Red Manual

Revised 5/2012
Approved by: Margaret Dimond, MMG President/Chief Executive Officer 9/18/2012
and Robin Wyles, MMG Safety Officer 9/11/2012

McLaren
MEDICAL GROUP

TABLE OF CONTENTS
EMERGENCY PREPAREDNESS MANUAL

		Policy Title:	Disaster Plan / Corporate
McLaren **MEDICAL GROUP**			
Effective Date:	1/2004	**Policy Number:**	7300
Review Date:		**Category:**	Environment of Care
Revised Date:	5/1/12	**Oversight Level:**	2
Administrative Responsibility:		Safety Officer; Environment of Care Committee	
Interpretation:		Safety Officer	

1. Purpose
To define the processes through which McLaren Medical Group (MMG) responds to external and internal disasters and emergencies. The Emergency Management Disaster Plan (EMDP) is an all hazards plan that has been developed utilizing the Incident Command System.

2. Scope
This policy applies to all employees, contract/agency employees and Licensed Independent Practitioners.

3. Definitions
3.1. Internal Disaster: An occurrence causing damage of the structure of the building or disruption of services that results in a significant loss of the capability/capacity to provide safe patient care.

3.2. External Disaster: Any occurrence that causes damage, ecological disruption, loss of human life, or deterioration of health and health care services on a scale sufficient to warrant extraordinary response.

3.3. Incident Command System: A nationally recognized system for effectively managing resources during a disaster of any size.

3.4. Mitigation: The ongoing effort to lessen the impact disasters may have on people and property.

3.5. Preparedness: Preparing for an emergency before it occurs.

3.6. Response: The action of responding to an emergency.

3.7. Recovery: The process of returning to normal.

4. Policy
4.1. McLaren Medical Group (MMG) will utilize the Incident Command System as a guide to manage external and internal disasters.

5. Procedure
5.1. **Basic Assumptions**:

5.1.1. MMG prepares to be self-sufficient for the first 24 to 48 hours following the occurrence of a disaster.

5.1.2. Measures to conserve available resources will be in effect until the extent of the emergency is determined.

5.1.3. Scheduling of employees will be directed by in Incident Command Center as dictated by the nature of the event or travel restrictions issued by the local county .

5.1.4. Communication methods include but are not limited to: telephone, e-mail, paper, overhead announcements, word of mouth, runners, walkie-talkies, weather alert systems and Amateur Radio Emergency Services (ARES).

5.1.5. In the event a State of Emergency is declared by the local County department of Emergency Management and the patient load exceeds the available beds at the local McLaren Hospital , alternate care areas will be utilized (Refer to Addendum A)

5.1.6. Specific departments may develop/manage additions to the emergency management plan as determined by the list of Department Roles and responsibilities or concerns that are unique to their department or services provided.

5.1.7. The Emergency Management Disaster Plan (EMDP) is designed to address the four phases of Emergency Management activities: mitigation, preparedness, response, and recovery.

5.2. **Four phases of Emergency Management**:

5.2.1. **MITIGATION** activities include:

5.2.1.1. Testing utilities and ensuring backups are in place

5.2.1.2. Fire extinguisher, alarms and suppression systems

5.2.1.3. Regular education and testing of all staff

5.2.1.4. Security and alarm systems

5.2.1.5. Employee identification system

5.2.1.6. Employee phone lists and "fan out" lists updated routinely

5.2.1.7. Mutual aid agreements

5.2.1.8. Agreements with vendors and providers ensuring consistent quality of care of patients

5.2.1.9. Environment of Care Surveillance Rounds

5.2.1.10. Updating Hazard Vulnerability Analysis

5.2.2. **PREPAREDNESS** activities include:

5.2.2.1. Evaluation of each emergency/disaster and activation of the appropriate plan along the decision making tree.

5.2.2.2. Education for the Incident Command and Emergency Management Committee members to ensure the correct plan is activated and sound judgments are made.

5.2.2.3. Development of plans to accommodate casualties and facility system failures.

5.2.2.4. Bi-Annual Disaster Drills

5.2.2.5. Creation of an inventory of available supplies

5.2.3. **RESPONSE** activities include:

5.2.3.1. **Employee and Medical Staff Responsibilities:**

5.2.3.1.1. Display identification badges

5.2.3.1.2. Pay attention to the local media sources, such as radio and television, for information related to travel restrictions and other general instructions communicated by the Local County Department of Emergency Management.

5.2.3.1.3. Report to work according to regular schedules unless requested otherwise. Be aware that health care employees may be instructed to report to work through the Local County Management communication systems.

5.2.3.1.4. Participate in assignments as directed by the Operations Manger.

5.2.3.1.5. Refrain from making telephone calls to and from the assigned site.

5.2.3.2. **Activation of the Emergency Management Plan steps:**

5.2.3.2.1. The Emergency Operations Center is to be located in the Administration Board room. Alternate locations will be determined based on the size, scope or nature of the emergency situation.

5.2.3.2.2. The Incident Commander will be selected by the members of the Emergency Operations center. Selection of the Incident Commander will be based on availability and the expertise of the individual as appropriate to the nature of the emergency.

5.2.3.2.2.1. The staff member who received **notification** of an internal or external disaster will notify the most available Manager/Supervisor/Administrator on duty or Emergency Management Committee member as to the nature of the information/message.

5.2.3.2.2.2. **During regular business hours,** the most available Manager/Supervisor/Administrator or Emergency Management Committee member(s) will open the Emergency Operations center in the Administration Board Room* and assemble the members. *Alternate locations will be determined based on the size, scope or nature of the emergency situation.*

5.2.3.2.2.3. **During off-shifts and weekends,** the most available manager/supervisor on duty will assume the role of the Incident Commander until relieved by the Administrator on Call or Incident Commander. Upon notification of a disaster, the manager/supervisor will notify the Administrator on Call and open the Emergency Operations center in the Administration Board Room* and assemble the members as needed. *Alternate locations will be determined based on the size, scope or nature of the emergency situation.*

5.2.3.2.2.4. The members of the Emergency Operations Center will evaluate the situation, **appoint the Incident Commander** as appropriate to the event and person's experience level and activate the appropriate portion of the **MMG Emergency Management Plan.**

5.2.3.2.2.5. The operation, at the direction the Incident Commander, will notify the facility about the nature of the emergency and instruct the staff to stand by for further details/direction.

