hazardous Material Spill	3	3	3	2	2	2	3	1.13
Gas Leak	3	3	3	2	3	1	2	2.81
Emergent Disease/ Contamination	3	2	3	2	3	2	2	1.50
Terrorism	1	4	3	4	4	1	1	2.25
Water Pipe Break	4	3	2	3	3	2	3	2.25
Code Orange- Bomb Threat	3	4	4	4	3	1	2	0.00
Work Stoppage	1	3	1	1	3	2	2	0.19
Epidemic	3	2	2	2	2	2	2	0.75
Heat/ Humidity	4	3	2	2	2	2	2	1.50
Cyber Attack	3	4	3	3	4	1	1	0.00
Code Silver- Active Shooter	3	3	4	3	4	1	3	3.94
Mass Casualty Incident	2	3	3	2	2	3	1	1.13
Hostage/ Barricade	1	3	2	2	4	1	1	1.13

**ARLINGTON CAMPUS
HAZARD VULNERABILITY ASSESSMENT**

HAZARD	PROBABILITY	SEVERITY	HEALTH SYSTEM IMPACT			MITIGATION CAPACITY		RISK SCORE
			HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	INTERNAL RESPONSE	EXTERNAL RESPONSE	
			Possibility of death or injury	Physical Losses and damages	Interruption of services	Time, effectiveness, resources	Community Mutual Aid, Staff and Supplies	
	Improbable: 0 Remote: 1 Occasional: 2 Probable: 3 Frequent: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Negligible: 1 Marginal: 2 Critical: 3 Catastrophic: 4	NA: 0 Low: 1 Moderate: 2 High: 3 Extreme: 4	NA: 0 Low: 1 Moderate: 2 High: 3 Extreme: 4	
Civil Disturbance	4	3	3	2	4	1	1	5.25
Extreme Weather	2	3	3	4	4	1	1	3.38
Communication Failure	3	4	3	3	4	1	1	6.00
CBRN Attack (Chem, Bio, Radio, Nuc.)	1	4	4	4	4	1	1	2.50
Drought	4	2	2	1	2	3	2	-1.00
Water Supply Disruption/Contamination	1	3	3	1	3	3	4	0.00
Jail/ Prison Event	1	2	2	1	2	2	4	-0.13
Flooding	2	2	2	1	1	3	4	-0.75
Insect Infestation	1	2	1	1	3	1	1	0.38
Landslide	1	2	2	2	2	2	1	0.13
Tornado	2	2	2	4	4	1	3	3.38
Earthquake	3	4	4	4	4	1	4	7.50
Fire	2	4	4	1	4	1	4	-0.75
Hazardous Material Spill	3	3	3	3	3	3	3	0.75
Gas Leak	0	0	0	0	0	0	0	0.00
Emergent Disease/ Contamination	0	0	0	0	0	0	0	0.00
Terrorism	2	4	4	2	4	1	1	6.00
Water Pipe Break	1	3	2	1	3	4	4	-0.75
Work Stoppage	1	3	3	2	2	3	2	0.375
Epidemic	3	3	3	0	4	1	1	2.8125
Heat/ Humidity	2	3	1	1	1	3	4	-1.50
Cyber Attack	3	4	3	1	4	1	1	4.50
Code Silver- Active Shooter	3	4	4	2	4	1	1	6.00
Mass Casualty Incident	1	3	3	0	3	1	1	0.75
Code Orange- Bomb Threat	3	4	4	4	4	1	1	7.50
Hostage/ Barricade	3	4	3	3	4	1	1	6.00
Wildland Fire	3	3	4	4	4	1	1	5.625

ALERT, NOTIFICATION, AND ACTIVATION

RUHS Medical Center may receive notice of impending crisis through several means including the County EMS system, the City of Moreno Valley, from other community hospitals, or the media. There may be no notice in the case of a mass casualties self-presenting to the Emergency Department.

INTERNAL RUHS MEDICAL CENTER ACTIVATION CRITERIA

- Internal emergency or event resulting in damage or loss of essential functions to any portion of the Medical Center or medical offices.
- Any emergency or event requiring the sustained significant commitment of RUHS Medical Center or local community resources to control or minimize damages.
- Internal or external emergency necessitating evacuation.
- An extraordinary threat to life, health or property, impacting a widespread population or geographic area
- Other local hospital or Riverside County agencies requesting support.

The following administrative personnel are authorized to activate the emergency response plan.

- Hospital Administration
- Administrator-On-Call
- House Supervisor
- Chief of Plant Operations
- Safety Officer

The EOP and the Emergency Operations Manual states the process for implementation of the RUHS Medical Center response to an emergency situation or disaster. The description includes the command structure for the plan, the conditions or criteria requiring activation of the plan, and the individual(s) responsible for implementation of the plan. The simplest implementation procedure to immediately activate the EOP is the audible announcement of "CODE TRIAGE".

More complex response procedures involving activation of the HICC and staffing of Command and General Staff positions under the HICS system are addressed in the Emergency Operations Manual. HICS positions will be filled as required for most emergencies, including major utility failures and community-based emergencies. (EM 02.01.01 EP 5-6, CA Title 22 §70741 (b) 2))

The Incident Commander is responsible for initiating the recovery and deactivation of

emergency response. After normal hours of operation the House Supervisor will assume the role of incident Commander until relieved. (EM 02.01.01 EP 6)

If the hospital experiences an actual emergency, the hospital implements its response procedures related to care, treatment and services for its patients. (EM 02.01.01 EP 8)

Calling 'Code Triage' will result in pre-planned notifications to RUHS Medical Center leadership and staff. Staff is notified of plan implementation in several ways. Telephone trees, audible page announcing 'Code triage', hard wired telephones, pagers, cellular telephones, facsimile and the LiveProcess system. All of these methods may be used as a means of communication to notify staff that is away from the medical facility. (EM.02.02.01, EP 2) (CA Title 22 §70741 (b) 2)

Local agencies play a role in managing an emergency. RUHS Medical Center maintains a current list of agencies and key contacts for various kinds of emergency situations. Contacts on the list include Moreno Valley Police Department, Riverside County Fire Department, Office of Emergency Services, Riverside County Emergency Medical Services, Riverside County Bioterrorism and Response Branch, and the American Red Cross. The Incident Commander, or designee, notifies agencies as appropriate as soon as possible after an emergency response is initiated. Notifications may be made by hard telephone, cellular telephone, 700 MHz radio, email, satellite telephone, the RACES radio system or by runner in a vehicle. The Sheriff's representative assigned to RUHS Medical Center may use their 800 MHz radio system as communications with community agencies. If the situation impacts patient care, a call to the Riverside County Department of Public Health Office during normal hours of operation at (951) 358-7100 or (951) 358-5029 and after normal business hours on weekends and holidays at (951) 782-2977. (Title 22 §70746 (b)).

The following template of contacts is a suggested list for the Liaison Officer Job Action Sheet.

Contact Agency	Phone Number	Facsimile Number
California Department of Public Health	(916) 558-1784	
California Dept. of Health Care Services	(916) 445-4171	
Riverside County Emergency Medical Svcs.	(951) 358-5029 or (951) 782-2977	(951) 955-8940
Riverside County Public Health	(951) 358-5124	(951) 358-4529
Riverside County Coroner's Office	(951) 443-2300	(951) 443-2303
Law Enforcement	(951) 906-9634	
Fire Department	(800) 228-9645	
911 Dispatch outside line	(951) 776-1099	
City of Moreno Valley EOC	(951) 413-3834	(951) 413-3819
Riverside County EOC 'Riverside'	(951) 955-4700	(951) 955-8940
Riverside County EOC 'Indio'	(760) 863-8318 / (760) 863-7432	(760) 863-8882
Moreno Valley Community / KP Hospital	(951) 243-0811	
KP HCM 24/7 Notification	(800) 311-2113	

Arrowhead Regional Medical Center	(909) 580-1000	
Southern California Edison (Electricity)	(800) 698-0400 / (800) 611-1911	
Southern California Gas Company	(800) 427-2000	
Eastern Municipal Water District	(800) 698-0400	(951) 928-6177
California Poison Control System	(800) 876-4766	
American Red Cross	(951) 328-0013	

INCIDENT COMMAND STRUCTURE AND COMMAND CENTER

The organizational and management framework used to execute an actual disaster response is the Hospital Incident Command System (HICS), which is consistent with the Incident Command System used in the community and incorporates Incident Action Planning processes (EM 01.01.01, EP 7) (NIMS Elements 11, 12 and CA Title 22 §70741 (b) 3). HICS emergency management and communications functions will be managed from the RUHS Medical Center HICC located on the 1st Floor in Conference A. Should the primary command center become unusable, an alternate has been selected and equipped and is located at the House Supervisor's Office on the 1st floor. The command center is provided with emergency power, has multiple means of communication including Radio Amateur Civil Emergency Service (RACES) Radio Network, 700 MHz radio system connecting other hospitals and the Riverside County Department of Public Health.

The HICS System, which incorporates the principles of ICS and NIMS, for managing emergencies in healthcare, is summarized below. Complete HICS system documentation, all forms, job action sheets, incident response guides, etc. are on file and readily available in the primary and alternate command centers.

Incident Commander

Organize and direct the Medical Center Command Center. Give overall strategic direction for hospital incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

Command Staff

Conduct safety and information management activities. Command Staff include the Public Information Officer (PIO), Safety Officer and Liaison Officer.

Operations Section

Conduct tactical operations, develop the tactical objectives and organization, direct all tactical resources, and carry out the mission and Incident Action Plan.

Planning Section

Collect, evaluate, and disseminate incident action information and intelligence, maintain documentation for incident records and plan for demobilization.

Logistics Section

Provide support to other Sections, acquire resources from internal and external sources to meet the operational objectives and ensure assigned personnel are fed and have communications, medical support, and transportation.

Finance/Administration Section

Manage costs and losses related to the incident and provide accounting, procurement, cost analysis, claims/compensation and time recording services

Upon activation of the HICC, staff notifications will be made via public address, or LiveProcess. The assigned staff will report as follows: (EM 02.02.07, EP 4)

- Command and general staff with pre-assigned roles will report to the Incident Commander when 'Code Triage' is called (CA Title 22 §70741 (b) 3, 9))
- The Incident Commander will assign other available staff to fill any unassigned roles, as needed to manage the event, from available Medical Center staff, normally drawing first from the Labor Pool.
- Clinical staff will continue patient care while checking their assigned patients, staff, visitors in the area, their departmental areas, equipment, and utilities and report any damage or injuries to the command center
- Physicians will continue their duties until otherwise assigned by respective Chiefs of Service or the Medical Director.
- Specific emergency response procedures are identified within the Emergency Operations Manual.

The following HICS assignments have been pre-designated:

HICS POSITION	PRIMARY HOSPITAL POSITION
HOSPITAL COMMAND CENTER POSITIONS	
Incident Commander (EM1005.2)	RUHS Medical Center Director / CEO /Associate Administrator, COO
Public Information Officer (EM1005.3)	Public Relations Coordinator
Safety Officer (EM1005.4)	Hospital Safety Officer
Liaison Officer (EM1005.5)	As assigned, Hospital Administration
Medical/Technical Specialist- Biological/Infectious Disease (EM1005.6)	Chief, Infection Control
Medical/Technical Specialist-Chemical (EM1005.6.1)	As assigned
Medical/Technical Specialist-Radiological (EM1005.6.2)	Radiation Safety Officer
Medical/Technical Specialist-Clinic Administration (EM1005.6.3)	Incident Specific
Medical/Technical Specialist-Hospital Administration (EM1005.6.4)	Hospital Administration

Medical/Technical Specialist-Legal Affairs (EM1005.6.5)	Deputy County Counsel
Medical/Technical Specialist-Risk Management (EM1005.6.6)	Safety, Risk Management Department
Medical/Technical Specialist-Medical Staff (EM1005.6.7)	Chief of Medicine
Medical/Technical Specialist-Pediatric Care (EM1005.6.8)	Chief of Pediatrics
Medical/Technical Specialist-Medical Ethicist (EM1005.6.9)	As assigned
OPERATIONS SECTION	
Operations Section Chief (EM1005.7)	Chief Nursing Officer
Staging Manager (EM1005.8)	Transportation Department
Personnel Staging Team Leader (EM1005.8.1)	Human Resources
Vehicle Staging Team Leader (EM1005.8.2)	Transportation Department
Equipment/Supply Staging Team Leader	Materials Management

(EM1005.8.3)	
Medication Staging Team Leader (EM1005.8.4)	Pharmacy Department
Medical Care Branch Director (EM1005.9)	Chief Nursing Officer
Inpatient Unit Leader (EM1005.10)	House Supervisor
Outpatient Unit Leader (EM1005.11)	Supervising Clinic Site Manager
Casualty Care Unit Leader (EM1005.12)	Nurse Manager, Emergency Department
Mental Health Unit Leader (EM1005.13)	Chief, Psychiatric Services
Clinical Support Services Unit Leader (EM1005.14)	Rehabilitative Services Department Manager
Patient Registration Unit Leader (EM1005.15)	Admitting Department
Infrastructure Branch Director (EM1005.16)	Plant Operations
Power Lighting Unit Leader (EM1005.17)	Plant Operations / Electric Shop
Water/Sewer Unit Leader (EM1005.18)	Plant Operations / Plumbing
HVAC Unit Leader (EM1005.19)	Plant operations / Refrigeration Shop
Building/Grounds Damage Unit Leader (EM1005.20)	Building Maintenance Supervisor
Medical Gases Unit Leader (EM1005.21)	Plant Operations
Medical Devices Unit Leader (EM1005.22)	Bio-Medical Maintenance
Environmental Services Unit Leader (EM1005.23)	Environmental Services Manager
Food Services Unit Leader (EM1005.24)	Food & Nutrition Manager
Hazardous Materials Branch Director (EM1005.25)	Environmental Services Manager
Detection and Monitoring Unit Leader (EM1005.26)	Moreno Valley Police Department

Spill Response Unit Leader (EM1005.27)	As assigned/Environmental Services
Victim Decontamination Unit Leader (EM1005.28)	Safety Office / Emergency Department
Facility/Equipment Decontamination Unit Leader (EM1005.29)	Safety Office / Emergency Department
Security Branch Director (EM1005.30)	Moreno Valley Police Department
Access Control Unit Leader (EM1005.31)	Moreno Valley Police Department
Crowd Control Unit Leader (EM1005.32)	Moreno Valley Police Department
Traffic Control Unit Leader (EM1005.33)	Moreno Valley Police Department
Search Unit Leader (EM1005.34)	Moreno Valley Police Department
Law Enforcement Interface Unit Leader (EM1005.35)	Moreno Valley Police Department
Business Continuity Branch Director (EM1005.36)	Purchasing Department
Information Technology Unit Leader (EM1005.37)	Information Services Manager
Service Continuity Unit Leader (EM1005.38)	As Assigned
Records Preservation Unit Leader	Medical records

(EM1005.39)	
Business Function Relocation Unit Leader (EM1005.40)	Business office

PLANNING SECTION

Planning Section Chief (EM1005.41)	As assigned/Hospital Administration
Resources Unit Leader (EM1005.42)	As assigned/Hospital Administration
Personnel Tracking Manager (EM1005.42.1)	As assigned/Hospital Administration
Material Tracking Manager (EM1005.42.2)	Materials Management Manager
Situation Unit Leader (EM1005.43)	Manager Care Director
Patient Tracking Manager (EM1005.43.1)	Hospital Admission Supervisor
Bed Tracking Manager (EM1005.43.2)	Hospital Admission Supervisor
Documentation Unit Leader (EM1005.44)	Business Office
Demobilization Unit Leader (EM1005.45)	As Assigned

LOGISTICS SECTION

Logistics Chief (EM1005.46)	As assigned/Hospital Administration
Service Branch Director (EM1005.47)	Chief Medical Material/Senior Administrative Services Manager II
Communications Unit Leader (EM1005.47.1)	Information Services Manager
Information Technology/Information Services Unit Leader (EM1005.47.2)	Communications Manager
Staff Food & Water Unit Leader (EM1005.47.3)	Food & Nutrition Manager

Support Branch Director (EM1005.48)	Patient & Family Services Director
Employee Health & Well-Being Unit Leader (EM1005.48.1)	Sr. HR Analyst
Family Care Unit Leader (EM1005.48.2)	Agency Education Services Director
Supply Unit Leader (EM1005.48.3)	Materials Management
Facilities Unit Leader (EM1005.48.4)	As assigned/Chief of Plant Operations
Transportation Unit Leader (EM1005.48.5)	Transportation Supervisor
Labor Pool & Credentialing Unit Leader (EM1005.48.6)	Human Resources Team Leader
FINANCE/ADMINISTRATION SECTION	
Finance/Administration Section Chief (EM1005.49)	Chief Financial Officer
Time Unit Leader (EM1005.50)	Human Resources Analyst
Procurement Unit Leader (EM1005.51)	Purchasing Manager
Compensation/Claims Unit Leader (EM1005.52)	Human Resources
Cost Unit Leader (EM1005.53)	Senior Accountant

DEMOBILIZATION AND DEACTIVATION

As the threats and risk posed by an incident ease, the HICC staff will incorporate more business continuity plans into actions and decisions. RUHS Medical Center has established a continuity of business plan to provide a means to recover from a disaster and restore operations and provide quality medical care.