5.2.3.2.2.6. The Emergency Management Plan – **Department Roles & Responsibilities** tool will be utilized to assist in identifying the most appropriate department for job/task assignments.

        5.2.3.2.2.7. The **Emergency Management Alternate Patient Care Site Assignments** tool will be utilized to determine the most appropriate site for managing patients in excess of the local McLaren Hospital's official capacity. This tool will be faxed/delivered to MMG sties to assure notification of alternate patient placement.

      5.2.4. RECOVERY activities include:

        5.2.4.1. Incident Stress Debriefing and Crisis Intervention

        5.2.4.2. Employee Assistance Program

        5.2.4.3. Behavioral Medicine on site

        5.2.4.4. Debriefing of Event at the local McLaren Hospital and when applicable, the Community

        5.2.4.5. Completion of paperwork related to financial processes

6. Exceptions
  6.1. None

7. References
None

8. Appendix
Appendix A Individual Department/Unit Emergency Management Plan

9. Approvals

Margaret Dimond	9/17/2012
(Original signed policy on file in MMG Practice Management)	
Margaret Dimond	**Date**
President/CEO	

Robin Wyles	9/11/2012
(Original signed policy on file in MMG Practice Management)	
Robin Wyles	**Date**
Safety Officer	

Previous Revision Dates/Supercedes Policy: 11/2005
Red Manual # 2

McLaren

MEDICAL GROUP

Individual Department/ Unit Emergency Management Plan

MMG – All Sites

Department/Unit

Role

Report all available personnel to Incident Command Center via fax or other means in event of power failure. If needed, be prepared to act as surge bed unit.

Deployment Strategy

Time available: Monday - Friday, 8:00 a.m. – 5:30 p.m.
                Saturday, 8:00 a.m. – 12:00 p.m.

Fax in Incident Command Center Personnel Availability Form. If needed, initiate plan to create off-site surge bed units.

- Contact Material Management to obtain appropriate supplies

- Call in appropriate staff for set-up and deployment

- Notify Incident Command Center if additional technical staff members are needed

- Notify Incident Command center when site is ready to receive patients

Weekends, Holidays and After Hours:

Equipment/Supplies

Supplies will be ordered by Materials Management; these will include cots, blankets, pillows, linens, and emergency medical supplies.

Recovery Phase Role

Site will return to normal operations at the conclusion of the "Disaster" as determined by the Incident Command Center.

Disaster Plan Implementation Evaluation

Evaluation will be done upon completion of the drill and turned into the MMG safety Officer for review. The MMG Safety Officer will turn in copy of the drill and evaluation to the Incident Command Center.

	Policy Title:	External Disaster
McLaren **MEDICAL GROUP**		
Effective Date: 2/99	**Policy Number:**	7305
Review Date:	**Category:**	Environment of Care
Revised Date: 5/1/12	**Oversight Level:**	2
Administrative Responsibility: Safety Officer		
Interpretation: Director of Safely		

1. Purpose
To have capability of managing the consequences of disasters or other emergencies that disrupts the ability to provide care and treatment.

2. Scope
All MMG staff.

3. Definitions
3.1. External disaster – an event that significantly disrupts care and treatment due to accidents/emergencies in the surrounding community.

3.2. Incident Command Center (ICC) – an area allocated by the Emergency Management Team and Administrative Team of the affiliate facility to control actions taken to meet the needs of the disaster.

4. Policy
4.1. McLaren Medical Group, shall have an emergency management plan in place to respond to emergencies in the organization or its community.

5. Procedure
5.1. Code D (Disaster) Alert

5.1.1. Incident Command Center (ICC) will notify Practice Management of the alert.

5.1.2. Practice Management will notify all MMG offices via e-mail/fax to respond with available personnel to ICC, see Appendix B.

5.1.3. If utilities failure prevents above step from occurring, see Appendix A Utilities Failure Action Plan.

5.2. Code D (Disaster) Active

5.2.1. Department staff will continue regular duties, but be prepared to be assigned as needed by the personnel pool.

5.3. Fan Communications

5.3.1. Practice Management will contact/inform Operations Mangers of required communication/action plan.

5.3.2. Operations Mangers will contact assigned site Team Leader/Office Coordinators

5.3.3. Operation Manager/Team Leader/Office Coordinator will initiate communication based on the fan-out list for the respective site.

5.3.4. After all the staff has been contacted, the Team Leader/Office Coordinator will contact their respective Operation Manager who, in turn, will notify Practice Management Director of the condition of each staff member, facility, and its operational status.

6. Exceptions
6.1. None

7. References
CAMAC EC.1.4

8. Appendix
Appendix A - Utilities Failure Action Plan
Appendix B - Personnel Availability Form

9. Approvals

Margaret Dimond
(Original signed policy on file in MMG Practice Management)

9/17/2012

Margaret Dimond
President/CEO

Date

Robin Wyles
(Original signed policy on file in MMG Practice Management)

9/11/2012

Robin Wyles
Safety Officer

Date

Previous Revision Dates/Supercedes Policy: 11/2005
Red Manual 2; Revised 11/02

McLaren

MEDICAL GROUP

UTILITIES FAILURE ACTION PLAN

The following CELLPHONE/PHONE TREE SYSTEM plan will be utilized in the event of a failure of the fax system as a means to communicate the available personnel to the Incident Command center (ICC) during an emergency:

1. All Team Leader/Office Coordinators will report available personnel (with respective title) to their respective Operations Manger via the phone system/cell phone.
2. In the event the Operations Manager is unavailable, the information will be reported to the respective Director of Operations.
3. The Operations Manager or Director will contact the ICC via the phone system to relay the Available Personnel information (see sample form).
4. The ICC will inform the Operations Manager or Director if the staff will be utilized or placed on an "on-call" basis.
5. If the ICC requests the utilization of the staff, the Operations Manager or Director will contact the respective Team Leader/Office Coordinator, or staff directly, with the appropriate instructions.

In the event that the phone system is unavailable during an emergency the following COURIER SYSTEM will be utilized:

1. All Team Leaders/Office Coordinators will travel to the sites to access staffing and complete the Available Personnel forms (see sample form).
2. The Team Leader/Office Coordinators will meet the respective Office Manager at a designated site to deliver the forms.
3. In the event the Operations Manager is unavailable, the information will be reported to the respective Director of Operations.
4. The Operations Manger or Director will deliver the Available Personnel information to the ICC.
5. The ICC will inform the Operations Manger or Director if the staff will be utilized or put on an "on-call" basis.
6. If the ICC requests the utilization of the staff, the Operations Manger or Director will travel to a designated site to inform the Team Leader/Office Coordinator of the instructions.
7. The Team Leaders/Office Coordinators will travel to their sites and inform the staff of their disposition.
8. Staff will follow instructions given.

McLaren
MEDICAL GROUP

DISASTER MANAGEMENT

Personnel Availability Form

Center Contacted:

_____

_____

Contact Person:

_____

_____

Providers
Available:

_____

_____

_____

_____

_____

Staff Available:

_____

_____

_____

_____

_____

_____

_____

_____

Please include titles with names and E-mail to Robin Wyles, or fax to (810) 342-1033.

McLaren **MEDICAL GROUP**	Policy Title:	Safe Water Management
Effective Date: 10/1996	**Policy Number:**	7306
Review Date:	**Category:**	Environment of Care
Revised Date: 5/1/12	**Oversight Level:**	2
Administrative Responsibility:	Safety Officer, Directors, Operations Managers	
Interpretation:	Safety Officer	

1. Purpose
Ensure safe water management for all McLaren Medical Group sites during disruptions.

2. Scope
All MMG employed healthcare providers and allied health professionals employees, students, volunteers, and patients.

3. Definitions
3.1. Potable: safe to consume.

4. Policy
4.1. MMG will provide a potable water supply for drinking, food preparation, handwashing, and personal hygiene for patients, visitors, and employees. Water for non-potable purposes shall be disinfected to reduce or eliminate pathogenic microorganisms.

5. Procedure
5.1. When potable water is not available, a potable supply will be furnished.

5.2. Engineering shall establish sources for potable water per policy and arrange for supplies in times of water interruption.

5.3. If there is a break in the water system up to the facility, the municipal water supplier is responsible for testing the water. As a precaution, a copy of the city's report shall be obtained and reviewed by engineering to confirm results.

5.4. If there is a break in the water system within the facility and the need for testing is evident, water samples shall be sent to a licensed laboratory for analysis.

5.5. If a disruption of service is planned or occurs spontaneously, Engineering shall notify the Operations Mangers and/or Supervisors of the affected site, establish a potable water source, and conduct water testing, if required. The area managers shall

notify and educate staff, patients, and visitors as to the source and use of the temporary potable water supply. Management will notify Practice Management and Safety Officer.

5.6. Only potable water can be used for drinking, food preparation, handwashing, and personal hygiene. In the event of a water shortage or disruption in service, an alcohol-based hand rinse may be used temporarily until access to a potable water source has been established. Alcohol-based hand rinses shall not replace handwashing on a permanent basis.

6. Exceptions
None

7. References

Part 554. Bloodborne Infectious Diseases, filed with the Secretary of State June 30, 1993 (amended November 14, 1996): Michigan Department of Licensing and Regulatory Affairs, Director's Office (12/08).

Steven Hilfinger, Director,Michigan Department of Licensing and Regulatory Affairs (LARA), Lansing, MI.

8. Appendix
None

9. Approvals

Margaret Dimond   9/17/2012
(Original signed policy on file in MMG Practice Management)
Margaret Dimond   Date
President/CEO

Michael Ziccardi, Jr., D.O.   9/19/2012
(Original signed policy on file in MMG Practice Management)
Michael Ziccardi, Jr., D.O.   Date
Medical Director

Robin Wyles   9/11/2012
(Original signed policy on file in MMG Practice Management)
Robin Wyles   Date
Safety Officer

Previous Revision Dates/Supercedes Policy: 7/18/06
7-2002 / 11.13 (Main P/P Manual)

McLaren MEDICAL GROUP		Policy Title:	Severe Weather
Effective Date:	5/05	**Policy Number:**	7310
Review Date:		**Category:**	Environment of Care
Revised Date:	5/1/12	**Oversight Level:**	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Director of Security		

1. Purpose
To define the processes through which McLaren Medical Group (MMG) prepares for and responds to severe weather events.

2. Scope
This policy applies to all employees, contract/agency employees and Licensed Practitioners.

3. Definitions
3.1. Severe Thunderstorm/Weather Watch: An outlined area where severe thunderstorms/weather is more likely to occur within a certain time frame. Sometimes will be referred to as a "watch box". During a watch you should keep informed and watch the weather situation closely.

3.2. Severe Thunderstorm/Weather Warning: Issued when severe thunderstorms/weather has been reported or is being indicated by Doppler radar. Warnings indicate imminent danger and the appropriate action should be taken. A warning is issued when a thunderstorm may produce wind gust over 55 mph/88 kph and/or ¾"/2cm or larger hail.

4. Policy
4.1. McLaren Medical Group (MMG) will respond promptly and effectively to severe weather in order to ensure safety of the patients, staff, visitors and the structure of the building.

5. Procedure
5.1. **MITIGATION** ACTIVITIES INCLUDE:
- Awareness of the surrounding weather patterns
- Monitoring of local weather bulletins
- Maintenance of severe weather equipment
- Identification and communication of safe areas or shelters

5.2. PREPAREDNESS ACTIVITIES INCLUDE:
- Participation in drill
- Education for staff related to severe weather response
- Development of check list and response guidelines for severe weather response

5.3. RESPONSE:
- Communication -
    1. Site will announce severe weather alert
    2. Weather status will be updated every 15 minutes
    3. Initiate Emergency Management Plan
    4. Move patients to shelter or identified safe area

5.4. RECOVERY:
- Damage incurred by severe weather is reported

6. Exceptions
None

7. References
None

8. Appendix
None

9. Approvals

Margaret Dimond   9/17/2012
(Original signed policy on file in MMG Practice Management)
Margaret Dimond   Date
President/CEO

Robin Wyles   9/11/2012
(Original signed policy on file in MMG Practice Management)
Robin Wyles   Date
Safety Officer

Previous Revision Dates/Supercedes Policy: 11/2005
Red Manual 4.A

![McLaren MEDICAL GROUP]	Policy Title:	Tornado Instructions
Effective Date: 11/2005	**Policy Number:**	7315
Review Date: 3/24/2014	**Category:**	Environment of Care
Revised Date: 3/25/2014	**Oversight Level:**	2
Administrative Responsibility:	Safety Officer	
Interpretation:	Operations Managers	

1. Purpose
To define the process through which McLaren Medical Group prepares for and responds to tornados.

2. Scope
MMG Workforce

3. Definitions
3.1. Tornado Watch -Same as a severe thunderstorm watch but tornadoes are also possible in the watch area.