Appropriate staff and support members should be retained to insure restoration and recovery are accomplished but as the situation evolves consideration will be given to de-escalation of the HICS staffing required. When the scope and timeliness of emergency response needed decreases, the command center will be deactivated and the Code secured. Decisions to deescalate, then eventually to deactivate, the command center and close the Code will be made by the Incident Commander, under the strategic guidance of senior leadership.

RECOVERY

Considerations of the most efficient and timely recovery to normal operations will begin early in the emergency response, guided by the nature of the incident and existing Recovery Plans should be coordinated with the existing Emergency Operations Manual. As the incident evolves, the Business Continuity Branch in HICS will be activated to provide appropriate attention to this activity. Recovery strategies are currently being developed and will be located within the Business Continuity Management section of the EOP (EM 02.01.01, EP 4).

EVALUATION AND AFTER ACTION REPORTING

Normally an incident de-briefing or "Hot Wash" will be held as soon as possible to capture observations, lessons learned and recommendations for improvement and documented in an After Action Report. The de-briefing should encompass all elements of the organization - physicians, nursing staff and leadership, outpatient clinical departments, support services such as EVS, Security, Materials Management, Plant Operations, Clinical Technology, Safety, etc. Valuable feedback can also come from non-RUHS Medical Center entities who may have been involved such as HAM radio (RACES), vendors, County Emergency Medical Services, ambulance providers, etc. Evaluator(s) should be present and provide a synopsis of their observations. This review will be condensed and presented to the Emergency Management Committee for review. A final report will be submitted to Executive Management for review. All relevant information from the evaluation and debriefing will be included in an After Action Report, which includes a Corrective Action Plan outlining all identified areas for improvement and strategies for implementation. The After Action Report will be presented to the Emergency Management Committee, and relevant information will be passed along to leadership. Please see the preceding "Emergency Management Committee" section for more information.

ALL HAZARDS" PLANS FOR THE SIX CRITICAL AREAS

COMMUNICATIONS AND COMMUNICATIONS PLAN

Plans for notification of staff when a disaster code is called are described above in the "INCIDENT COMMAND STRUCTURE AND COMMAND CENTER" section (EM 02.02.01, EP 1).

Plans below are developed in accordance with EM 02.02.01.EP17.

Plans for ongoing internal communications to provide both instructions and general information to staff and physicians are critical to effective response. The HICC Public Information Officer (PIO) is responsible for managing these communications. Methods used, depending on the circumstances of the event may include the broad dissemination emails, internet and intranet website, telephone number for updates, broadcast voicemail alerts, posters and flyers, "town hall" meetings with each shift, messages for department managers to communicate, and external media announcements for TV and radio regarding building closures and alternate work sites. (EM 02.02.01, EP 2) (NIMS Elements 10, 13, 14).

Key incident communications use plain English and clear text by all staff during emergencies, especially in the HICC. Written and verbal communications will avoid jargon and be in English. (NIMS Element 9)

The HICC Liaison Officer is responsible for managing notifications and ongoing communications with external authorities such as the Riverside County Emergency Medical Services, Riverside County Public Health Officer or Riverside County Office of Emergency Services and the City of Moreno Valley. Notification with external authorities will be conducted through telephones, cellular telephones, email, 800 MHz radio, facsimile communications, satellite telephone and armature radio (EM 02.02.01, EP 3). The scope for these communications includes coordination with other Riverside County facilities and medical providers within the community. Ongoing notification will be provided to the City of Moreno Valley Operations Center and the Riverside County Emergency Operations Center (EM 02.02.01, EP 4).

The HICC is responsible for managing communications with patients and families during emergencies, which is supported by the HICC PIO. The scope of this responsibility includes notification of patient relocation to alternate sites. RUHS Medical Center will present information on the external RUHS Medical Center web site, to local news agencies, in local newspapers, through a telephone 'Hot Line,' the Riverside County Department of Public Health and other medical facilities via ReddiNet and, when necessary, the Emergency Broadcast Network. Locations for media briefings will be identified by the size and scope of the incident. Available classrooms will be considered along with the clinic entrance to the facility, (EM 02.02.01, EP 5).

Multiple alternate communications are critical as it is likely that one or more normal communication systems may be congested or unavailable at periods through a crisis. HICC staff will track the operability and appropriate use of the primary and backup systems available including: (EM 02.02.01, EP 14)

- Public telephones
- Hard wired telephone system
- Internal installed Medical Center intercom systems
- Internal Riverside County web sites and systems
- External web site (LiveProcess)
- Internal Medical Center portable radio or push-to-talk cellular telephone systems
- Staff personal cellular telephones
- County radio and web-based communication, bed tracking, and status systems
- Amateur radio (RACES) systems and volunteer operators
- Interoffice and other courier-based systems
- Physical delivery of messages or flyers by runner or vehicle to remote sites
- External media, such as radio and television.
- Facsimile machines
- Satellite phones

- Riverside County 700 MHz radio system
- Riverside County fire department VHF radio system
- Riverside County Sheriff 800 MHz system

The circumstances and plans for communicating with the community and the media during emergencies are defined in Public Information Department policies and guidance, and coordinated with the Joint Information Center / Public Affairs Office. As the incident dictates a Joint Operations Center will be established with the interested stakeholders. Communications will be established with hardline and cellular telephones, internet web sites, e-mail and facsimile transmissions. If a representative is necessary, one will be dispatched from RUHS Medical Center and will staff a position within the Joint Operations Center. The policies and guidance when releasing information to the media may be located within RUHS Medical Center Policy Number 109, RUHS Medical Center Administrative Policies and Procedures – Media Contacts and Release of Information. Additional guidance may be obtained directly from the Public Affairs office at (951) 486-4468. (EM 02.02.01, EP 6)

Materials Management/Purchasing, Supply Services and Plant Operations have developed plans for communicating with vendors of essential supplies, services, and equipment in an emergency, including contact lists, and where needed, stand-by contracts. Communications between vendors will be conducted via web on their individual web sites, email, cellular telephones, facsimile machines, hard line telephones and satellite telephone. Each department should retain a list of specific vendors with contact information. The two primary suppliers are Angelica Linen (323) 394-7137 and Professional Hospital Supply PHS (951) 529-4073, (EM 02.02.01, EP 7).

The HICC plans for communicating with other healthcare organizations in the area will be conducted via telephone, cellular telephones, satellite telephones, the 800 MHz Riverside County Radio System. LiveProcess and the ReddiNet System. (EM 02.02.01, EP 8-11). Information to share includes but is not limited to:

- Emergency management staff contact lists
- Resources and assets which can be shared between Healthcare facilities
- Hospital Command Center information including roles, staff and phone numbers in HICC

Communication contact numbers and other emergency related documents are kept in the Hospital Command Center. Further, these communications are practiced with every drill exercise (internal community-wide or Statewide) as one of the critical areas of focus.

Guidance has been developed for communicating patient information to third parties (other

healthcare organizations, local and state government, law enforcement) and the Utilization Review, Compliance, or Accreditation, Regulation and Licensing normally manage these processes during an emergency. Coordination will be conducted with the Emergency Management Coordinator. (EM 02.02.01, EP 12)

RESOURCE AND ASSET MANAGEMENT

Many of the plans described below involve steps of mitigation and preparedness (to include written policies, procedures, plans, training, and practice using plans during exercises), (EM 02.02.03, EP 12).

A written inventory of on-site critical response resources has been developed and is reviewed annually. It is kept on file as part of the Emergency Operations Plan within the HICC and also maintained electronically on the RUHS Medical Center Intranet. The inventory is established by the Emergency Department, Materials Management/Purchasing and Plant Operations. This inventory is identified as Appendix A: Emergency Management Supplies and is reviewed annually and presented to the Emergency Management Committee, (EM 01.01.01, EP 8).

During an emergency the Logistics Chief will manage and monitor the inventory of these assets, in accordance with the HICS system, (EM 02.02.03 EP 6).

Plans have been developed by Materials Management/Purchasing, Plant Operations, Food Services, Pharmacy, and others as needed to ensure the capability to obtain medical, non-medical, equipment, and pharmaceutical supplies at the onset of an emergency and for replenishment of all three as needed. The plan includes staff personal protective equipment and access and distribution of pharmaceutical caches. The Riverside County Department of Public Health maintains a central pharmaceutical cache and distributes this cache to RUHS Medical Center when necessary. Contracts with vendors for the provision of supply services, engineering supplies, food and materials in an emergency are within the contracts for non-emergency supplies. (EM 02.02.03, EP 1-3)

Through regular community-wide meetings procedures have been established to potentially share resources and assets through the community under the California Mutual Aid System (managed and coordinated by the Riverside County Operational Area, Moreno Valley and Riverside County Emergency Operations Center. This system would be used to share assets and resources outside the local community during long term disasters, and depending on the crisis may be coordinated by the County for support to other California counties. (EM 02.02.03, EP 5)

RUHS Medical Center does acquire and maintain response equipment, communications, and data systems that are interoperable with other community response partners to enhance response and recovery. The Medical Center will strive to collaborate with community healthcare providers, private and public agencies when making future response purchases for interoperability. (NIMS Element 8)

Should the RUHS Medical Center Hospital environment become unable to support care, treatment or services, a partial or total evacuation will be ordered, organized and directed by Hospital Incident Command. The facility will implement Emergency Operations Manual EM 1017 Evacuation. In the event of an evacuation, patients being moved off campus will travel with their clinical records, patient care equipment, and medications to the alternate care site. They will normally be accompanied by the nursing staff who provided care at the originating care site, as they are most familiar with their clinical treatment plan. Patients will be transported by ambulance providers, Riverside County vehicles and commercial vehicles. (EM 02.02.03, EP 9-10) If the facility does not have transportation assets mutual aid from the City of Moreno Valley Emergency Operations Center, the Operational Area, local emergency medical services, other healthcare organizations, local transportations assets and others will be requested and coordinated through the HICC, the Moreno Valley Operations Center and the Riverside County Operations Center.

SAFETY AND SECURITY

Many of the plans described below involve steps of mitigation and preparedness (to include written policies, procedures, plans, training, and practice using plans during exercises) (EM 02.02.05, EP 10).

Staff, physician, volunteer, patient, and visitor safety is paramount in an emergency response and the HICS staff positions for Security Branch Director will manage this aspect of the response (EM 02.02.05, EP 1). Internal security and safety procedures have been developed for use in emergencies and are located within the Emergency Operations Manual EM1084 - General Disaster Procedures – Security (MVPD). These procedures and policies include control of the entrance into and out of the facility in an emergency, building lock-down plans, crowd control protocols, VIP situations, media, and vehicular access to emergency care areas, control of individuals within the facility during a crisis, tiered access control using door locks, badge card access, control traffic access and around the Medical Center during emergencies (CA Title 22 §70741 (b) 8) (EM 02.02.05, EP 7, 8, 9)

Security at RUHS Medical Center is provided by the Riverside County Sheriff's Department contractual through the City of Moreno Valley which is the community law enforcement agency. The procedures for the Riverside County Sheriff's Department are established and coordinated

with EM1084 – General Disaster Procedures – Security (MVPD). (EM 02.02.05, EP 2-3)

Ongoing healthcare operations require that hazardous materials and waste will continue to be used and generated in a crisis. Waste will be segregated into storage containers located on the west side of the hospital. The appointed HICS Hazardous Materials Officer, when activated, is responsible for ongoing evaluation of an emergency and for advising the Incident Commander of any changes to procedures required by events, through the HICS structure. Coordination under Unified Command with the Riverside County Fire Department and the Riverside County Department of Public Health – Hazardous Materials Branch will be available to consult and assist RUHS Medical Center with advice, storage and mitigation as necessary. Removal services may be obtained with the assistance of the Riverside County Department of Public Health and private waste hauling firms. (EM 02.02.05, EP 4)

Normally the County of Riverside Fire Department, Sheriff's Department and the Riverside County Department of Public Health – Hazardous Materials Branch will provide notification regarding radioactive incidents. This notification will allow isolation at the entrance to the Emergency Department, assessment using radiological meters and clinical care (and decontamination of any skin-surface radioactive materials if needed) under the direction of the Radiation Safety Officer working with the Emergency Department. Decontamination will occur at the west side of the Emergency Department within the established areas. Pre-established decontamination procedures will be used and the staff may be assisted with resources from the Riverside County Fire and Department of Public Health. The RUHS Medical Center Mass Decontamination Policy EM 1019 as part of the Emergency Operations Manual. (EM 02.02.05, EP 5)

Most of the time, infectious biological agents take time to show etiology after an initial exposure incident. Once an agent is identified, communication to the hospital usually occurs through the Riverside County Department of Public Health. Plans for responding to biological incidents involve the direction of the Infection Control Chief of Service (Infectious Disease Physician) working with Infection Control and clinical staff. Surge capacity plans including alternate care locations within the RUHS Medical Center campus may be activated to expand the RUHS Medical Center isolation capacity. The Riverside County Public Health officer will be responsible for community-wide response, coordination of care, and general public information regarding the nature of the biological agents, control and treatment. RUHS Medical Center Emergency Operations Manual provides additional guidance and procedures. (EM 02.02.05, EP 5)

STAFF MANAGEMENT AND RESPONSIBILITIES

Many of the plans described below involve steps of mitigation and preparedness (to include written policies, procedures, plans, training, and practice using plans during exercises) (EM 02.02.07, EP 10).

Staff is assigned roles and responsibilities for essential functions according to Hospital Incident Command System principals, availability, experience, capacity and capability at the time of an event. (EM 02.02.07, EP 3)

Staff roles and responsibilities for emergency response are: (EM 02.02.07, EP 2, 4)

- In most cases clinical and support staff will continue their normal duties when a 'Code Triage' is called, unless otherwise directed, such as being identified as a member of the HICC staff. Generally, staff will continue to report to assigned supervisor unless they or their supervisor is assigned a different job/responsibility in the HICC staff structure.
- General guidance to all staff and physicians: When 'Code Triage' is first called staff should check their fellow staff, patients, families, and visitors; installed utilities and equipment, and if there are no injuries or damage, continue the provision of patient care. Any injuries or damage must be reported to the HICC immediately. All staff and physicians should be prepared for reassignment as directed by their manager or Chief of Service, depending on the nature of the crisis.
- Resources and Assets: During a crisis all staff are expected to conserve medical and non-medical supplies to the extent that can reasonably be done without compromise to patient care. When a 'Code Triage' is called, Materials Management/Supply Services, Food Services and Pharmacy are responsible to verify current supply inventories, coordinate with vendors to fill any shortfalls, and to reallocate supplies as directed by the HICC.
- Safety and Security: All staff and physicians are responsible to communicate any safety or security concerns immediately to the command center. All staff and physicians are responsible to report to Security anyone claiming to be staff members without a RUHS MEDICAL CENTER identification badge and any personnel in, or attempting to enter, areas they are not authorized to enter.
- Utilities Management: All staff and physicians are expected to reasonably conserve the demand on utilities in a crisis, without undue effect on patient care. All staff and physicians are responsible to immediately report any utility failures to the HICC. Plant Operations is responsible for managing primary and alternate utilities in an emergency, including the inventory of utility support requirements such as fuel, water, oil, medical gases, etc.

- Patient clinical and support activities: All staff and physicians are responsible for communicating honestly with patients, visitors, and families, with respect to what they know, but should not speculate on events, situations, or plans unknown to them, but direct the question back to the HICC.