3.2. Tornado Warning – A tornado has been reported or is being indicated as possible by Doppler radar. Immediate action should be taken.

4. Policy
4.1. McLaren Medical Group will respond promptly and effectively to a tornado in order to ensure safety of patients, staff, visitors and the structure of the building.

5. Procedure
5.1. Tornado Watch is announced.

5.1.1. Communicate to all patients, visitors and personnel in the office that a tornado watch is in effect. Act in a calm manner.

5.1.2. Visitors, patients and personnel may remain in the office.

5.1.3. Desktops and workstations should be cleared of any unnecessary loose papers/documents.

5.1.4. When the tornado watch-all clear is given, personnel may return to normal duties.

5.2. Tornado Warning is announced.

5.2.1. Communicate to all patients, visitors and personnel in the office that a tornado warning has been issued. Act in a calm manner.

5.2.2. Patients, visitors and personnel should seek shelter in interior rooms without windows or in the basement, if available.

5.2.3. All desk tops and work stations will be cleared of all paper/documents.

5.2.4. Telephone usage will be restricted to necessary communications only.

5.2.5. Patients will be seen as usual unless the nature of the weather conditions warrants a change.

5.2.6. When the tornado warning-all clear is given, personnel will return to normal duties.

6. Exceptions
None

7. References
None

8. Appendix

9. Approvals

Mark S. O'Halla
(Original signed policy on file in MMG Practice Management)

Mark S. O'Halla
Acting President/CEO

4/7/2014
Date

Robin Wyles
(Original signed policy on file in MMG Practice Management)

Robin Wyles
Safety Officer

4/9/2014
Date

Previous Revision Dates:
11/2005
Supersedes Policy:
Red Manual 4.B

		Policy Title:	Fire Plan
McLaren **MEDICAL GROUP**			
Effective Date:	11/2005	**Policy Number:**	7400
Review Date:		**Category:**	Environmental of Care
Revised Date:	3/20/2014	**Oversight Level:**	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Director of Safety		

1. Purpose
To define the process through which McLaren Medical Group prepares for and responds to fires.

2. Scope
MMG Workforce

3. Definitions
None

4. Policy
4.1. McLaren Medical Group will respond promptly and effectively to a fire in order to ensure safety of the patients, staff, visitors and the structure of the building.

5. Procedure
5.1. Fire drills shall be conducted quarterly.

5.2. Staff will be notified in advance of a fire drill.

5.3. Patients will not be evacuated during a fire drill, but all other fire procedures will be followed.

5.4. All supervisors and coordinators are to report to the location of the fire with a fire extinguisher.

5.5. Results will be documented (including a list of the employees participating) and deficiencies noted.

5.6. A report of the results and deficiencies will be sent to the Safety Committee. The following steps are to be followed in the event of a fire:

5.7. <u>RESCUE, ACTIVATE</u>

5.7.1. Announce "DRILL" (??) and the location of the fire.

5.8. <u>ALL DEPARTMENTS ARE TO EVACUATEE ALL EMPLOYEES AND PATIENTS</u> in their area. Employees should direct all patients out of the building by the most direct route, as well as check the lobby and bathrooms in their area.

5.8.1. <u>CLOSE ALL DOORS</u> in your immediate area.

5.8.2. <u>ATTEMPT TO FIGHT FIRE</u> with available equipment.

5.8.3. <u>TURN ON ALL LIGHTS</u> in your area.

6. Exceptions
None

7. References
None

8. Appendix
None

9. Approvals

Mark S. O'Halla
(Original signed policy on file in MMG Practice Management)

Mark S. O'Halla
Acting President/CEO

3/20/2014

Date

Robin Wyles
(Original signed policy on file in MMG Practice Management)

Robin Wyles
Safety Officer

3/20/2014

Date

Previous Revision Dates
2/11/2013, 11/2005, 4/12/2011
Supersedes Policy: Red Manual 5.A

McLaren

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FIRE DRILL / FIRE / FALSE ALARM CRITIQUE FORM

Site _____

Date: _____   Location: _____   Time: _____

Observer: _____   **Observer:** _____
Location: _____   **Location:** _____

P/F (Pass/Fail)

RESPONSE – R.A.C.E. and P.A.S.S.

☐ Employee Rescues Anyone in Immediate Danger
Employee Activates the Alarm
☐ 1. By Calling/having Someone Call (22222)
☐ 2. By Pulling the Handle on a Fire Pull Box
Employee Contains the Fire by:
☐ 1. By Closing the Door on the Fire Area
☐ 2. By Placing a Wet Blanket at the Base of the Door
Employee Extinguishes the Fire With a Fire Extinguisher if Safe
Employee Demonstrates Proper use of Fire Extinguisher
☐ 1. Pull The Pin
☐ 2. Aim Nozzle at the Base of the Fire
☐ 3. Squeeze the Handle
☐ 4. Sweep Side to Side
☐ 5. Employee Maintains Escape Route

STAFF KNOWLEDGE

☐ Location of Nearest Pull station
☐ Location of Nearest Fire Extinguisher
☐ Primary Evacuation location
☐ Secondary Evacuation Location
☐ Location of Equipment Needed to Evaluate Patients

P/F (Pass/Fail)

RESPONSE – SYSTEM

☐ Automatic Fire Doors Close
Fire Bells Audible
☐ Emergency Overhead Tone Audible
Overhead Page Audible
☐ **Visual Alarms Function**
Code Red Page Announced
All Clear Page Announced

RESPONSE - OTHER

☐ Nursing Supervisor Present
Respiratory Present
☐ Security Present
M&E Present
Others Present:
☐ Safety Officer Paged
Elevators Held

POLICY

☐ Department Evacuation Policy

Details of Actual Fire:

Details of False Alarm:

Prepared by:

Signatures:

Name	Department

McLaren MEDICAL GROUP	Policy Title:	Alarm Systems
Effective Date: 11/2005	**Policy Number:**	7410
Review Date:	**Category:**	Environment of Care
Revised Date: 5/1/12	**Oversight Level:**	2
Administrative Responsibility:	Safety Officer	
Interpretation:	Director of Safety	

1. Purpose

To define the process through which McLaren Medical Group (MMG) test the fire alarm system.