Staff is trained for their emergency roles and the reporting structure in the following ways: (EM 02.02.07, EP 3-4, 7)

- Incident Command System (ICS 100/200 HC) and NIMS (IS 700) training for RUHS MEDICAL CENTER personnel who would assume a leadership role in the Hospital Command Center (NIMS Element 5).
- National Response Plan (IS 800a) training for persons directly responsible for the Emergency Management Program (NIMS Element 6)
- New hire staff training is conducted during new employee training.
- New hire physician training is conducted during New Employee Orientation. The response of physicians to "Code Triage" also is covered also by the orientation within each department. (EM 02.02.07, EP 8)
- Department specific training is conducted by the Department Manager.
- Disaster role specific training is conducted by the Department Manager.

Licensed Independent Practitioners (Physicians, Physician Assistants, Nurse Midwives, Certified Nurse Anesthesiologists, Nurse practitioners, Psychiatrists and anyone who is credentialed and privileged) are informed of their role in a disaster with initial instruction from their supervisor. A written copy of the disaster procedures are presented to the practicing practitioners. (EM 02.02.07, EP 8). Volunteer staff, volunteers, associated Licensed Independent Practitioners and authorized volunteers during emergencies will be identified via a yellow or white RUHS MEDICAL CENTER emergency credentialing badge. (EM 02.02.07, EP 9).

Plans have been developed to manage staff support needs (housing, transportation, Employee Assistance Program), should they arise. Staff will be housed within RUHS MEDICAL CENTER first. When additional space is required a list of local motels is presented within the Appendix D section. When both of these options are filled the use of public facilities (such as schools) will be used with the assistance of the American Red Cross for shelter management. Transportation may be provided by the RUHS MEDICAL CENTER Transportation Department operating existing vehicles owned and operated by the County of Riverside Fleet Services. Initial housing may be provided on unoccupied ward space for critical operation and care employees. Food services may also be provided by local restaurants within the City of Moreno Valley, (EM 02.02.07, EP 5)

Staff family support needs (child care, elder care, pet care) will be managed as dictated by the nature of the crisis using established procedures. Local child care facilities will be contacted first for the placement of children. When these resources are no longer available the CPC will be used for child care and also elder care. Pet care will be provided by the employee. Employees will be required to provide caged shelters for their pets and also food. Pets will be placed along open area on the West side of the facility. It will be the responsibility of employees to feed, water and exercise their pets. Red bags will be provided for owners to collect waste material from their pets, (EM 02.02.07, EP 6)

UTILITY MANAGEMENT

Many of the plans described below involve steps of mitigation and preparedness (to include written policies, procedures, plans, training, and practice using plans during exercises) (EM 02.02.09, EP 8).

The Plant Operations department has identified alternate means to provide for utilities as follows: (CA Title 22 §70741 (b) 1)

- Electricity: the primary source for alternate power is the installed emergency generator system, three emergency generators are available with a 1,500 kw each for a total generation of 4,500 kw which are operated and maintained per standard RUHS MEDICAL CENTER protocols, and tested monthly. Generators are started monthly to reach running temperature and tested under load monthly. This record is maintained within Plant Operations. (CA Title 22 §70841 (a) (2), EM 02.02.09 EP 2)
- Water for consumption and essential care activities: Potable water is available from Food and Nutrition Services and the gift shop and is stored within the disaster trailers located on the west side of the property. EM 1011 discusses Emergency Water Supply and the distribution of water to the facility. Additional water may be obtained from vendors and the operational area. (EM 02.02.09, EP 3, CA Title 22 §70741 (b) 1)
- Water for equipment and sanitary purposes: Alternate water would be available from the local water district and transported via tank truck. The Riverside County Fire Department maintains a fleet of water tenders for non-potable water. (EM 02.02.09, EP 4)
- Fuel for building operations or essential transport activities: The generation of power is fueled by 10,000 gallon underground fuel tank (Low Sulfur #2 Diesel) onsite. Emergency delivery of fuel is available from Downs Energy (951) 271-0976. (EM 02.02.09 EP 5, CA Title 22 §70741 (b) 1)
- Vacuum systems are operated through one primary pump and two back up pumps operating at 25" of Hg. Liquid Oxygen and compressed gases are provided by Air Liquide with contacts in place for emergency delivery - 9756 Santa Fe Springs Rd, Santa Fe Springs,

CA (562) 906-8700. (EM 02.02.09, EP 6, CA Title 22 §70741 (b) 1).

- As previously mentioned other essential utility systems are covered within the Emergency Operations Manual – General Disaster Procedures – Plant Operations, sections EM1081 – 1081.10 (EM 02.02.09, EP 7).

PATIENT CLINICAL AND SUPPORT ACTIVITIES

Many of the plans described below involve steps of mitigation and preparedness (to include written policies, procedures, plans, training, and practice using plans during exercises) (EM 02.02.11, EP 11).

During emergencies the clinical activities required as part of patient scheduling, triage (CA Title 22 §70741 (b) 4), assessment, treatment, admission, transfer discharge (CA Title 22 §70741 (b) 7), and evacuation will continue but are subject to close oversight by the Hospital Command Center. The RUHS MEDICAL CENTER Emergency Operations Manual identifies specific procedures to be followed in a disaster.

In some cases, areas of usable space may be converted to assist with triage, observation and other patient care activities (CA Title 22 §70741 (b) 4). Following the principles of HICS and relying on the expertise of the medical staff, some alteration and priority adjustment of these activities, depending on the nature of the emergency, its impact on the Medical Center and operations, may be required. (EM 02.02.11, EP 2)

The following table indicates areas within the Medical Center campus that can be converted into patient care or other areas as necessary:

Medical Center Location	Patient Care/Other Activity	Extension
Hospital Incident Command Center	Conference Room A	
Emergency Department Ambulance Entrance F3	Victim Collection Area and Triage Area	65650
Emergency Department	Immediate Treatment Area	65650
Lower Level Clinics	Minor Treatment Area (Minor Injury)	65195
Emergency Department Fast Track	Delayed Treatment Area	65650
Conference Room	Media Area	No Telephone
Emergency Department Decontamination Area	Decontamination Area	65650

Outside Emergency Department	Mass Decontamination Area	65650
Contract / CPC Building	Child Care Area	When established
CPC Building 1 st Floor Clinics/Rehab Svcs.	Elder/Adult Dependent Care Area Discharged Patient Holding Area	No Telephone 64240
Public Information Office 1 st Floor Medical Mall	Staff Information Point Patient, Family and Visitor Information Point	As needed
Human Resources	Volunteer Registration and Credentialing Area	65550
Conference Room D	Labor Pool	No telephone
Conference Room C	Physician Labor Pool	No telephone
West side of Facility	Pet Care Area	No telephone
Wards as available / Local motels	Staff Rest/Sleep Area	

The status of all patients will be assessed during disasters for possible discharge, transfer or change in level of care. When the facility can no longer support patient care, treatment and services, partial or complete evacuation may be ordered by the Incident Commander, Plant Operations, Emergency Management Department (EMD) or the Riverside County Fire Department and the Riverside County Safety Office. Additional guidance may be provided from the County of Riverside Building and Safety and the City of Moreno Valley if requested. Throughout the incident and evacuation (if deemed necessary), RUHS Medical Center will retain control and direction over all patient care issues. Unified command principals may be employed in such situations with outside agencies. Specific Evacuation plans are located within EM1017 – Evacuation. Evacuation and patient transfer will be coordinated through the HICC following existing procedures as outlines in the RUHS Medical Center Emergency Operations Manual. (EM 02.02.11, EP 3)

Decisions to discharge transfer, or change the level of care will be made by a licensed and credentialed independent practitioner and will be tracked, documented, and reported in the HICC.

RUHS Medical Center does not provide dialysis treatment. This service is contracted to Davita Inc, 22555 Alessandro Blvd, Moreno Valley, CA. (951) 653-6400. In the event of disaster, other Davita locations will provide this service. Those locations are 13 miles away at 11161 Magnolia Ave, Riverside, CA (951) 351-8090, 17 miles away at 16655 Foothill Blvd Ste 301, Fontana, CA (909) 356-9664 and also 20 miles away at 1330 S State St # B, San Jacinto, CA (951) 654-1066. CA Title 22 §70607(f)).

An assessment has been made of the vulnerable populations served by this Medical Center. The vulnerable populations include Blind; Deaf; Non-ambulatory; Elderly; Children, Pregnant and nursing women; Patients in neonatal intensive care, Intensive care, Non-English speaking

(primarily Spanish speaking); Chronically ill (COPD, Diabetics, CHF, ESRD, Chemotherapeutics); Extreme Morbidly Obese; Diagnosed addictions; Ventilator dependent; Alzheimer's and Psychiatry patients. All established procedures concerning these populations will be followed as closely as possible during all disaster events or incidents. Should an event occur which would require decisions to alter standards of Care the Chief Nursing Officer or designee, in coordination with the Incident Commander and other necessary Command Staff would determine immediate response activities. Decision-making protocols will be tracked, documented and reported to the HICC. (EM.02.02.11, EP 4)

Plans will be developed to manage their care in an emergency and will be coordinated through the Operational Area Emergency Operations Center on an as-needed basis. Specific procedures have been developed for the Hemodialysis patients and are provided by Davita Inc. (EM 02.02.11, EP 4)

Plans have been developed to meet the personal hygiene and sanitation needs of patients in an emergency. Failure of water distribution system procedure includes:

- When staff is notified that there has been a disruption in the water distribution supply and that water must be rationed, use a germicide which does not require the use of water for hand washing and discontinue routine bathing of patients.
- Use distilled bottled water for drinking and tube feedings.
- Use wipes or incontinent kits to clean incontinent patients.
- Use irrigating solution for other washing needs.

EVS will provide red bags for use in toilets and will collect waste. Line each toilet with a red bag and change the bags after each use. Line bed pans with regular plastic liners and discard liners in red bags after use by bed patients. Use a germicide, which does not require the use of water for hand washing and, if necessary and available, use gloves between patients. Use wipes and incontinent kits to clean incontinent patients. Red bag toilet waste will be collected and disposed of through a waste contractor. Temporary storage will be on the West side of the hospital. (EM 02.02.11, EP 5). All patients will be assessed at the onset of the disaster to determine individual hygiene needs, and which, if any, bathing or other hygiene routines can be altered.

The mental health services of RUHS's patients in an emergency will be managed by the Psychiatry Department under the general guidance of the command center so as to ensure critical needs are met. (EM 02.02.11, EP 6)

RUHS Medical Center has plans to meet emergency mortuary needs by implementing EM1065

Laboratory Procedures describes plans to meet an increase in the need for mortuary services. When the refrigerated morgue facilities are occupied a secondary morgue will be established on the west side of the facility using a tent and ice. The tent will be staffed continually while remains are kept within. The Riverside County Sherriff/Coroners will be contacted for transfer of human remains as necessary. (EM 02.02.11, EP 7)

During emergencies, documentation and tracking of patient information will be coordinated by the Inpatient Unit Leader with assistance from the Medical Records Department in close coordination with Admitting, and both will coordinate and assign priorities in accordance with HICC direction. EM 02.02.11, EP 8, CA Title 22 §70741 (b) 6).

PEDIATRIC DISASTER PREPAREDNESS

Because of the unique vulnerabilities of children, it is vital that their special needs be addressed in every stage of disaster planning – prevention, preparation, response and recovery. RUHS MEDICAL CENTER priority has been to ensure that health care providers and the facility are prepared to meet the care needs of children in the event of a disaster. With the certification of the hospital as a Level II Pediatric Trauma Center, emergency preparedness, beginning with the Emergency Department (ED), Pediatric Unit and eight (8)-bed Pediatric Intensive Care Unit (PICU), ensures a focus on the special needs of the pediatric patient population.

Staff physicians and nurses, credentialed and certified in the care of children through California Children's Services (CCS) and Pediatric Advanced Life Support (PALS), provide support for the clinical areas designated for this unique population. Trained personnel use pediatric-specific equipment and supplies that are available at all times to service the needs of children. The hospital meets all the criteria required to assist in assuring appropriately trained personnel, as well as resources and capabilities, are in place, practiced and ready to handle the needs of the critically ill or injured child.

SURGE CAPACITY

Surge capacity sites for potential use during emergencies include: The open grounds and pavement areas around RUHS MEDICAL CENTER where treatment tents will be erected. Other locations include county facilities, schools and vacated commercial property as available. The table on Pages 26 and 27 indicate additional spaces for expanding patient care (EM 02.01.01, EP 7).

In California, the State has assigned to counties the responsibility to plan for and operate Alternate Care Sites during a declared emergency event. Emergency expansion of capacity within RUHS Medical Center is addressed in on-campus areas, including the CPC, Education Building that can be supported through the HICC.

In the unlikely event the facility is deemed unsuitable for continued occupancy or cannot support adequate patient care, the closest primary emergency alternative care facility having the capabilities to meet the clinical needs of our inpatients and support similar treatment is Loma Linda University Medical Center, Loma Linda, CA, Riverside Community Hospital, Riverside, CA and Moreno Valley Community Hospital/Kaiser Permanente Hospital, Moreno Valley, CA. In some cases, patients may be transferred after preliminary medical or surgical services have been performed to the most appropriate facility for continued care (CA Title 22 §70741 (b) 5). When transfers occur, inter-facility communication will be coordinated through the Operational Area Emergency Operations Center, HICC, and/or the Riverside County Department of Public Health. The management of logistics such as necessary patient materials, the transfer of medications, medical records, biomedical equipment, etc., as well as transport arrangements and tracking patients to and from the care site(s) is managed through the HICC Operations Section.

As part of the hospital's Patient Flow and Surge Plans, RUHS Medical Center identifies actions to be taken in the event patient volumes exceed the capacity of the hospital. Examples of those actions include, but are not limited to: physician rounding and identification of patients that may be discharged or establishing a discharge holding area, cancelation of elective surgeries and procedures, rescheduling of clinic appointments, converting outpatient beds into inpatient beds and creating alternate treatment areas (i.e. cafeteria, conference rooms, etc.).

As part of the preparedness phase, RUHS Medical Center has included considerations in its Patient Flow Plan for increasing capacity for this patient population.

DISASTER PRIVILEGES, RESPONSIBILITIES AND VOLUNTEER CREDENTIALING

RUHS Medical Center grants disaster privileges to volunteer licensed independent practitioners who are not employees, are not contracted, or do not hold privileges at RUHS. Healthcare professionals covered by this procedure include but is not limited to: Physicians (MD's DO's), Nurses (including RN's, LVN's, and LPN's), Physician Assistants, Nurse Practitioners, Respiratory Therapists, EMT-I, EMT-P, and Mental Health Professionals. RUHS Medical Center may grant disaster privileges to volunteer (LIP's) only if the Emergency Operations Plan has been activated in response to a disaster and RUHS Medical Center is unable to meet immediate patient needs (EM.02.02.13, EP 1)

As stated in EM1063.1, upon presentation of the LIP's appropriate identification, the privilege to provide patient care during the emergency event will be conducted at the Labor Pool (Human Resources) who are responsible for granting disaster privileges to LIP's. (EM.02.02.13, EP 2) A yellow temporary hospital identification card with their name, professional training level and effective and expiration date/time (not to exceed 72 hours) will be issued as soon as possible and is to be worn at all times. This identification credential will indicate volunteer and will be different from other licensed independent practitioners and staff. When questions arise concerning the validity of the documents submitted by the LIP they are not to be given temporary credentials until the issue is satisfactorily resolved. (EM.02.02.13, EP 3).

Any LIP volunteering to provide service during an emergency event/disaster must identify themselves with their appropriate title (example: MD, DO, RN, PA, NP, etc.) and provide as a minimum a valid government-issued id card (driver's license) and as a minimum one of the following forms of identification to a representative of Human Resources Department. (EM 02.02.13, EP 5)

1. A current picture identification card from a health care organization that clearly identifies professional designation.
2. Current license to practice.
3. Primary source verification of licensure.
4. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) or other recognized state or federal response hospital or group.
5. Identification indicating that the individual has been granted authority by a government entity to provide patient care, treatment, or services in disaster circumstances
6. Confirmation by a licensed independent practitioner currently privileged by the hospital or a staff member with personal knowledge of the volunteer practitioner's ability to act as a LIP during a disaster.

Primary Source Verification (PSV) occurs as soon as the immediate emergency situation is under control (EM 02.02.13, EP 8) or within 72 hours from the time the volunteer LIP presents him – or herself to the hospital, whichever is first. If primary source verification of a volunteer LIP cannot be completed within 72 hours, the hospital documents the following (02.02.13, EP 9).

- Reasons it could not be performed within 72 hours.
- Evidence of the LIP's demonstrated ability to continue to provide adequate care, treatment and services

As stated in the RUHS MEDICAL CENTER MEDICAL STAFF CREDENTIALING POLICIES & PROCEDURES – EMERGENCY PRIVILEGING DURING DISASTERS volunteer LIPs will be overseen by a variety of methods which may include but are not limited to direct observation of skills, mentoring and medical record review. (EM.02.02.13, EP 4). During a disaster, the medical staff oversees the performance of each volunteer HP (EM.02.02.13 EP, 6) Based on its oversight of each volunteer LIP, the hospital determines within 72 hours of the practitioner's arrival if granted disaster privileges should continue. Based upon information obtained by the relevant department chair or designee regarding the professional practice of the volunteer LIP a decision will be made to retain or terminate the volunteer LIP. If the volunteer LIP is no longer required the yellow identification card will be collected and the Emergency Disaster Privileges Log will be updated. If the decision is made to retain the volunteer LIP a white identification badge will be issued and the Emergency Disaster Privileges Log will be updated. (EM.02.02.13, EP 7)

Volunteers will be trained and administered through the RUHS Medical Center Medical Staff with their Policies and procedures describing privileging and credentialing licensed independent practitioners have been developed by Medical Group Administration and can be found within RUHS MEDICAL CENTER MEDICAL STAFF CREDENTIALING POLICIES & PROCEDURES – EMERGENCY PRIVILEGING DURING DISASTERS. (EM 02.02.13)

Disaster privileges shall automatically terminate once the state of emergency no longer exists or when the volunteer LIP's services are no longer required. Disaster privileges may be revoked at any time and the termination of disaster privileges shall be final and the medical staff's hearing and appellate review procedures shall not apply.

BUSINESS CONTINUITY MANAGEMENT

The purpose of the Business Continuity Plan is to provide guidance to the Business Continuity Branch Director in order to maintain or return to normal business action. The Business Continuity Branch in HICS can be utilized to direct continuity, recovery and restoration efforts within the organization, and under the context of the Incident Command System. Job Action Sheets can be found within the Emergency Operations Plan.

CONTINUITY OF BUSINESS PLAN OBJECTIVE

The objectives of this plan are:

- To ensure that maximum possible service levels are continually maintained

- To ensure that recovery from interruptions is accomplished rapidly.
- To minimize the likelihood and impact from disasters.

CONTINUITY OF BUSINESS PLAN PRINCIPALS

The principles behind this plan are:

- Disaster Recovery is one part of Business Continuity
- Risks are assessed for both probability and business impact
- The Business continuity plans are reasonable, practical and achievable

CONTINUITY OF BUSINESS PLAN RISK ANALYSIS

This plan is developed after a risk analysis of the most likely scenarios which present an interruption of services and may occur as the result of a human or natural disaster. Specific examples may include unavailability of utility systems, structural damage rendering the facility unusable, disruption of supplies and communications, patient capacity beyond facility capability and inability to render patient care.

CONTINUITY OF BUSINESS PLAN FUTURE CHANGES

These plans will change in response to new business and patient needs. Updates and changes to this plan should be submitted to Plant Operations as necessary.

Scenario: Structural Damage Requiring Relocation of the Medical Center / Clinics
Functions Affected: Inpatient / Outpatient / Support Services
Probability: Medium
Impact: High
Responsibilities: Administration / Plant Operations
Mitigation: Portable Tents / Relocation to County Buildings / Lease Space
Action: Identify available buildings and sites for lease / rent
Constraints: Building may not be available following disaster
Resources: Enter into agreement with commercial developers for space.

Scenario: Communication Disruption
Functions Affected: Inpatient / Outpatient / Support Services
Probability: Medium
Impact: High
Responsibilities: Administration / Communications
Mitigation: Obtain portable radios, cellular telephones
Action: Order from existing vendors as necessary
Constraints: Unavailability of items following a disaster
Resources: County Communications

Scenario: Critical Supply Storage
Functions Affected: Inpatient / Outpatient / Support Services
Probability: Medium
Impact: High
Responsibilities: Administration / Medical Material Management / Supply Services
Mitigation: Sufficient supplies for a minimum of 96 Hours
Action: Order and maintain supply level
Constraints: Space availability for excess items
Resources: Existing vendor list

Scenario: Patient Access to Services
Functions Affected: Inpatient / Outpatient
Probability: Medium
Impact: High
Responsibilities: Administration / Plant Operations / Medical Staff
Mitigation: Identify available buildings and sites for lease / rent
Action: Identify available buildings and sites for lease / rent
Constraints: Building may not be available following disaster
Resources: Enter into agreement with commercial developers for space.

Scenario: Records Preservation
Functions Affected: Inpatient / Outpatient / Medical Services / Administration
Probability: Medium
Impact: High
Responsibilities: Administration / Medical Records
Mitigation: Identify storage locations, copy services and restoration services
Action: Identify vendors
Constraints: Vendors and services may not be available following a large disaster
Resources: Enter into agreement with vendors

Scenario: Staffing Shortages
Functions Affected: All
Probability: High
Impact: High
Responsibilities: Administration
Mitigation: Identify temporary agencies / precedential employees.
Action: Establish arrangements with temporary services, precedential employees
Constraints: Availability of credentialed candidates
Resources: Existing contracts with temporary agencies

Scenario: Disruption of Computer Services
Functions Affected: All
Probability: High
Impact: High
Responsibilities: Information Services
Mitigation: Maintain security software and hardware systems
Action: Continue to maintain systems

Constraints: New threat viruses which may defeat existing protection systems
Resources: Government and private cyber consultants

Scenario: Utility Disruption
Functions Affected: All
Probability: High
Impact: High
Responsibilities: Administration / Plant Operations
Mitigation: Preventative maintenance
Action: Perform preventative maintenance, replacement program, backup systems
Constraints: Funding
Resources: Existing contracts, RUHS MEDICAL CENTER staff

Appendix A
RIVERSIDE UNIVERSITY HEALTHHERSITY RC
MEDICAL CENTER
Emergency Management Supplies
Disaster Supplies Locations

DIS#1 = Sea Container Behind Helipad = Surge / Food / Water / Supplies
DIS#2 = Sea Container Behind Helipad = Surge Supplies
DIS#3 = Sea Container In front of Morgue = Surge Supplies
Trailer #41 = Trailer located next to Helipad = Surge / Decon Supplies
Trailer #43 = Trailer located next to Helipad = Surge / Decon Supplies
Trailer #31 = Trailer behind Helipad = Trauma Burn Cache Supplies

ROOM D1005 (RM D1029) = Pharmaceutical Supplies

Disaster Supplies Access

SUPPLIES	ACCESS	LOCATION
DIS#1	Keys	ED Medication Room ED Manager Safety Officer Nurse Staffing Office Hospital Command Center
DIS#2	Keys	ED Medication Room ED Manager Safety Officer Nurse Staffing Office Hospital Command Center
DIS#3	Keys	ED Medication Room ED Manager Safety Officer Nurse Staffing Office Hospital Command Center
Trailer #41	Keys	ED Medication Room ED Manager Safety Officer Nurse Staffing Office Hospital Command Center
Trailer #43	Keys	ED Medication Room ED Manager Safety Officer Nurse Staffing Office Hospital Command Center
Trailer #31	Keys	ED Medication Room ED Manager Safety Officer Nurse Staffing Office Hospital Command Center
Alt 2	Keys	Pharmacy

EMERGENCY PREPAREDNESS	DIS #1	DIS #2	DIS #3	Alt#2	Trailer #41	Trailer #43	Trailer 370-30	Arlington Campus
Food Bar Packets/Meals	16 Food Bar Cases 2880 Bars			31 Food Bar Cases 1550 Bars				30 Meal Cases 360 Meals & Utensils 282 Survival Food Bars
Water Pouches/Bottles	144 Cases/ Pouches 911.5 Gallons						104 Cases/ Bottles 659 Gallons	57 Cases/ Pouches 325 Gallons
Portable Generator (gas is located next to SC #1 in a flammable liquid cabinet)	2 7000 watts 6500 watts	1			2	1		
100' Extension Cords 10 gauge	2	5						
100' Extension Cords 12 gauge	3							
100' Extension Cords 14 gauge	2	11						
Tripod Lights	6	2						
Hand Held Lights		8						
Portable Fluorescent Lights					13	11		
Portable Fans		11						
Portable AC Unit (3 units)	LOCATED IN THE A/C SHOP							
Ram Heater (propane)	1				3	3		
TVI Casualty Mgt Shelter	1				3	3		
Wool Blankets 20 blankets per case		19 cases						
Cots	20	80			45	60		
Patient Gowns		1 Case						

EMERGENCY PREPAREDNESS	DIS #1	DIS #2	DIS #3	Alt#2	Trailer #41	Trailer #43	Trailer 370-30	Arlington Campus
10' Litter Conveyors					5	2		
50' 3/4" Blue Hose					2	1		
50' 3/4" Red Hose					2	1		
Basin					2	1		
Curtain Set					2	1		
Decontamination Tent					2	1		
Decontamination Tent					2	1		
Flash Heater (Model SF12)					1	1		
Floor Risers					12	6		
Slider Boards					10	5		
Waste Water Pump					2	1		
Waste Water Storage Bladder					1	1		
1/2" Blue Hose					2	1		
1/2" Red Hose					2	1		
Boots, L 50/Box						1		
Boots, XL 50/Box						1		
Coveralls w/boots L (6 per box)					1	1		
Coveralls w/boots XL (6 per box)					1			
Coveralls w/boots XXL (6 per box)					1	1		
Gloves, solvex 144/case					1	1		
PAPR FR-57 Filters (cases)					5	5		
Powered Air Purifying Respirators (Duffle bag, 3 filters, 1 Lithium Batt)					12	8		
Tyvek White Coveralls XL						1		

Trailer #31
Trauma and Burn Cache Contents

DISCRIPTION OF ITEM	ORIGINAL QUANTITY
24 ft. Wells Cargo Express Wagon tandem axel trailer with onboard generator, portable shelving, scene lights, padlock and coupler lock.	1
Circuit Ventilator STD	4 Cases
Cannula Nasal – Adult	1 Case
Cannula Nasal – Pediatric	1 Case
Mask Adult w/Neb 7' Tubing	1 Case
Mask Aerosol Pediatric w/Neb & Tubing	1 Case
Pump Suction Portable	4 Each
Cath Suction 10F Grad Coil	1 Case
Cath Suction 12F Grad Coil	1 Case
Cath Suction 14F Grad Coil	1 Case
Kit Trach Care 500cc	4 Cases
Tube Trach 4.0 Cuffed LF	1 Box
Tube Trach 8.0 Murphy Cuffed LF	1 Box
Tube Suction Yankauer w/10'	1 Case
Mask Oxygen Non-rebreather 7' Tube - Adult	1 Case
Mask Oxygen Non-rebreather 7' Tube – Pediatric	1 Case
Laryngo-Scope	4 each
Ventilator Tubing, long length	4 cases
Resuscitator – Adult mask	12 cases
Endotracheal Tubes – low pressure cuffs 2.5	12 Bxs.
Endotracheal Tubes – low pressure cuffs 3.0	12 Bxs.
Endotracheal Tubes – low pressure cuffs 3.5	11 Bxs.
Endotracheal Tubes – low pressure cuffs 4.0	12 Bxs.
Endotracheal Tubes – low pressure cuffs 4.5	12 Bxs.
Endotracheal Tubes – low pressure cuffs 5.0	12 Bxs.
Endotracheal Tubes – low pressure cuffs 5.5	12 Bxs.
Endotracheal Tubes – low pressure cuffs 6.0	12 Bxs.
Endotracheal Tubes – low pressure cuffs 6.5	12 Bxs.
Endotracheal Tubes – low pressure cuffs 7.0	12 Bxs.
Endotracheal Tubes – low pressure cuffs 7.5	12 Bxs.
Endotracheal Tubes – low pressure cuffs 8.0	12 Bxs.
Endotracheal Tubes – low pressure cuffs 8.5	12 Bxs.
Endotracheal Tubes – low pressure cuffs 9.0	12 Bxs.

DISCRIPTION OF ITEM	ORIGINAL QUANTITY
Child Resuscitator Mask	36 each
Infant Resuscitator Mask	36 each
OP Airways Color coded – asst. sizes	12 each
Nasopharyngeal Airway Kit – asst. sizes	12 each
Combitube SA	18 each
Combitube	12 each
Automatic 4011 Resuscitator	5 each
E-Vent Cases	15 each
Tube Feeding 8F 42"	1 box
Nasopharyngeal Airway Kit – asst. sizes	12 each
Bandaid Sheer 1x3" Strip	5 Boxes
Dressing Telfa 2x3 Adhesive	5 Boxes
Dressing Telfa 3x4 Non-adhesive	5 Boxes
Bandage Kerlix 4.5"x4.1yd, 6 ply	2 Cases
Sponge Gauze 4x4" 12 ply	2 Cases
Eye Pad 2 1/8x5/8" Oval	2 Boxes
Bandage Triangular	2 Dozen
Dressing Coban 2"x5yd Tan	1 Case
Dressing Coban 3"x5yd Tan	2 Cases
Dressing Coban 4"x5yd Latex	2 Cases
Bandage Plaster 4"x5yd	1 Case
Bandage Plaster 6"x5yd	1 Case
Padding Cast 4"x4yd	1 Case
Splint Arm 12" Cardboard	3 Packs
Splint Arm 18" Cardboard	4 Dozen
Splint Leg 24" Cardboard	1 Case
Traction Splints (pediatric)	10 each
Traction Splints (adults)	10 each
Baby backboard	2 each
Splint Sam 4.25x36" Latex	24 Each
Splint One-Step 3x35" Fiber	2 Boxes
Splint One-Step 4x30" Fiber	2 Boxes
Splint One-Step 5x30" Fiber	4 Boxes
Surgical Tape 1"x10yd	2 Cases
Waterproof Tape 1"	2 Cases
ABD Pad 5x9"	12 Case
ABD Pad 8x10"	1 Case
Dressing Multi Trauma 12x30"	2 Cases

DISCRIPTION OF ITEM	ORIGINAL QUANTITY
Pack Minor Burn	12 Each
Pack Major Burn	12 Each
Dressing Xeroform 5x9"	2 Boxes
Sol Water 500ml Irrigation	4 Cases
Oximeter Pulse	2 Each
BP Kit Multicuff	2 Kits
Dual Manager Stethoscope	10 Each
Penlight w/2 AAA Battery	3 Packs
Tongue Blade	1 Box
Pad Alcohol Prep	2 Box
Set Admin Blood	1 Case
Cath IV 12Gx3" Angiocath	1 Case
Cath IV 14Gx1.75" Insyte	1 Box
Cath IV 16Gx1.77" Insyte	1 Box
Cath IV 18Gx1.88" Insyte	1 Box
Cath IV 20Gx1" Insyte	1 Box
Cath IV 22Gx1" Insyte	1 Box
Cath IV 24Gx3/4" Insyte	1 Box
Set IV Admin 78" w/Y-Site	2 Cases
IV Admin Set	2 Each
IV Add on Admin Set	1 Case
Sharps Container 8 Gallon	1 Case
Sol .9% NACL Inj 1000ml	10 Cases
Sol .9% NACL Inj 500ml	20 Cases
Lactated Ringers 1000ml	10 cases
KCL for Injection	10
Syringe Flush 5ml Fill in 12ml	1 Case
Set IV Metriset 20"	1 Case
Syringe 10cc LL	4 Boxes
Syringe 20cc LL	4 Boxes
Syringe 5cc LL	4 Boxes
Syringe Safety 1cc 29Gx1/2"	2 Boxes
Syringe Safety 1cc 25Gx5/8"	2 Boxes
Syringe Safety 3ml 22Gx1.5"	4 Boxes
Syringe Vanish Point, 3cc,20G	1 Box
Bag Pressure Infusor 500 ml	2 Boxes
Tourniquet 1x18"	1 Box