2. Scope

This policy applies to all employees, contract/agency employees and Licensed Practitioners.

3. Definitions

None

4. Policy

4.1. McLaren Medical Group (MMG) will test the fire alarm system in order to ensure safety of patients, staff, visitors and the structure of the building.

5. Procedure

5.1. Before testing, notify the alarm company operator and local fire department

5.2. On a quarterly basis check the following –

    5.2.1. Smoke detector circuits should be checked by actually entering smoke into a detector or energizing detector circuit manually

    5.2.2. Manual pull stations are to be checked when rehearsing fire drills

5.3 At all checks of fire alarm systems, the following should be noted –

    5.3.1 Proper operation of audible and visual alarms

    5.3.2 Closing of all electrically held open doors

    5.3.3 When resetting fire alarm panel, check for trouble in any zone

5.3.4 Inform the alarm company operator and the local fire department that the test in completed

5.3.5 Actual emergencies in which the fire alarm system is activated may serve as part of or all of quarterly test.

6. Exceptions
None

7. References
None

8. Appendix
None

9. Approvals
None

Margaret Dimond
(Original signed policy on file in MMG Practice Management)

9/17/2012

Margaret Dimond
President/CEO

Date

Robin Wyles
(Original signed policy on file in MMG Practice Management)

9/11/2012

Robin Wyles
Safety Officer

Date

Previous Revision Dates/Supercedes Policy: 11/2005
Red Manual 6.A

McLaren MEDICAL GROUP	Policy Title:	Emergency Codes	
Effective Date:	1/1/2008	Policy Number:	7501
Review Date:		Category:	Environment of Care
Revised Date:	5/1/2012	Oversight Level:	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Safety Officer		

1. Purpose
To define the McLaren Medical Group Emergency Codes.

2. Scope
MMG Workforce

3. Definitions
None

4. Policy
4.1 McLaren Medical group will call promptly and effectively an emergency code to ensure the safety of its patients, employees and visitors.

5. Procedure
5.1. PA System and/or other site specific means

5.1.1. A Code will be activated whenever an emergency situation presents.

5.1.2. All personnel are to respond immediately in the appropriate manner as determined by the emergency preparedness policies.

6. Exceptions
None

7. References
None

8. Appendix
8.1. Appendix A: McLaren Medical Group Emergency Codes

9. Approvals

Margaret Dimond
(Original signed policy on file in MMG Practice Management)
Margaret Dimond
President/CEO

May 31, 2012

Date

Robin Wyles
(Original signed policy on file in MMG Practice Management)
Robin Wyles
Safety Officer

June 4, 2012

Date

Previous Revision Dates/Supercedes Policy:
Not applicable / Not applicable

MMG EMERGENCY CODES

For emergencies call… 911

CODE NAME	EVENT
CODE RED	FIRE
CODE BLUE	CARDIAC ARREST - ADULT
CODE WHITE	CARDIAC ARREST - CHILD
CODE LITTLE BLUE	RESPIRATORY/CARDIAC ARREST – INFANT
CODE WEATHER (WATCH/WARNING)	SEVERE WEATHER
CODE PINK	INFANT ABDUCTION
CODE PURPLE	CHILD ABDUCTION
CODE SILVER	HOSTAGE SITUATION
CODE YELLOW	BOMB THREAT
CODE ORANGE (INTERNAL/EXTERNAL)	HAZARDOUS MATERIAL INCIDENT
CODE TRIAGE ALERT	EMERGENCY/DISASTER ALERT
CODE TRIAGE (INTERNAL/EXTERNAL)	DISASTER INCIDENT
CODE GRAY	VIOLENT/COMBATIVE INDIVIDUAL

APPENDIX A - P/P 7501

McLaren MEDICAL GROUP		Policy Title:	Ambulance Transport of Patients to Hospital
Effective Date:	11/2005	**Policy Number:**	7510
Review Date:		**Category:**	Environment of Care
Revised Date:	5/1/2012	**Oversight Level:**	2
Administrative Responsibility:		Safety Officer	
Interpretation:		Operations Managers	

1. Purpose

To define a safe process by which McLaren Medical Group offices will transport patients to the hospital.

2. Scope

This policy applies to all McLaren Medical Group practices

3. Definitions

None

4. Policy

4.1. McLaren Medical Group will promptly and effectively transport patients who require a higher level of care to the hospital.

5. Procedure

5.1. Transports will be conducted in accordance with good medical practice and consistent with the usual courtesies associated with referral of patients.

5.2. Transports will be arranged according to the severity of the circumstance.

5.3. The physician requesting transport has primary responsibility to :

5.3.1. Institute essential life saving measures.

5.3.2. Provide the necessary emergency procedures to minimize the aggravation of the condition, enroute.

5.3.3. A copy of pertinent clinical information will accompany every patient.

5.4. Call 911 or local ambulance.

5.5. If patient declines transport, applicable form will be completed and signed.

5.6. Appropriate documentation will appear in the respective patient's medical record.

6. Exceptions
None

7. References
FORM: Refusal to Consent to Medical Treatment/Transport (MM-117)
FORM: Ambulance Transfer Financial Responsibility (MM-119)

8. Appendix
None

9. Approvals

Margaret Dimond
(Original signed policy on file in MMG Practice Management)   May 31, 2012
Margaret Dimond   Date
President/CEO

Robin Wyles
(Original signed policy on file in MMG Practice Management)   June 4, 2012
Robin Wyles   Date
Safety Officer

Previous Revision Dates/Supercedes Policy: None
Red Manual 6.b

		Policy Title:	Isolation for potentially infectious patients
McLaren MEDICAL GROUP			
Effective Date:	11/1996	Policy Number:	7515
Review Date:		Category:	Environment of Care
Revised Date:	5/1/12	Oversight Level:	2
Administrative Responsibility:		Directors, Operations Managers, Safety Officer	
Interpretation:		Operations Managers	

1. Purpose
To provide guidelines for minimizing the risk of exposure to potentially infectious diseases for staff, patients, and families/caregivers.