DISCRIPTION OF ITEM	ORIGINAL QUANTITY
Suture Nylon 2-0 18"	9 Boxes
Suture Nylon 3-0 18"	9 Boxes
Suture Nylon 4-0 18"	9 Boxes
Suture Removal Tray	1 Case
Syringe 60cc LL	1 Box
Syringe 60 cc LS	1 Box
Tape Cloth 1"x10yd	1 Case
Water Bacteriostatic 30ml	5 Cases
Tube Chest 16F	1 Case
Cath Thoratic 38F	1Case
Tube Chest 32F	1 Case
Pleur-Evac Drainage Unit	10 Cases
Tube Feeding 8F 42"	1 Case
Drain Penrose 1/2x12"	1 Case
Kit Peritoneal Lavage	1 Case
Scalpel Safety #10	8 Boxes
Scalpel Safety #15	8 Boxes
Syringe Safety 3cc 20Gx1"	1 Box
Needle Hypo 18Gx1"	3 Boxes
Needle Hypo 22Gx1"	3 Boxes
Needle Hypo 25Gx1"	5 Boxes
Scissors Metz 5.5" Curved	1 Each
Scissors 4.5" Straight	1 Each
Mayo Needle Holder 6"	2 Each
Forcep Roch Ochn 6.25	2 Each
Forcep Bone Holding	1 Each
Scissors Bandage 4.5"	1 Each
Scissors Mayo 5.5" Straight	1 Each
Scissors Mayo 5.5 Curved	1 Each
Hemostat Tonsil	2 Each
Forcep Roch Pean 9"	2 Each
Forcep Crile 6.25"	4 Each
Straight Hemostat	16 Each
Clamp Towel 5.25"	4 Each
Retractor Mini Hohmann 8mm	2Each
Retractor Hohmann 18mm	1 Each
Retractor Hohmann 42mm	1 Each
Rongeur Echlin	1 Each

DISCRIPTION OF ITEM	ORIGINAL QUANTITY
Rongeur Ruskin 7.25"	1 Each
Miltex Mallot 16oz	1 Each
Retractor Israel 4" Prong	2 Each
Bone Clamp 8" Lowman	1 Each
Hoke Oseotome 1/8	2 Each
Retractor 8.5"	2 Each
Handle Scalpel #3	2 Each
Forcep Tissue 5" 1x2	1 Each
Forcep Tissue 5.5"	1 Each
Splinter Forcep 4.5"	1 Each
Brush Scrub w/PVP Detergent	1 Case
Suture Nylon 2-0 18" Black	3 Boxes
Suture Nylon 3-0 18"	3 Boxes
Elevator Langenbeck	1 Each
Elevator Key 3/8"	1 Each
Chisel Army 6.5"	1 Each
Hook Volkman Ring	1 Each
Obstetrics Kit	7 Each
Newborn Diaper, Ultra Thin	1 Case
Diapers, Medium	1 Case
Diapers, Large	1 Case
Diapers, Adult	2 Cases
Pedialyte Formula 8oz	2 Cases
Baby Wipe Unscented	3 Cases
Pad Sanitary Napkin	1 Case
ID Bracelets with cards	1 Each
Gown Iso Reg, Yellow	2 Cases
Mask & Shield	3 Cases
Exam Glove Nitrile, Large	4 Boxes
Exam Glove Nitrile, Medium	4 Boxes
Exam Glove Nitrile, Small	4 Boxes
Mask N95 Univ	1 Case
Safety Goggles	1 Case
Shoe Cover Nonskid	1 Case
Exam Glove Latex, Large	2 Cases
Exam Glove Latex, Medium	2 Cases

DISCRIPTION OF ITEM	ORIGINAL QUANTITY
Surgeon Cap, Blue	1 Case
Mask Ear Loop w/Shield	1 Case
Adult Cadaver Bag	26 Each
Philips Heart Start MRX Monitor Defib	3 Each
Zoll AED	1 Each
General Purpose Duct Tape	1 Rolls
Clipboards, Letter size	24 Each
Toilet Tissue	1 Case
Work Gloves	4 Pairs
33 Gallon Heavyweight Plastic Bag	50 Each
Adult Cadaver Bag	26 Each
Philips Heart Start MRX Monitor Defib	3 Each
Waterproof Flashlight	12 Each
6500 Watt Generator	1 Each
Backboard w/Straps	7 Each
Generator Light Units	1 Each
100' Extension Cord	5 Each
"D" Batteries	4 Packs
Hypoguard Assure Blood Glucose Monitoring System	3 Each
Jelly Lube 4oz Bottle	1 Case
Collar Philly 4.25"	30 Each
Collar Philly Pediatric	10 Each
Adult Crutch	2 Pairs
Child Crutch, 4'2" to 4'8"	2 Pairs
Mattress Porta Warmer	4 Each
Basin Emesis 10" 70cc	2 Cases
Utility Shears 7.25"	12 Each
40x46" Infectious Bag	1 Case
Eye Wash Solution 4oz	21 Each
Burn Sheet	78 Each
Emergency Blanket	3 Cases
Paper Towels	60 Each
Bedside Facial Tissue	1 case
Styrofoam Cups	1 Case

Appendix B:**Resource Tracking and Inventory Tool
Medical & Surgical Assets**

Medical Center Bed Capacity	Total # of Licensed Beds	Total # of Available Beds	Total # of Staffed Beds
Adult	300	273	273
ICU 1-3	36	36	36
2500	33	33	33
3500	34	34	34
3100	34	34	34
4100	34	34	34
4500	34	34	34
Detention 4400	22	22	22
OB / Post-Partum 3200	40	40	40
Labor and Delivery 3300	12	12	12
4200	30	10	10
Pediatric	87	87	87
Pediatrics 3400	19	19	19
Pediatric Intensive Care (PICU) 3400	8	8	8
Newborn Nursery	38	38	38
Neonatal Intensive Care (NICU)	32	32	32
Arlington Campus	77	77	77
Emergency Department	39	39	39
Operating Suites	12	12	12

Appendix C: Disposable Inventory

- a.) Forks - 2 cases of 1000/cs (2000)
- b.) Knife - 2 cases of 1000/cs (2000)
- c.) Spoon - 2 cases of 1000/cs (2000)
- d.) 6" disposable plates - 2 cases of 1000/cs (2000)
- e.) 9" disposable plates - 3 cases of 500/cs (1500)
- f.) 12 oz. Styrofoam cups - 16 cases of 1000/cs (16,000)
- g.) 12 oz. cup lids - 16 cases of 1000/cs (16,000)
- h.) 5 oz. Styrofoam bowls - 2 cases of 1000/cs (2000)
- i.) 8 oz. Styrofoam bowls - 2 cases of 1000/cs (2000)
- j.) 10 oz. Styrofoam bowls - 2 cases of 1000/cs (2000)
- k.) 5 oz. bowl lids - 2 cases of 1000/cs (2000)
- l.) 8 oz. bowl lids - 2 cases of 1000/cs (2000)
- m.) 10 oz. bowl lids - 2 cases of 1000/cs (2000)
- n.) Foam Trays - 16 cases of 100/cs (1600)
- o.) Disposable Gloves - 51 cases of 100/cs (5100)
- p.) Plastic Film - 12" x 2000' - 2 cases (4000')
- q.) Plastic Film - 18" x 2000' - 1 case (2000')
- r.) Hairnets - Bonnet - 1 case of 150/cs (150)
- s.) Hairnets - Mesh style - 1 case of 150/cs (150)
- t.) Moist Towelettes - 4 cases of 1000/cs (4000)
- u.) Napkins - 6 cases of 6000/cs (36,000)
- v.) Paper Bags - 3 cases of 500/cs (1500)
- w.) Straws - 15 boxes of 400/bx (6000)

Appendix D: Motels

Best Western Moreno Hotel & Suites

(951) 924-4546 or (800) 528-1234
24840 Elder Avenue, Moreno Valley, CA 92557
2.1 Miles from Center of Moreno Valley
Outdoor swimming pool
- updated June 2017 (Rates \$122.00 – \$145.00/Night)

Comfort Inn

(951) 242-0699
23330 Sunnymead Boulevard, Moreno Valley, CA 92553
1.1 Miles from Center of Moreno Valley
Outdoor swimming pool
Pet friendly hotel - \$20 per night fee for each pet - updated June 2017 (Rates \$80.00 – \$169.00/Night)

Econo Lodge

(951) 247-6699 or (800) 553-2666
24412 Sunnymead Boulevard, Moreno Valley, CA 92553
1.8 Miles from Center of Moreno Valley 2
floors, 50 rooms
Outdoor swimming pool
Pet friendly hotel - \$20 per night fee for each pet- updated June 2017
(Rates \$85.00 – \$129.00/Night)

Mulberry Life Inn & Suites

(951) 243-0075 (888) 897-0084
24630 Sunnymead Boulevard, Moreno Valley, CA 92553
1.8 Miles from Center of Moreno Valley 3
floors, 151 rooms
Heated outdoor swimming pool - fitness center
Not pet friendly - no pets allowed - updated June 2017 (Rates \$144.00 – \$159.00/Night)

Regency Inn

(951) 247-8582
24810 Sunnymead Boulevard, Moreno Valley, CA 92553
1.9 Miles from Center of Moreno Valley
Outdoor swimming pool
Pet friendly hotel - \$10 per night fee for each pet - updated June 2017 (Rates \$80.00 – \$85.00/Night)

EOC 2. FIRE SAFETY MANAGEMENT PLAN

SCOPE

The Fire Safety Management program is designed to assure an appropriate, effective response to fire emergency situations that could affect the safety of patients, employees, and visitors, or the environment of Riverside University Health Systems. The program is also designed to assure compliance with applicable codes and regulations at the municipal, state, and federal levels.

This Fire Safety Management Plan applies to following locations:

- I. Riverside University Health Systems– Moreno Valley Campus
- II. Riverside University Health Systems– Arlington Campus

FUNDAMENTALS

- A. RUHS MEDICAL CENTER buildings must be in compliance with the National Fire Protection Association (NFPA) Life Safety Code 101, 2000 edition and NFPA 99; Health Care Facilities Code, 2012 Edition
- B. Deficiencies with these codes must be corrected as quickly as possible. When deficiencies cannot be corrected within a short period of time, Interim Life Safety Measures (ILSM) are considered and implemented whenever patients, visitors, and employees are exposed to an increased risk of exposure to fire or products of combustion.
- C. The fire alarm detection and suppression systems must be maintained to ensure reliable performance.
- D. Fire safety training is an essential part of fire safety.

OBJECTIVES

- A. The Fire Plan defines RUHS's methods for protecting patients, visitors, and employees from the hazards of fire, smoke, and other products of combustion, and is reviewed and evaluated annually.

- B. The fire detection and response systems are tested as scheduled and the results forwarded to the Environment of Care Committee.
- C. Summaries of identified problems with the fire protection system, NFPA 101 compliance, fire response plans, and fire drills are reported to the Environment of Care Committee.
- D. The procedures used to review furnishings, draperies, bedding, and other new materials for conformance with applicable flammability standards are evaluated at least every three years and reported to the Environment of Care Committee.
- E. The scope and objectives of this plan, as well as program effectiveness and performances are evaluated annually.
- F. Fire prevention and response training includes: how to respond to fires both at the scene of the fire and in other locations of the facility; the use of the fire alarm system; processes for relocation and evacuation of patients, if necessary; and the functions of the building in protection of employees and patients.
- G. Performance Indicators for the Fire Prevention Program are reported to the Environment of Care Committee at least quarterly.
- H. The Fire Plan defines the response to fire emergencies on a facility-wide basis, at the point of origin, and in other areas of the facility, as well as the specific roles and activity should patient relocation or evacuation become necessary. Unit-specific emergency response plans are evaluated at least every three years by managers, or if significant changes take place in those units.
- J. The role and use of the fire alarm system is included in training, and employee's competencies are assessed during fire drills. The fire drills, including staff competency results, are reported to the Environment of Care Committee at least quarterly.
- K. Employees' knowledge of patient relocation, including compartmentalization is included in drills, and employee's knowledge is evaluated and reported to the Environment of Care Committee annually.
- L. Fire extinguishers are inspected monthly and maintained annually, are positioned in visible locations, and are selected based on the hazards of the area in which they are installed.
- M. Fire protection systems are tested according to applicable NFPA standards.

PROCESSES OF THE FIRE SAFETY MANAGEMENT PLAN

RUHS Medical Center has developed and maintains this written management plan describing the processes it implements to effectively manage the fire safety environment of patients, employees, and visitors. The management plan is evaluated annually, and modified as necessary, based on changes in conditions, regulations and standards, and identified needs.

A. Protecting Patients, Employees, and Visitors

The Chief of Plant Operations and the Safety Officer share responsibility for managing the program for protecting patients, personnel, visitors, and property from fire, smoke, and other products of combustion. The fire protection program includes three phases.

1. Building and spaces have been designed to assure compliance with current local, state, and national building and fire codes. RUHS Medical Center employs qualified architects and engineers to develop building and fire protection system designs. The State of California Office of Statewide Planning and Development (OSPHD) reviews all designs for code compliance. A vigorous construction monitoring by the OSHPD Inspector of Record (IOR) and OSHPD field staff from Facility Development Division complete the construction and commissioning phase.
2. The second phase is maintenance of the current building. The Chief of Plant Operations is responsible for setting maintenance standards based on applicable codes. The standards are applied through a process of planned maintenance and management of the work done by Riverside County employees and contractors to ensure the end product of all work maintains or improves the level of life safety in each affected area. The results of preventative maintenance and testing are reported to the EOC at least quarterly.
3. The third phase is an active program of fire prevention, fire safety, and fire response training. Both the Chief of Plant Operations and the Safety Officer manage this phase of the program.

B. Fire Detection and Response System Tests and Inspections

The Chief of Plant Operations is responsible for maintenance of the fire detection and response systems, including:

- All supervisory signal devices (except valve tamper switches)
- All valve tamper switches and water flow devices
- All ceiling and duct smoke detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes.
- Occupant alarm notification devices, including all audible devices, speakers, and visible devices
- Off-premises emergency forces notification transmission equipment
- Fire pumps
- Main drain tests
- Fire department connections
- Kitchen automatic fire-extinguishing systems
- Portable fire extinguishers
- Standpipe systems
- Fire and smoke dampers, mechanical and fusible link.

This has been addressed with the duct detectors. This is the same as electromechanical releasing devices.

C. Fire Response Plan

The Fire Response Plan provides clear, specific instructions for employees responding to an emergency. The procedures provide information about notifying appropriate administrative employees of the emergency and actions to take to protect patient safety. Each Department Manager is responsible for maintaining copies of emergency procedures in an accessible location.

The Manager of each department serving patients is responsible for developing and training employees about department specific emergency fire response procedures. Department Managers are responsible for providing department and area personnel with an orientation to emergency procedures related to their job. Additional department level training is provided on an annual basis as part of the continuing education program or on an as-needed basis. Each Department Manager is responsible for reviewing Department specific Fire Safety Program emergency procedures annually.

Fire Response Plan Elements

The role of all employees, medical staff, volunteers, and students at and near

the point of fire origin are defined. The acronym "RACE" is used to educate staff on the appropriate response to a fire:

- Rescue anyone directly affected by the fire
- Activate the alarm by pulling fire alarm pull stations and calling 911 from any Hospital phone will connect you to the operators at the top of the incoming call list.
- Contain or close doors to contain smoke and the products of combustion
- Extinguish, and as needed, prepare to evacuate patients

The role of all employees, medical staff, volunteers, and students away from the point of fire origin are to close doors and evaluate the situation. If the fire is in horizontally adjacent areas, personnel should focus on where transferred patients would be placed. In other zones, the plans should be reviewed, fire response equipment discussed and checked, the main medical gas valves checked for access, and the responsibility for shutting off the main medical gases is discussed with the House Supervisor, Respiratory Therapy Manager designee, and the Chief of Plant Operations or designee.

If a relocation or evacuation is deemed necessary, employees should:

1. Assure patients in the most affected areas are moved first, to adjacent zones not affected by smoke or fire.
2. Patients are moved using the equipment and techniques used during non-emergency situations. Where practical, ambulatory patients walk, or are moved in wheelchairs. Non-ambulatory patients are moved in wheelchairs or on gurneys, as appropriate to their condition.
3. Movement on beds is generally the last alternative, because of the additional employees necessary to move beds.
4. Patients are moved into rooms in adjacent zones to protect them from the smoke and products of combustion that may be in the corridor.
5. If patients must be moved vertically, elevators are provided with emergency power and should be used with the permission of the Fire Department.
6. In the event the Fire Department advises against the use of elevators, sleds are used to move patients to lower floors.
7. Ideally, elevators located remotely in relationship to the fire are recommended, if available. If an evacuation is deemed necessary, the Hospital Command Center will be activated, and the Hospital's Emergency Operations Plan (Code Triage) will be activated.

D. Processes to Control Flammability of New Acquisitions

The Product Evaluation and Standardization Committee and the Manager of Materials Management are responsible for administering the program to identify and comply with the code requirements that furniture and furnishings, including bedding, window draperies, and other curtains, furnishings, and decorations are expected to meet prior to purchase. RUHS MEDICAL CENTER has written product specifications that are detailed in the acquisition of interior finish products.

The State Fire Marshall (OSHPD FLSO) examines compliance with assuring that installed decorative products meet the California Fire Code Standards. The specifications on products installed during each project are included on the approved documents, that OSHPD review prior using the building permit. The Inspector of Records will verify that the installation and products are done per approved documentation.

The Manager of Materials Management is responsible for purchasing only replacement products meeting the standards defined. Department Managers that need to purchase products must coordinate product evaluations with the Manager of Materials Management.

E. Life Safety Code

The Safety Officer and Chief of Plant Operations, are responsible for managing the program for complying with NFPA codes and standards.

RUHS MEDICAL CENTER facilities are maintained in compliance with the Life Safety Code (NFPA 101, 2000 edition). Compliance is maintained by ongoing inspection and preventive maintenance of key elements.

Where code deficiencies are identified, they are corrected promptly, or if the correction time will exceed 30 days the plan for improvement will be documented as part of the Statement of Condition's (SOC) Plan for Improvement. The SOC will be reviewed by the EOC Committee at least quarterly and any open items discussed to determine their status. If they will not be completed as scheduled, a discussion with the Director of Facilities Design and Development responsible for Plant Operations and Accreditation occurs to determine the appropriate notification to regulatory bodies. The recommendation is discussed with the CEO or designee.

The Chief of Plant Operations is responsible for the Statement of Conditions document. Plan for Improvements are reviewed by the Environment of Care

Committee to ensure work is progressing.

F. Fire Drills

Fire drills are a critical tool to maintain the readiness of staff to respond to a fire emergency to minimize the likelihood of injury to patients, visitors, and employees. Staff participation is necessary to maintain a level of readiness and employee's competency of the equipment and procedures they must follow to protect themselves and their patients. To evaluate staff competency, drill activities are observed, and employees questioned about their role and activities during a fire emergency.

Fire drills are conducted once per quarter, per shift and are unannounced. The Hospital Safety Officer designee conducts and documents the drills. Each drill is evaluated to identify opportunities for improvement. In addition, fire response competency is evaluated during environmental rounds.

The results of the critique and evaluation of drills and employees knowledge are used to identify opportunities to improve training programs, equipment, and compliance.

Staff knowledge and response to drills is evaluated by a data collection document that includes:

- Knowledge of RACE
- Containing the fire
- Activation of fire alarm
- Location of the main medical gas shut-off on their unit
- Who is authorized to shut the main medical gases off to the unit
- Evacuation
- Knowledge of PASS
- Paths of egress free of obstructions

G. Maintaining Fire Safety Equipment and Building Features

1. Fire Protection Systems

The Chief of Plant Operations is responsible for the coordination of the maintenance and testing of the fire protection systems. All work is documented and maintained by Plant Operations and reported to the Environment of Care Committee. Maintenance and testing of the fire protection system are conducted

on the following schedule:

- Supervisory signal devices are tested quarterly as part of fire alarm and fire pump testing.
- Valve tamper switches and water flow devices are tested quarterly in conjunction with sprinkler system testing.
- Smoke duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and ceiling smoke detectors are tested at least annually.
- Occupant alarm notification devices, including audible devices, speakers, and visible devices, are tested annually as part of the ongoing fire alarm system testing, and verified by employees by exception, during fire drills.
- Off-premises emergency forces notification transmission test is done quarterly. This is done automatically with activation of the fire alarm system, and verified quarterly by Plant Operations.
- The fire pump is tested at least weekly under no flow condition to verify operations, water-bearing activity, and timeout operations.
- Main drain tests are conducted at least annually at all fire alarm system risers.
- Each fire department connection is inspected quarterly, as part of equipment rounds. Problems are documented by exception.
- Each fire pump is tested at least annually under full flow, by a qualified vendor. Flow curves are calculated and compared with normal flow to test the pump's continuing function.
- Kitchen automatic fire-extinguishing systems are inspected for proper operation at least semi-annually.
- Each portable fire extinguisher is clearly identified, inspected at least monthly, and maintained at least annually by a qualified individual. In addition, extinguisher access is evaluated during ongoing environmental tours.
- Each fire and smoke dampers tested 1 year after installation and then at least every 6 years, per NFPA 80.

- Each automatic smoke-detection shutdown device connected to air- handling equipment is tested (operationally activated) at least annually.
- Each horizontal and vertical sliding or rolling fire door is tested for proper operation and full closure at least annually during ongoing maintenance activity.

Activity of Plant Operations employees is generally limited to troubleshooting and minor repair. Licensed contractors are used to test, inspect, maintain and repair systems where needed, to assure the special skills and equipment they have are available. Documentation is maintained to assure testing is done timely.

H. Interim Life Safety Measures (ILSM)

The Chief of Plant Operations is responsible for managing the ILSM program. The program is applied when an assessment documenting the need to implement the ILSM Program has been completed by the Chief of Plant Operations or designee and/or the Hospital Safety Officer.

A risk assessment tool is used to evaluate pre-construction risk and each project or event to determine the level of potential risk and implementation of the ILSM policy. An action plan is developed to mitigate risk.

The Chief of Plant Operations is responsible for communicating the findings to the Chief Executive Officer , Chief Operating Office or designee and the Director of Facilities, Design and Development responsible for Plant Operations, Director or Quality, Administration for EOC, and Patient Safety. In addition, the Chief of Plant Operations is responsible for monitoring implementation of the ILSM policy.

The schedule of monitoring and documentation is determined on a per project basis. The Chief of Plant Operations is responsible for maintaining all ILSM documentation from the onset through completion. Regular reports of ILSM interventions will be made to the Environment of Care Committee.

EOC 3. HAZARDOUS MATERIALS AND WASTE MANAGEMENT PLAN

SCOPE

The Hazardous Materials and Waste Management Program is designed to address risks that the variety of substances addressed in this plan pose to the environment of RUHS MEDICAL CENTER and to the patients, staff, and visitors of the organization. The program is designed to assure compliance with applicable codes and regulations.

This Hazardous Materials and Waste Management Plan apply to following locations:

- A. Riverside University Health Systems– Moreno Valley Campus (RUHS-MC)
- B. Riverside University Health Systems– Arlington Campus (RUHS-AC)

FUNDAMENTALS

1. The scope of the Hazardous Materials and Waste Management Program is determined by the materials in use and the waste generated by RUHS.
2. To insure the proper managing of hazardous materials and provide instruction of hazards associated with materials and wastes for employees Safety Data Sheets (SDS) or similar documents provided by suppliers and manufacturers are maintained and available as required by law and regulations, (EC.02.02.01 EP 11).
3. Protection from hazards requires all staff that use or are exposed to hazardous materials and waste to be educated as to the nature of the hazards and to use equipment provided for safe use and handling when working with or around hazardous materials and waste.
4. Rapid effective response is required in the event of a chemical spill, release, or exposure to hazardous materials or waste.
5. Segregation of hazardous waste at the point of generation is an effective means of controlling the potential for exposures or spills during collection, transport, storage, and disposal.
6. Special monitoring processes or systems may be required to manage certain hazardous gases, vapors, or radiation undetectable by humans.

Goals and Objectives

EC.02.02.01 EP 11

To insure the proper managing of hazardous materials and provide instruction of hazards associated with materials and wastes for employee Safety Data Sheets (SDS) or similar documents provided by suppliers and manufacturers are maintained and available as required by law and regulations

1. An EVS specific SDS book will be created and stored in each EVS closet throughout the facility according to the new OSHA Globally Harmonizing System (GHS), which changes all chemicals labeling, classification and SDS sheets to reflect a 16 section format.

EC.02.02.01 EP 5

The hospital minimizes risks associated with selecting, handling, storing, transporting, using and disposing of hazardous chemicals.

1. An inventory of hazardous chemical materials, defined by written criteria, is used as part of the process to evaluate and define hazardous materials storage practices and hazardous wastes storage and waste handling practices.

The Hazardous Waste Program includes:

- chemical waste
 - pharmaceutical waste
 - chemotherapeutic waste, where present
 - radioactive waste, where present
 - bio-hazardous waste, sharps, and other physical hazards
2. Inspections are conducted at least annually to assure that areas used to store hazardous waste have adequate space, are separated from clean and sterile goods and food items; and hazardous chemicals are stored appropriately.
 3. Spills, releases, and exposures to hazardous chemicals and waste are reported to the Environment of Care Committee.
 4. EVS, Plant Operations, and specified Emergency Department Personnel who respond to hazardous spills are trained about the hazards of the materials they handle, protective methods, and responses to spills and exposures.

5. The performance indicator (percentage of returned manifests) for hazardous materials and waste is evaluated and reported to the Environment of Care Committee and the Performance Improvement Committee.
6. Hospital staff are trained upon hire and annually how to respond to hazardous material spills through "Code Yellow" training.
7. Annual evaluations are conducted to measure effectiveness of the program.
8. Monitoring of gasses and vapors is performed according to the Hazardous Vapor Monitoring Policy #515.2.

PROCESS FOR HAZARDOUS MATERIALS AND WASTE PROGRAM

RUHS Medical Center minimizes the risk associated with the selection, handling, storing, transporting, using and disposing of hazardous chemicals (EC.02.02.01, EP 5).

RUHS Medical Center minimizes the risk associated with the selection, handling, storing, transporting, using and disposing of hazardous gases and vapors. Examples of hazardous gases and vapors include but are not limited to glutaraldehyde, ethylene oxide, and vapors generated when using cauterizing equipment and lasers, and gases which include nitrous oxide (EC.02.02.01, EP 9).

RUHS Medical Center has developed and maintains this written management plan describing the processes it implements to effectively manage hazardous materials and waste. The plan includes processes to protect the facility, patients, visitors, volunteers, and staff from these materials to minimize the risk of harm and impact from exposure. The processes include education, procedures for safe use, storage and disposal, and management of spills or exposures. This plan is evaluated annually and changed as necessary, based on changes in conditions, regulations, standards, and identified needs.

A. *Inventory of Hazardous Materials and Waste*

RUHS Medical Center maintains a written, current inventory of hazardous materials and wastes that is used, stored and generated. This inventory is only inclusive to materials whose handling, use and storage are addressed by law and regulation (EC.02.02.01, EP 1; IC.02.01.01, EP 6; MM.01.01.03, EP 4).

Each department where hazardous materials are handled and/or stored maintains an inventory of hazardous materials and wastes in the department. The department manager or designee is responsible for evaluating SDS for hazards before purchase to assure that the materials are appropriate. The department managers work with the Manager of Environmental Services and the Safety Officer to develop procedures for handling of hazardous materials.

The Manager of each department has an inventory of hazardous or regulated waste and is responsible for managing safe storage and handling. Each manager is responsible for reviewing SDS and other information to identify and dispose of appropriately. Licensed contractors transport chemical, chemotherapeutic, and medical waste. Radioactive waste is allowed to decay below background radiation and then is disposed of as ordinary waste.

B. *Management of Hazardous Materials and Waste*

RUHS Medical Center has established and maintains processes for identifying, selecting, handling, storing, transporting, using, disposing of hazardous materials and waste from receipt or generation through use and/or final disposal, including managing the following:

- **Chemicals:** Chemicals are identified and ordered by the department manager or designee. Appropriate storage space is maintained by each department, and reviewed as part of environmental rounds in that area. Chemical materials are maintained in labeled containers. Staff is trained in understanding SDS and safe handling of the chemicals they use.

Chemical waste is held in a locked container on hospital property until a licensed contractor picks up the chemical waste from the Medical Center. The contractor packs the chemicals, completes the manifests, and removes the packaged waste. A disposal copy of the manifest is returned to verify legal disposal of the waste.

- **Chemotherapeutic materials:** Chemotherapeutic (antineoplastic) medications and the materials used to prepare, administer, and control these materials are collected for special disposal. Staff using these materials are trained in the safe handling of and emergency response to spills or leaks.

Chemotherapeutic residual waste is handled as part of the regulated medical waste stream, with additional labeling to assure appropriate incineration as final destruction. Larger than residual volumes of chemotherapeutic waste (liquids) are handled as chemical waste, if not recyclable.

- Pharmaceutical waste: RUHS MEDICAL CENTER minimizes the risk associated with disposing of hazardous medications and pharmaceutical waste which may also be classified as Resource Conservation Recovery Act Waste. These types of waste are identified and collected within specific containers and collected for removal and incineration by an approved waste disposal vendor. (EC.02.02.01, EP 8) and (MM.01.01.03, EP4).
- Radioactive materials: These are handled subject to the Medical Center's license, and their safety is managed by the Radiation Safety Officer. The risks associated with selecting, handling, storing transporting using and disposing of radioactive materials is reviewed by the Radiation Safety Officer. (EC.02.02.01, EP 6). Materials are handled in accordance with the requirements of the Medical Center's license, state and federal regulations.

Radioactive waste is held until decayed to background, and then handled as the underlying hazard of the materials for disposal. The Radiation Safety Officer or designee monitors the waste and determines when it is no longer considered a radioactive hazard, in accordance with regulatory guidelines.

- Ionizing or non-ionizing radiation equipment: RUHS MEDICAL CENTER minimizes the risks associated with selecting and using hazardous energy sources which may not be limited to those generated while using ionizing or non-ionizing radiation equipment and lasers. (EC.02.02.01, EP 7)
- Infectious and regulated medical wastes, including sharps: These materials are found throughout the Medical Center. The program is designed to identify, separate, collect, and control potentially bio-hazardous materials, and to collect them for licensed disposal. Staff is trained regarding proper handling of these types of waste materials in the regulated medical waste program. Labeled and specialized containers are used to collect and transport these wastes.

Regulated Medical Waste is picked up by housekeeping in patient care areas and transported to the handling room in dedicated carts. The waste is packaged for disposal, and held for a licensed waste contractor pickup. The contractor assists in completing the manifests, and removes the waste, returning the disposal copy of the manifest to Environmental Services after final disposal. A contracted vendor removes sharps containers twice a week. If sharps containers become full before scheduled pick up dates, Environmental Services staff will remove upon request.

C. *Management of Hazardous Materials and Waste Storage Space*

The Safety Officer and/or the Manager of Environmental Services assess the appropriateness of space for handling and storage of hazardous materials and waste as part of environmental rounds. Handling and storage is assessed during environmental rounds and determines if current conditions and practices support the expectation of the plan.

Department Managers are responsible for initiating corrective actions on findings related to the appropriate use of handling and storage spaces in their areas of responsibility.

D. *Gas and Vapor Monitoring*

RUHS Medical Center monitors the level of hazardous gases and vapors to determine if they are in a safe range (EC.02.02.01, EP 10). Department Managers are responsible for managing the program for monitoring gases and vapors in accordance with the Hazardous Vapor Monitoring Policy #515.2. Air contaminants found during normal use include formaldehyde, Xylene, ethylene oxide, and waste anesthetic gases. Results of current monitoring indicate that exposure levels are below the regulatory action level. If a monitor's result were above the action level, corrective action and additional testing will be done to ensure a safe working environment.

E. *Emergency Procedures*

RUHS Medical Center implements procedures for response to hazardous material and waste spills (EC.02.02.01, EP 4). The Manager of Environmental Services and the Safety Officer develop and maintain emergency procedures for the Hazardous Materials and Waste Program.

RUHS Medical Center has an organized spill procedure that evaluates spills to determine if outside assistance is necessary. A minor (incidental) spill that can be cleaned up by the staff involved, with their training and personal protective equipment does not require additional response (EC.02.02.01, EP 3).