2. Scope
MMG employed healthcare providers, allied health care providers, staff, students, volunteers, patients, and visitors.

3. Definitions
3.1. **Personal protective equipment (PPE):** Specialized clothing or equipment that is worn by an employee to protect him or her from a hazard. General work clothes, such as uniforms, pants, shirt, or blouses, are not intended to function as protection against a hazard and are not considered to be personal protective equipment.

3.2. **Decontamination:** The use of physical or chemical means to remove, inactivate, or destroy potentially infectious material on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

4. Policy
4.1. MMG will screen and isolate potentially infectious patients.

5. Procedure
5.1. Appropriately screen patients calling for appointments

5.1.1. If patients or parents call with names, or complaints of symptoms, of contagious diseases, the call will go to the nursing staff to make the determination if isolation is warranted.

5.1.2. If patient comes to reception area, the receptionist will inform the nursing staff immediately.

5.1.3. Any patient with symptoms of a potentially infectious disease (Example: chickenpox, measles, mumps, head lice, TB exposure, etc.) will be instructed to enter the facility through a non-public entrance.

5.2. Staff will use the appropriate PPE in accordance with the CDC guidelines for the prevention of infectious disease. (See Standard [Universal] Precautions Policy 5130)

5.3. Patient will be placed in an exam room.

5.4. Patient will not go to the discharge area; staff will take router to discharge area for the patient.

5.5. Patient will exit building through a non-public area.

5.6. Exam room will be decontaminated appropriately.

6. Exceptions
None

7. References
P/P 5130 Standard (Universal) Precautions
P/P 5135 – Isolation

8. Appendix
None

9. Approvals

Margaret Dimond   9/17/2012
(Original signed policy on file in MMG Practice Management)
Margaret Dimond   Date
President/CEO

Michael Ziccardi, Jr., D.O.   9/19/2012
(Original signed policy on file in MMG Practice Management)
Michael Ziccardi, Jr., D.O.   Date
Medical Director

Robin Wyles   9/11/2012
(Original signed policy on file in MMG Practice Management)
Robin Wyles   Date
Safety Officer

Previous Revision Dates/Supercedes Policy: 06/2006
4-29-03, 9-2003 / 11.10A, 11.10 (Main P/P Manual)

		Policy Title:	Bomb Threat
McLaren **MEDICAL GROUP**			
Effective Date:	11/2005	Policy Number:	7600
Review Date:		Category:	Environment of Care
Revised Date:	5/1/12	Oversight Level:	2
Administrative Responsibility:		Safety Officer	
Interpretation:		Director of Safety	

1. Purpose
To define the process through which McLaren Medical Group (MMG) prepares for and responds to bomb threats.

2. Scope
This policy applies to all employees, contract/agency employees and Licensed Practitioners.

3. Definitions
None

4. Policy
4.1. McLaren Medical Group (MMG) will respond promptly and effectively to a bomb threat in order to ensure safety of the patients, staff, visitors and the structure of the building.

5. Procedure

5.1. Procedure for any person receiving a threatening call regarding a potential bomb.

5.1.1. Upon receiving a threatening phone call alleging the presence of a bomb in the facility or on the premises. Refer to Bomb Threat Call Guidelines (Appendix A)

5.1.1.1. Prolong the conversation as long as possible.

5.1.1.2. If at all possible, get another person to listen in on the conversation.

5.1.1.3. Be alert for background noises, such as music, voices, aircraft, church bells, etc.

5.1.1.4. Note distinguishing voice characteristics, such as sex, age and mental condition of the caller that might lead to further identification. Also, remember as

much as possible, the exact language used.

5.1.1.5. Ask where the bomb will explode; at what time; what it looks like, what kind is it and why it was planted.

5.1.1.6. Note if the caller indicates any knowledge of the facility by his description of where the bomb is located

5.1.2. Notification.

5.1.2.1. Notify the State Police immediately.

5.1.2.2. Fill out questionnaire (see Report of Bomb Threat Call, Appendix B) about the call while the facts are fresh in mind. This questionnaire should be turned over to the investigating police officer.

5.1.2.3. Do not discuss the call with other personnel.

5.1.3. If a bomb threat is received by mail.

5.1.3.1. Place letter back into original envelope, insert into larger envelope, to save for police to check for evidence.

5.1.3.2. Do not let others handle the letter.

5.1.4. **AT NO TIME SHOULD AN EMPLOYEE TOUCH A SUSPICIOUS LOOKING PACKAGE DURING THE EARLY PERIOD OR WHILE THE SEARCH IS BEING MADE. DISPOSAL OF ANY SUSPICIOUS OBJECTS SHALL BE THE SPECIFIC RESPONSIBILITY OF THE STATE POLICE ORUNITED STATES DISPOSAL EXPERTS AS DESIGNATED BY THE STATE POLICE.**

5.1.4.1. Appoint teams to make the search in assigned sections. Assign one person who is familiar with an area to each team. Teams shall be accompanied by a police officer, if one is available.

5.1.4.2. Assign one team to search outside of the building in shrubs, corners of the building and outbuildings.

5.1.4.3. If caller has indicated where bomb is located – seal off area and wait for police to arrive.

5.1.4.4. If no location is given, the entire facility and its premises will be searched, starting first with public areas.

5.1.4.5. Public areas (all floors) include lobby, pay phone area, rest rooms, stairways and other unoccupied areas. The locked areas of the facility will receive next priority.

5.1.4.6. After completing the search of a section, tight security should be maintained in the section by locking doors or assigning one or two persons to check people going into these areas.

5.1.4.7. Assign one person to elevator (if one is in the building) to secure for local authorities, search teams or to evacuate patients, if necessary.

5.1.5. Finding the bomb.
If an unexploded bomb or suspected bomb is found, the following procedure should be carefully observed.