Spill kits are kept in the following locations:

<u>Location</u>	<u>Room</u>
2500	C2085
3500	C3085
4500	C4085
Pediatric Clinic Office Area	C1072
Clinical Laboratory	E0111
EVS General Storage Area	F0031
Plant Operations Generator Room	P0020
Hazardous Waste Container	Outside/Entrance
Arlington Campus	AM-8
Arlington Campus	Disaster Trailer

A spill that exceeds the capability of the immediate staff to neutralize and clean up requires a response from outside the facility. In these cases, the immediate area is evacuated, ventilation controlled, and the City of Moreno Valley Fire Department is called. The City of Moreno Valley Fire Department shall take control of the situation and spill cleanup in coordination with RUHS. The City of Moreno Valley Fire Department/Riverside County Fire Department may arrange for the spill to be cleaned up by a qualified outside agency. If appropriate, trained hospital staff shall provide the cleanup and recovery. Staff including Environmental Services employees, are trained to recognize the potential for a spill that is not safe to handle, and to initiate a Code Yellow. Staff is cautioned to err on the side of safety, and not to handle chemical spills that exceed their training or the personal protective equipment they have available.

Incidents involving spill kits, or a response from any outside agency are documented in the online Incident Reporting system for documentation.

F. Documentation of Permits, Licenses, and Manifests

For the purpose of managing hazardous materials and waste, RUHS MEDICAL CENTER has obtained and maintains permits and licenses for the handling and disposal of hazardous waste, including chemical waste, radioactive materials, and bio-hazardous (potentially infectious medical waste) from the appropriate federal, state, and municipal agencies (EC.02.02.01, EP 11).

G. Manifests

For managing hazardous materials and waste every shipment of hazardous waste removed from the facility is documented by a manifest, as mandated by state and federal regulations. The manifests have multiple copies:

1. One copy is left when the hazardous waste is removed from the facility.
2. Another copy travels with the waste and is returned to the Medical Center once the waste has been legally disposed of to document the completion of the activity.

These copies are matched, to assure that no load has been lost or misplaced, and kept for the documentation purposes. (EC.02.02.01, EP 11).

H. *Waste Labeling*

All hazardous wastes are labeled from generation to removal. Some wastes, such as bio- hazardous wastes (Potentially Infectious Medical Waste) are identified by placement in a red bag; other wastes are labeled with specific signs or with text labels. Labels identify the contents and warnings as appropriate to the product. Specific labeling requirements may be obtained through the California Occupational Safety and Health, Blood Borne Pathogens and Hazard Communications and National Fire Protection Association (EC.02.02.01, EP 12).

- Bio-hazardous Waste: These are placed in red bio-hazardous waste bags, and then placed into hard plastic bins with external labeling as bio-hazardous waste, or in a labeled rollaway container provided by the vendor. The red bio-hazardous waste bags are labeled as bio- hazardous waste and any material in a red bag is treated as bio-hazardous.
- Chemotherapeutic Waste: Chemotherapeutic waste is placed into labeled containers (labeled with the OSHA and international symbols for carcinogenic wastes). These waste streams are handled by the same contracted company that handles the red bag waste. Bulk quantities are handled as hazardous waste.
- Chemical Materials and Waste: Chemical materials are labeled throughout their use and handling in the facility. The label is on the container prior to receipt, or is placed on containers filled or mixed within the Medical Center. Labeling is evaluated during environmental rounds to assure the labels are maintained and legible.

Chemical wastes must be labeled on the containers. In many cases the waste is identified by the original manufacture's label. These labels are required by the vendors of chemical disposal services to maintain the identity of the materials, and if the label is lost, the materials are tested and analyzed to identify them for

proper handling and disposal.

- Radioactive Materials and Waste: Radioactive materials are labeled with the magenta and yellow symbols, defined by OSHA and international use. These materials are handled and stored in accordance with regulations and license provisions. Radioactive waste is held to decay below background and then disposed of as regular waste.

I. Separation of Waste Handling Areas

RUHS Medical Center maintains appropriate handling and storage areas for hazardous wastes that are separated and maintained to minimize the possibility of contamination of food, clean and sterile goods, or contact with staff, patients, visitors, or volunteers.

Hazardous waste is moved in covered or closed containers, from holding areas to the storage space designated for processing and handling of that type of waste. Those spaces are inspected periodically, to assure they are adequate for the intended use, that appropriate equipment and personal protection is available, and that they remain clean and orderly.

Regular inspections of the storage areas and of behaviors in transport are included as part of environmental inspections and problems are identified and documented as part of the environmental inspections.

EOC 4. MEDICAL EQUIPMENT MANAGEMENT PLAN**SCOPE**

The Medical Equipment Management Program (MEMP) is designed to safely and effectively manage the risks associated with medical equipment. The MEMP is to focus on the following areas:

1. Selection of appropriate medical equipment to support medical care and treatment;
2. Proper education of staff responsible for new clinical technologies;
3. Collecting and interpreting data related to the replacement and utilization of medical devices;
4. Compliance with planned maintenance;
5. Maintenance on Medical Devices to ensure a safe patient environment;
6. Ongoing education, training and staff support for currently used medical devices; and
7. Evaluations of events that could adversely impact safety of patients or staff.

Overall, the program is designed to assure continual availability of safe, effective equipment through a program of planned maintenance, timely repair, ongoing education and training, and evaluation of all events that could have an adverse impact on the safety of patients or staff.

This Medical Equipment Management Plan applies to following locations / entities:

- A. Riverside University Health Systems— Moreno Valley Campus
- B. Riverside University Health Systems— Arlington Campus
- C. Riverside County Correctional Health Services

OBJECTIVES

- A. To provide a safe environment through proper selection, use, testing, and maintenance of medical equipment.
- B. To Identify and maintain a medical equipment inventory and history database based on life support and non-life supporting equipment.
- C. To collect performance testing and maintenance records of all sterilizers.
- D. To educate users and maintainers of medical equipment to help ensure proper use and functionality
- E. To identify deficiencies, failures, and user errors to help prevent unnecessary

injury to patients and damage to equipment

- F. To evaluate, identify and manage maintenance expenditures; by establishing service contracts, using alternative parts supplier's relations and utilizing third party services.
- G. To ensure other departments that manage their medical devices do so within the appropriate guidelines set by RUHS MEDICAL CENTER and that all records of maintenance are kept in plant operations.

PROCESSES OF THE MEDICAL EQUIPMENT MANAGEMENT PLAN

A. *Medical Equipment Management Plan*

RUHS Medical Center maintains this written management plan describing the processes it implements to manage the effective, safe, and reliable operation of medical equipment. The management plan describes processes to effectively manage medical equipment that provide a safe, comfortable, and efficient care for patients, staff, and visitors. This plan is evaluated annually, and changed as necessary, based on changes in conditions, regulations and standards, and identified needs.

B. *Selection and Acquisition*

The Manager of Materials Management has the overall responsibility for coordinating the clinical equipment selection and acquisition process. Department Managers and others, as appropriate, collaborate to select and acquire medical equipment. The Department Manager is responsible for completion of all necessary documentation required prior to equipment acquisition. Department Managers develop recommendations related to equipment to purchase. The Manager of Materials Management coordinates vendor negotiations, and ensures clinical equipment considered for purchase meets appropriate standards of performance and safety.

Plant Operations works with design professionals and clinical staff to identify needs for space and means of support for new equipment. They manage the commissioning of new equipment. The commissioning process includes assembly, installation, and testing of new equipment.

Managers of clinical departments where new equipment is installed collaborate

with Materials Management and equipment suppliers to assure appropriate education and training are provided to all initial users of the equipment and a program for training additional future users is developed.

Capital clinical equipment requests are included as part of the annual budget process. The CEO has final approval over all new clinical equipment purchases. The Materials Management Department maintains documentation related to the medical equipment selection and acquisition process.

C. *Criteria and Inventory*

Written criteria are used to identify risks associated with medical equipment. The risks include equipment function, physical risks associated with use, and equipment history as it relates to patient safety.

The risks identified are used to assist in determining the strategies for maintenance, testing, and inspection of medical equipment. In addition, the identified risks are used to guide the development of training and education programs for staff that use or maintain equipment.

All medical equipment is inspected at the time of delivery. In addition, appropriate training and testing of new equipment takes place prior to use on patients.

Equipment requiring a program of planned maintenance is listed as part of a maintenance inventory. The list includes equipment maintained by in-house staff as well as equipment maintained by outside vendors.

D. *Maintenance Strategies*

The Chief of Plant Operations or designee evaluates all equipment used for the diagnosis, treatment, and monitoring of patients to determine the appropriate maintenance strategy, thus assuring safety and maximum useful life of the equipment. The strategy selected is based on manufacturer recommendations, accreditation or regulatory requirements, local operating experience, and equipment design. The determination of the appropriate strategy is made as part of the initial evaluation of equipment.

Strategies include:

- Interval testing, based on specified intervals between tests,

- inspections, or maintenance activity
- Run-time based inspections, based on hours of use or other time of use processes. This strategy uses on-board clocks or event recorders to trigger specific tests, inspections, or service.
 - Corrective maintenance, based on a request for service or failure of the equipment to pass internal self-tests. Such equipment is subject to an initial test on receipt and asset management.
 - Other strategies, based on the use of the equipment may include inspection immediately prior to each use for equipment used infrequently, borrowed, or rented from vendors or others.

F. *Inspection, Testing, and Maintenance*

The frequency of planned maintenance is determined based on manufacturer recommendations, accreditation or regulatory requirements, and local operating experience. The frequency of maintenance is determined at the time of initial evaluation of the equipment. The minimum testing/ inspection unless otherwise specified would be annually of devices in the hospitals inventory.

A work order is used to manage the work for each planned maintenance event. Work orders are issued for maintenance performed by in-house staff and contractors. The Chief of Plant Operations or designee manages the work order generation and completion process. Medical Electronics Technicians perform assigned work orders and return completed work orders to the Chief of Plant Operations or designee. Work done by outside contractors is tracked to assure the work is completed in accordance with the terms of a contract.

In addition, other departments may manage performance testing of specialized medical devices that include but are not limited to sterilizers, dialysis machines, dialysis water processing systems, respiratory and radiology equipment.

G. *Hazard Notices and Recalls*

The Manager of Materials Management and the Senior Medical Electronic Technician manage the medical equipment hazard notice and recall process.

Product safety alerts, product recall notices, hazard notices, etc. are received from a variety of external sources. All such notices are routed to Materials Management and the Safety Department. Notices are circulated to Department Managers to determine if RUHS MEDICAL CENTER has any of the affected equipment. When a piece or type of equipment subject to a hazard notice or

recall is identified, appropriate action is taken to address the hazard.

The Medical Electronic Technicians support the process by using the medical equipment inventory to screen known equipment for matches and by evaluating the relative severity of the risk. When conditions warrant, equipment is removed from service and replaced with a safe, effective substitute. In unusual cases when no substitute is available, Plant Operations provides support to users to ensure the identified hazard is minimized until it can be corrected.

H. Safe Medical Devices Act

The Safety Officer is responsible for the Safe Medical Devices Act Reporting process.

Quality Management collects information about potentially reportable events through the incident reporting and investigation process. Senior Medical Electronic Technician, Safety Officer, and appropriate clinical staff conduct investigations of clinical equipment incidents to determine if the incident is reportable under criteria established by the Food and Drug Administration (FDA).

Quality Management uses the sentinel event process to investigate and document reportable incidents. Quality Management will forward those incidents determined to be reportable to the Patient Safety Officer, Senior Medical Electronic Technician and Safety Officer.

Appropriate changes in processes and training are made through the performance improvement process. The changes are communicated to all appropriate staff.

I. Emergency Procedures

The manager of each department using life support or other life-critical medical equipment develops and trains staff about the specific emergency procedures to be used in the event of equipment failure or malfunction that could result in death or irreversible harm to the patient dependent on such equipment.

These emergency response procedures provide clear, specific instructions for staff responding to an emergency. Administrative staff are notified of the emergency actions required to protect patients from harm, contacts for spare equipment or repair services, and contacts to obtain additional staff to manage the emergency.

Each department manager maintains copies of applicable emergency procedures in accessible locations in their departments. Departmental staff will receive orientation and ongoing education and training about the emergency procedures.

J. Medical Equipment is maintained, tested, and inspected.

The Senior Medical Electronic Technician establishes and maintains a current, accurate, and separate inventory of all equipment included in a program of planned inspections and maintenance. The inventory includes equipment owned by RUHS, leased, rented, and equipment used for the diagnosis, treatment, and monitoring of patient care needs.

Senior Medical Electronic Technician manages the program of planned inspection and maintenance. All equipment in the program is tested for performance and safety prior to initial use on patients.

The Chief of Plant Operations or designee assures that scheduled testing of all life support equipment is performed in a timely manner. Reports of the completion rate of scheduled inspection and maintenance are presented to the Environment of Care Committee at least quarterly. If the monthly rate of completion falls below 100%, the Chief of Plant Operations or designee will present an analysis to determine what the cause of the problem is and make recommendations for correcting it.

The Chief of Plant Operations or designee assures that scheduled testing of all non-life support equipment is performed in a timely manner. Reports of the completion rate of scheduled inspection and maintenance are presented to the Environment of Care Committee each month. If the monthly rate of completion is below 96%, the Chief of Plant Operations or designee will present an analysis to determine what the cause of the problem is and make recommendations for correcting it.

Plant Operations is responsible for the contracted services with Davita, Inc. responsible for the testing and maintenance of all types of sterilizers used in RUHS-Medical Center. Records of load testing and regular maintenance are maintained by Plant Operations. Any improper results are documented as patient safety incidents and reported to the Quality Management for evaluation and action.

EOC 5. SAFETY MANAGEMENT PLAN

SCOPE

The Safety Management Program establishes the parameters within which a safe environment of care is established, maintained, and improved for RUHS. This plan addresses specific responsibilities, general safety, and staff education programs. These and other elements of the Safety Program are all directed toward managing the activities of staff so the risk of injuries to patients, visitors, and staff are reduced and staff can respond appropriately to emergency situations.

This Safety Management Program applies to following locations:

- I. Riverside University Health Systems– Moreno Valley Campus
- II. Riverside University Health Systems– Arlington Campus

FUNDAMENTALS

1. Department Managers need appropriate information and training to develop an understanding of safe working conditions and safe work practices within their area of responsibility.
2. Safe working conditions and practices are established by using knowledge of safety principles to educate staff, design appropriate work environments, purchase appropriate equipment and supplies, and monitor the implementation of the processes and policies.
3. Regular evaluation of the environment for work practices and hazards is required to maintain a current relevant safety program. The program should change as needed to respond to identified risks, hazards, and regulatory compliance issues.

OBJECTIVES

- A. Risk assessments are conducted of the buildings, grounds, equipment, staff activity, care of patients, and work environment for employees. Additional risk assessments are conducted when substantive changes involving these issues arise.
- B. Environmental rounds (safety inspections) include all areas of the RUHS. The program includes the facilities, equipment, and all support areas at least annually, and all patient care areas at least semi-annually.

- C. All departments have copies of current organization-wide safety policies and procedures. Departmental safety procedures have been evaluated within the past three years or as new procedures or needs arise.
- D. The Chief Executive Officer (CEO), Chief Operating Officer or designee appoints the Safety Officer. The Safety Officer Job description is current and reflects the expectations for the responsibility of the position.
- E. Materials Management and the Safety Officer or designee follow-up and respond to product safety recalls. Recalls and hazard alerts are forwarded and tracked in the Environment of Care Committee Meetings.
- F. There is regular monitoring and evaluation of the effect of the no-smoking policies and processes, and where necessary, monitoring of the processes designed to correct identified problems or violations.
- G. Performance measures are developed and monitored on a quarterly basis.
- H. The CEO has delegated authority to the Safety Officer and the House Supervisor on duty to take immediate and appropriate action in the event of an emergency situation where there is a danger that poses a threat to life, a threat of personal injury, or a threat of damage to property.
- I. Department Managers are responsible for orienting new staff members to the department and, as appropriate, to job and task specific safety procedures, and for investigation of incidents occurring within their departments. When necessary, the Safety Officer provides Department Managers with assistance in developing department safety programs or policies.
- J. Individual staff members are responsible for learning and following job and task specific procedures for safe operations.

PROCESSES OF THE SAFETY MANAGEMENT PLAN

The organization develops, maintains, and on an annual basis, evaluates the Safety Management Plan.

A. *Safety Officer*

A Safety Officer is designated to coordinate the development, implementation, and monitoring of the safety management activities. The Safety Officer's job is defined by a job description.

The Safety Officer consults with the Environment of Care Committee on matters of safety. The Safety Officer reviews changes in law, regulation, and standards of safety, assesses the need to make changes to equipment, procedures, training, and perform other activities essential to implement the Environment of Care Programs.

As needed, the CEO's designee manages the Safety Officer Appointment process. The CEO's designee has the responsibility for selecting a qualified individual capable of assisting in monitoring the Environment of Care Program. The CEO formally appoints the candidate selected.

B. *Immediate Threat to Life Policy*

The CEO of RUHS has identified individual(s) who are responsible for intervention whenever conditions pose an immediate threat to life or health, or threaten damage to equipment or buildings.

The CEO has delegated this authority to the Safety Officer, Sergeant of Security (MVPD), and the House Supervisor on duty. These individuals are empowered to immediately intervene and take appropriate action to mitigate the effects of such situations. Such delegation of authority enables the organization to take swift and decisive action to implement the policy twenty-four hours a day / seven days a week.

C. *Risk Assessment*

The goal of performing risk assessments is to reduce the likelihood of future incidents or other negative experiences that have the potential to result in an injury, an accident, or other loss to patients, staff, or hospital assets.

The organization conducts an initial proactive risk assessment to evaluate the potential of adverse impacts of buildings, grounds, equipment, occupants, and

internal physical systems on the safety and health of patients, staff, and other visitors. Further risk assessments will be conducted when major changes to the organization occur.

The Safety Officer, Chief of Plant Operations, individual Department Managers, and other key members of the Environment of Care Committee perform the risk assessments.

D. Use of Risk Assessment Results

The results of the risk assessment process are used to:

- create new or revised safety policies and procedures
- identify new environmental rounds items for the areas affected
- improve safety orientation and education programs
- help define safety performance monitoring and indicators

The organization uses the risks and hazards identified to select and implement changes in procedures and controls to assure the lowest potential for adverse impact on the safety and health of patients, visitors, and staff.

E. Policies and Procedures

The Environment of Care Committee coordinates the development of organization-wide safety policies and procedures, and provides assistance to department managers in the development of departmental safety procedures, as requested.

Individual Department Managers manage the development of department-specific safety policies and procedures for hazards unique to their area of responsibility. Department specific safety policies and procedures address safe operations, use of hazardous equipment, and use of personal protective equipment in that department. The Safety Officer assists Department Managers in the development of new department safety procedures.

Organization-wide safety policies and procedures are available to all departments via the intranet. Managers are responsible for distribution of department level policies and procedures to their staff and for ensuring enforcement of safety policies and procedures. Each staff member is responsible for following safety policies and procedures.

The Environment of Care Committee reviews organization-wide and departmental safety policies and procedures at least every three years. Additional interim reviews may be performed on an as needed basis.

C. Safety Product Recalls and Hazard Alerts

In cooperation with appropriate representatives in Plant Operations-Biomed and Materials Management, the Environment of Care Committee ensures effective response to product safety recalls and hazard alerts to the departments who are utilizing or managing the products. In an effort to ensure effective overall response, critical recalls, or alerts are brought to the attention of the Materials Management designee upon receipt from any manufacturer or vendor. Results from the safety product recall and alerts are gathered, documented, and reviewed at the Environment of Care Committee meeting at least quarterly.

G. Grounds and Equipment

The Chief of Plant Operations is responsible for managing the hospital grounds and external equipment maintenance process.

The Chief of Plant Operations is responsible for scheduling and performing maintenance of hospital grounds and external equipment. Plant Operations staff make regular rounds of various areas to observe and correct the current condition and safety of hospital grounds and external equipment.

Hospital grounds include lawns, shrubs and trees, sidewalks, roadways, parking lots, lighting, signage, fences, etc. Some external equipment, such as the oxygen storage facility, has established protocols for inspection, testing, or preventive maintenance.

THE ORGANIZATION MAINTAINS A SAFE ENVIRONMENT.

A. Environmental Surveys and Hazard Surveillance

The organization conducts regular Environmental Rounds to identify and evaluate environmental issues, hazards and unsafe practices, security concerns, hazardous materials and wastes practices, fire safety problems, medical equipment issues, access to utility system elements, staff knowledge, and other issues.

The organization conducts these Environmental Rounds at least semi-annually in all areas where patients are treated, monitored, housed, or served, including

inpatient and outpatient care areas. The organization conducts environmental tours at least annually in those areas where patients are not served.

B. *Smoking Policy*

RUHS Medical Center has developed Smoking Policy # 112, the policy prohibits smoking in all buildings and restricts smoking outside the buildings to designated areas only.

RUHS Medical Center develops strategies to eliminate the incidence of policy violations when identified. Evidence of smoking is included in environmental rounds, and where found, improvement activities are put in place to identify and eliminate the violations.

EOC 6. SECURITY MANAGEMENT PLAN**SCOPE**

The Security Management Plan is designed to manage potential security risks to patients, staff, visitors, volunteers, and property. The security program is intended to assure the identification of security risks and the development of effective response procedures.

This Security Management Plan applies to following locations:

- I. Riverside University Health Systems— Moreno Valley Campus
- II. Riverside University Health Systems— Arlington Campus

FUNDAMENTALS

1. Assessment of risks to identify potential problems is key to reducing crime, injury, and other incidents.
2. Analysis of security incidents provides information to predict and prevent crime, injury, and other security related incidents from occurring.
3. Staff is trained to recognize and report either potential or actual incidents to ensure a timely response. In security sensitive areas, staff is trained in protective measures designed for those areas and their responsibilities to assist in protection of patients, visitors, staff, and property.
4. RUHS MEDICAL CENTER has established a program to reduce violence within the workplace.

GOALS AND OBJECTIVES

- A. The hospital buildings and property are patrolled on a regular basis by Hospital Security to identify and document potential or actual problems.
- B. Appropriate and timely action is taken to prevent crime, injury, or property loss from occurring.
- C. Security policies and procedures are established and maintained to direct staff on how to respond to security incidents. Security policies are reviewed at least every three years.

- D. Response is provided for emergencies and requests for assistance in a timely fashion. Communication is maintained externally with local law enforcement authorities. Internal communications are provided as needed.
- E. Vehicle movement on hospital grounds is monitored, including control of parking and access to the Emergency Department.
- F. Hospital Security will provide a timely response to reports of violent activity or requests for assistance in restraining violent or aggressive patients or visitors.
- G. Access to the grounds, buildings, and sensitive areas are limited by enforcement of staff, patient, and visitor identification policies.
- H. Timely response to requests for escort, keys, and door openings, or other routine requests for assistance is provided.
- I. All new employees are trained about the Security Program, including what types of incidents the Moreno Valley Police Department and general staff can respond to, how to report incidents and obtain assistance in an emergency, and additional training for staff in designated sensitive areas is provided.
- J. The documentation system for security incidents is managed by the Moreno Valley Police Department or general staff and used to provide appropriate reports to the Environment of Care Committee.
- K. Security Management activities including but not limited to investigations, routine patrol activity, special and routine requests for assistance, and other activities are reported to the Environment of Care Committee. .
- L. Performance improvement opportunities are documented and reported to the Performance Improvement Committee.
- M. An annual evaluation of the scope, objectives, performance, and effectiveness of the program is conducted and documented.
- N. The potential for workplace violence is evaluated as part of a risk assessment, and programs have been developed to respond to workplace violence.

PROCESSES OF THE SECURITY MANAGEMENT PLAN

RUHS Medical Center has developed and maintains this written management plan describing the processes it implements to effectively manage a secure environment for patients, staff, and visitors. The management plan is evaluated annually, and modified as necessary, based on changes in conditions, regulations, standards, and identified needs.

A. Management of the Security Processes

The Moreno Valley Police Department Sergeant assigned to RUHS Medical Center has been identified to coordinate the development, implementation, and monitoring of the security management activities.

B. Risk Assessment

RUHS Medical Center conducts proactive risk assessments to evaluate the potential for adverse impact on the security of patients, staff, volunteers, visitors, and other people coming to the organization's facilities. Among the elements evaluated are the potential for workplace violence, active shooter scenarios and child abduction. The risk assessment is used to evaluate current programs and to help identify new programs and activities that may be required to better protect the patients, staff, visitors and the organization.

C. Risk Assessment to Implement Procedures

The RUHS Medical Center uses the information from the risk assessment and other sources to select, develop, and implement procedures, activities, and access controls to reduce the probability of serious security risks.

D. Identification Program

Inpatients must be identified by the appropriate assigned identification method. Special identification protocols exist for newborn infants, pediatric patients and their parents.

Visitors entering the hospital after 2100 hours must enter the hospital through the 24- hour Entrance. All visitors will be given a unit-specific pass to visit patients. Visitors will sign a visitor's log and security will obtain clearance from the unit prior to issuing the pass.

Staff have access to the public areas and where their business is conducted. All employees at RUHS Medical Center shall wear approved identification badge or tag while on duty.

All vendors, sales or service representatives on official business in the hospital must sign in and receive a guest identification badge from the Materials Management Department. Upon departure all vendors, sales or service representatives will sign out and return their guest badge to the Materials Management Department.

E. Sensitive Areas

The Environment of Care Committee and Moreno Valley Police Department identify security sensitive areas.

The following areas are currently designated as sensitive areas:

- Administration
- Intensive Care Unit
- Cashier
- Detention Care Unit
- Emergency Department
- Labor & Delivery
- Mental Health – ITF
- Neonatal Intensive Care Unit
- Newborn Nursery
- Operating Suites
- Pediatrics/Pediatric Intensive Care Unit

Personnel assigned to work in sensitive areas receive department level continuing education on an annual basis that focuses on special precautions or responses that pertain to their area.

F. Emergency Response Plans

RUHS MEDICAL CENTER has designed and implemented security procedures that address actions taken in the event of a security incident. These include responses for normal activities (such as door opening and escorts), urgent activities (such as requests for assistance and stand-by, reports of theft, and other crime), and emergency responses (such as immediate patient or staff danger 'Code Green', fire alarms 'Code Silver', disasters 'Code Triage', and similar activities). General policies for these types of events provide guidance for Security staff and other hospital staff, and as necessary provide processes to inform Administration and implement hospital-wide emergency activity

(such as implementing emergency operation plans).

G. Child or Infant Abduction Prevention and Response

RUHS Medical Center has designed and implements security procedures that address the precautions for preventing, and the plans for handling an infant or pediatric abduction. The nursery and other selected areas are provided with access control and alarm systems to assist staff in becoming aware of a possible abduction of an infant or child. Staff receives ongoing training and drills to maintain their awareness. Parents and other designated visitors are also informed of the precautions and their role in those enforcing precautions.

A CODE PINK is announced over the internal paging system, as well to selected radio pagers. Designated staff from each department shall respond to doors and specified areas to observe for persons with children or packages. Staff shall call Security if anyone with suspicious children or packages are identified. Other staff members check designated areas and respond to the unit involved to document information and provide support to the parents.

The plan is tested at least once a year, and the responses documented, evaluated, critiqued, and, as appropriate, corrective action, additional training, or program improvements are made. This is reported to the Environment of Care Committee.

H. Release of Information

RUHS MEDICAL CENTER has designed and implemented security procedures that address handling of security situations requiring the release of information to persons outside the hospital. Information about patients is limited by regulation, and normal requests for such information are referred to the Admitting Department. Requests about high profile patients, including those involved in domestic violence, or those who have requested anonymity are handled by Hospital Administration. Every effort is made to protect Protected Health Information (PHI).

The Public Information Officer is designated as the spokespersons for Riverside University Health Systems and all requests for tours or other media related activity are referred to them, and they provide direction as appropriate.

I. Vehicular Access to Emergency Care Areas

RUHS MEDICAL CENTER has designed and implemented security procedures to control vehicular access to emergency care areas such as the Cactus Street Entrance, Emergency Department, and Nason Street Entrance.

Signs are posted to prohibit parking, or standing vehicles in these areas. Security staff normally patrol these areas to ensure accessibility. As needed, over-head pages are used to attempt to communicate with the person who left a vehicle parked in these areas. If needed, Moreno Valley Police Department will have the vehicles towed away from designated areas.

During emergency plan implementations (disasters), vehicular access to the Emergency Department is controlled by Moreno Valley Police Department or designee, this is to prevent people from parking or leaving vehicles where they would impede access to the Emergency Department.

EOC 7. UTILITIES SYSTEMS MANAGEMENT PLAN**SCOPE**

The Utility Systems Management Program is designed to assure installation of appropriate utility systems equipment to support the medical care processes of RUHS. The program is intended to assure continual availability of a comfortable, safe, and effective patient care environment through a program of planned maintenance, timely repair, and evaluation of all events that could have an adverse impact on the safety of patients, staff, and visitors.

This Utility Systems Management Plan applies to following locations:

- A. Riverside University Health System– Moreno Valley Campus
- B. Riverside University Health System– Arlington Campus

FUNDAMENTALS

1. The complexity of utility systems required to support complex patient care continues to increase. Selecting new or upgrading utility systems requires research and a team approach to assure all functional and medical needs are met.
2. Patient care providers need training to understand how utility systems support patient care, limitations of system performance, safe operating conditions, safe work practices, and emergency clinical interventions during interruptions.
3. Critical components of utility systems require maintenance to minimize the potential for failures.
4. Emergency response procedures are required to manage utility system failures or service disruptions.

OBJECTIVES

- A. The management plan describes the management processes used to assure that the utility systems are designed and maintained to assure a safe and effective care environment. The management plan shall be reviewed and updated at least annually.

- B. The criteria for selection of the appropriate maintenance strategy in the utility systems inventory are reviewed annually.
- C. The preventive maintenance program includes tests and inspections for each item or class of items in the preventive maintenance elements of utility systems management program, and these are reviewed annually. Any required changes are reported to the Environment of Care Committee.
- D. Medical gas system components are tested and inspected at least annually and results reported to the Environment of Care Committee.
- E. The process to test and certify medical gas system piping and systems is current, and is verified following any invasive maintenance or construction and reported to the Environment of Care Committee.
- F. The processes used to control pathogenic biological organisms in the chilled water and closed loop water systems are evaluated annually and concerns are reported to the Environment of Care Committee.
- G. Operational plans for normal and urgent operations of utility system elements are evaluated for current accuracy annually, and results reported to the Environment of Care Committee.
- H. The processes used to document, analyze, and evaluate utility system problems, failures, and errors is used to make reports to the Environment of Care Committee quarterly, and evaluated as part of annual evaluation.
- I. Performance is measured using the performance indicators which are reported and evaluated by the Environment of Care Committee quarterly and reported to the Performance Improvement Committee.
- J. Emergency procedures for response to failure or malfunction of utility systems are exercised periodically, evaluated annually, and the results reported to the Environment of Care Committee.
- K. Emergency power systems are tested monthly, and preventively maintained at least annually. The results are reported to the Environment of Care Committee.

PROCESSES OF THE UTILITY SYSTEMS MANAGEMENT PLAN

RUHS Medical Center maintains this written management plan describing the processes it implements to manage the effective, safe, and reliable operation of utility systems. The management plan describes processes to effectively manage utilities systems that provide a safe, comfortable, and efficient care environment for patients, staff, and visitors. This plan is evaluated annually, and changed as necessary, based on changes in conditions, regulations and standards, or where a need has been identified.

A. *Design and Maintenance of Utility Systems*

The Chief of Plant Operations is responsible for managing the planning, construction, and commissioning of utility systems to meet the patient care and operational needs of RUHS Medical Center.

California Office of Statewide Planning and Development (OSHPD) construction and commissioning programs are designed to assure compliance with codes and standards and to meet the specific needs of the occupants throughout the institution. In addition, the design process is intended to assure performance capability in excess of current needs to help assure that changing demands on utility systems can be managed without major capital investment. The Chief of Plant Operations is responsible for setting maintenance standards and implementing a program of planned maintenance and customer service to ensure a safe, comfortable environment of care.

B. *Risk Criteria*

The organization has established and uses risk criteria for identifying, evaluating, and creating an inventory of operating components of systems to be included in the utility management plan before the equipment is used.

These criteria address the following:

- Life support
- Infection control
- Support of the environment
- Equipment support
- Communication

The results of assessment of the various utility systems and components are used to identify the maintenance strategies, and to identify which equipment may be included in