5.1.5.1. **Do not touch** any suspicious looking object. Close off the area and call the State Police immediately.

5.1.5.2. Prevent the bomb or suspected bomb or anything attached to it from being jarred, moved or touched in any way.

5.1.5.3. If an unexploded or suspected bomb is found, the State Police will assign personnel to either defuse or remove the object from the building.

5.1.6. General Instructions

5.1.6.1. During a bomb threat, all personnel must remain calm.

5.1.6.2. **Do not alarm** patients. **Do not tell** patients a bomb threat has been received.

5.1.6.3. If patients do learn what is taking place; assure them that all is well.

5.1.7. Evacuation

5.1.7.1. Patients, visitors and employees will be immediately evacuated from the facility or a section of the facility along with the patients.

5.1.7.2. Evacuation must be completed at least fifteen minutes before predicted time of detonation.

5.1.7.3. If the building or a section of the building is evacuated, be sure that everyone stays at least 300 feet from the building. Go to the parking areas that are

furthest from the building.

    5.1.8. Follow-up instructions.

        5.1.8.1. The senior police person will determine when to terminate the bomb threat.

        5.1.8.2. All follow-up investigation activities will be coordinated by the State Police Department.

        5.1.8.3. The MMG Safety Officer will critique **all** bomb threat occurrences.

            5.1.8.3.1. The critique will serve as documentation for an external disaster.

            5.1.8.3.2. The critique will be used to consider the appropriateness of the plan and possible revisions.

6. Exceptions
None

7. References
None

8. Appendix
Appendix A - Bomb Threat Call Guidelines
Appendix B - Report of Bomb Threat Call
Appendix C - Department Specific Checklist

9. Approvals

Margaret Dimond   9/17/2012
(Original signed policy on file in MMG Practice Management)
Margaret Dimond   Date
President/CEO

Robin Wyles   9/11/2012
(Original signed policy on file in MMG Practice Management)
Robin Wyles   Date
Safety Officer

Previous Revision Dates/Supercedes Policy: 11/2005
Red Manual 7

McLaren
MEDICAL GROUP

BOMB THREAT CALL GUIDELINES

Any individual who receives a bomb threat call should attempt to keep the caller on the line and talking as long as possible. Have another individual in your area notify the unit supervisor regarding the call, location of the bomb and time of detonation, if possible, while you keep the caller talking. The following are suggested questions for your use and should be used as a checklist:

RECORD THE MESSAGE ON TAPE IF POSSIBLE

1. Where is the bomb right now?

2. When is the bomb going to go off?

3. What does it look like?

4. What kind is it?

5. Why did you place it?

6. Are you an employee? A patient?

7. Did somebody do something to you?

8. Who are you after?

9. How is it set to go off?

10. How did you get in to place it?

The space below is to document information from the caller. Record every spoken word of the caller.

_____

_____

_____

_____

_____

McLaren
MEDICAL GROUP
Report of Bomb Threat Call

IF YOU RECEIVE A BOMB THREAT...

1. Be calm, courteous, do not put them on hold, do not transfer the call, LISTEN carefully and do not interrupt the caller.
2. Have another person notify the supervisor while you stay on the phone with the caller.
3. Write down the exact words said by the caller (use back of the sheet if necessary):

_____

_____

_____

_____

_____

4. Check all that apply:

SPEECH
- ☐ Fast   ☐ Slow
- ☐ Distinct   ☐ Distorted
- ☐ Stutter   ☐ Nasal
- ☐ Slurred   ☐ Lisp
- ☐ Other _____

VOCAL CHARACTERISTICS
- ☐ Loud   ☐ Soft
- ☐ High pitch ☐ Deep
- ☐ Raspy   ☐ Pleasant
- ☐ Intoxicated ☐ Other _____

MANNER
- ☐ Calm   ☐ Angry
- ☐ Rational   ☐ Irrational
- ☐ Coherent   ☐ Incoherent
- ☐ Deliberate ☐ Emotional
- ☐ Righteous   ☐ Laughing

BACKGROUND NOISES
- ☐ Laughing   ☐ Children
- ☐ Quiet   ☐ Party
- ☐ Airplanes   ☐ Trains
- ☐ Office   ☐ Factory
- ☐ Animals   ☐ Music
- ☐ Other _____

ACCENT
- ☐ New England   ☐ None Detectable
- ☐ Southern USA   ☐ British
- ☐ Ethnic (specify)

LANGUAGE
- ☐ Good   ☐ Excellent
- ☐ Poor   ☐ Educated
- ☐ Foul   ☐ Other _____

Keep the caller talking: Express difficulty hearing. Start with asking the caller the following questions.

When will the bomb go off? Exact time _____
How much time is left? _____

Where is the bomb located?

_____

What kind of bomb is it?

_____

Name of person receiving the call:_____

Time:_____ Date:_____

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DEPARTMENT SPECIFIC CHECKLIST
CODE BT – BOMB THREAT

Department: _____

Generic Checklist	Department Specific Information

☐ Search all closets, corridors, storage areas, bathrooms,etc.
 	
   ☐ Assign 2 people to search the area
   ☐ Assign 1 person to document the search
   ☐ If the location is known, search that area first
   ☐ Search public areas
   ☐ Search areas restricted to facility staff
☐ Assign 1 person to make a list of the patients that can be discharged.
 	
☐ Contact Security immediately, at ext.22222, if you suspect anyone or observe suspicious behavior of any kind.
 	
☐ Call Security if a suspicious package is found. Do not touch it.
 	
☐ Call Security immediately with any information about the bomb threat.
 	
☐ Listen for updates.
 	
☐ Prepare for evacuation as needed.
 	
☐ Other:
	List areas within each department in which employees must search for suspicious package. Check off when complete. (A map of the department/work are can be used to indicate locations to search)
	
	☐ _____
	
	☐ _____
	
	☐ _____
	
	☐ _____
	
	☐ _____
	
	☐ _____
	
	☐ _____
	
	☐ _____
	
	☐ _____
	
	☐ _____
	
	☐ _____

McLaren MEDICAL GROUP		Policy Title:	Evacuation Policy
Effective Date:	11/2005	**Policy Number:**	7700
Review Date:		**Category:**	Environmental of Care
Revised Date:	5/1/12	**Oversight Level:**	2
Administrative Responsibility:		Safety Officer	
Interpretation:		Director of Safety	

1. Purpose
To define the process through which McLaren Medical Group (MMG) will evacuate clinic(s).

2. Scope
This policy applies to all employees, contract/agency employees and Licensed Practitioners.

3. Definitions
None

4. Policy
4.1. McLaren Medical Group (MMG) will respond promptly and effectively if a clinic(s) needs to be evacuated.

5. Procedure
5.1. McLaren Medical Group Administration, in cooperation with local law enforcement and fire personnel will determine the necessity and extent of evacuation.

5.2. If the decision is made to evacuate the facility, evacuation will be done according to the facilities Evacuation Plan.

5.3. McLaren Medical Group Administration will designate an alternative care site in the event evacuation of the facility is necessary and staff at the facility will be notified.

6. Exceptions
None

7. References
None

8. Appendix
None

9. Approvals

Margaret Dimond
(Original signed policy on file in MMG Practice Management)

9/17/2012

Margaret Dimond
President/CEO

Date

Robin Wyles
(Original signed policy on file in MMG Practice Management)

9/11/2012

Robin Wyles
Safety Officer

Date

Previous Revision Dates/Supercedes Policy: 11/2005
Red Manual 8

		Policy Title:	Radioactive and Chemical Decontamination
McLaren **MEDICAL GROUP**			
Effective Date:	11/2005	**Policy Number:**	7800
Review Date:		**Category:**	Environmental of Care
Revised Date:	5/1/12	**Oversight Level:**	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Director of Safety		

1. Purpose
To define the process through which McLaren Medical Group (MMG) responds to the need for radioactive and chemical decontamination.

2. Scope
This policy applies to all employees, contract/agency employees and Licensed Practitioners.

3. Definitions
None

4. Policy
4.1. McLaren Medical Group will respond promptly and effectively to the need for radioactive and chemical decontamination to ensure the safety of the patients, staff and visitors.

5. Procedure
5.1. Any patient, staff or visitor that has been exposed or is suspected of being exposed to radioactive or a chemical product is to be decontaminated following the facility's decontamination plan.

6. Exceptions
None

7. References
None

8. Appendix
Appendix A - Decontamination Plan

9. Approvals

Margaret Dimond
(Original signed policy on file in MMG Practice Management)
Margaret Dimond
President/CEO

9/17/2012

Date

Robin Wyles
(Original signed policy on file in MMG Practice Management)
Robin Wyles
Safety Officer

9/11/2012

Date

Previous Revision Dates/Supercedes Policy: 11/2005
Red Manual 9

McLaren

MEDICAL GROUP

Decontamination Plan

The following methods can be used to decontaminate an individual:

- **Decontamination of First Responder/staff:**
    - Begin washing PPE of the individual using soap and water solution and a soft brush. Always move in a downward motion (from head to toe). Make sure to get into all areas, especially folds in the clothing. Wash and rinse (using cold or warm water) until the contaminant is thoroughly removed.
    - Remove PPE by rolling downward (from head to toe) and avoid pulling PPE off over the head. Remove the SCBA after other PPE has been removed.
    - Place all PPE in labeled durable 6-mil polyethylene bags.
- **Decontamination of Patient/Victim:**
    - Remove the patient/victim from the contaminated area and into the decontamination corridor.
    - Remove all clothing (at least down to their undergarments) and place the clothing in a labeled durable 6-mil polyethylene bag.
    - Thoroughly wash and rinse (using cold or warm water) the contaminated skin of the patient/victim using a soap and water solution. Be careful not to break the patient/victim's skin during the decontamination process, and cover all open wounds.
    - Cover the patient/victim to prevent shock and loss of body heat.
    - Move the patient/victim to an area where emergency medical treatment can be provided

		Policy Title:	Bioterrorism Preparedness
McLaren **MEDICAL GROUP**			
Effective Date:	11/2005	Policy Number:	7900
Review Date:		Category:	Environmental of Care
Revised Date:	05/01/2012	Oversight Level:	2
Administrative Responsibility:		Safety Officer	
Interpretation:		Director of Safety	

1. Purpose
To provide guidelines for recognizing and reporting illnesses or patterns of illness that might be associated with intentional release of biological agents.

2. Scope
MMG Health-Care Providers and Staff

3. Definitions
3.1. Bioterrorism – the deliberate release of viruses, bacteria, or other germs (agents) used to cause widespread outbreaks of illness or death in people, animals, or plants.

Biological Agents of Highest Concern
- Bacillus anthracis (anthrax)
- Yersinia pestis (plague)
- Variola major (smallpox)
- Clostidium botulinum toxin (botulism)
- Francisella tularensis (tularemia)
- Viral Hemorrhagic Fevers (Ebola, Marburg, Lassa fever and Dengue viruses)

Health-care providers should be alert to illness patterns and diagnostic clues that might indicate an unusual infectious disease outbreak associated with intentional release of a biologic agent and should report any cluster or findings to their local or state health department (MMWR Weekly October 19, 2001 / 50(41); 893-7 Recognition of Illness Associated with the Intentional Release of a Biologic Agent).

4. Policy
MMG health-care providers shall report suspected bioterrorism concerns to the appropriate authorities.

5. Procedure

5.1. Preparedness and Prevention

5.1.1. MMG Administration shall provide bioterroist training for MMG providers and office staff

5.1.2. Providers and staff may participate in a mock bioterrorist attack with follow up discussion and critique, when available in their region.

5.2. Detection and Surveillance

5.2.1. Early symptoms of an attack will likely be nonspecific (e.g., flu-like - fever, cough, headache) and difficult to link to an agent of bioterrorism. However, a bioterrorist event should be considered with the following circumstances:

5.2.1.1. Massive outbreak of a flu-like illness outside of the flu season

5.2.1.2. Severity of illness out of proportion to expectations, especially in absence of a confirmed, more familiar diagnosis

5.2.1.3. Rapid spike of previously healthy people presenting with a febrile/toxic illness (days versus weeks)

5.2.1.4. Systemic infection with any of the listed bio-weapons (see Appendix A). Inhalation anthrax, pneumonic plague, pulmonary tularemia, and viral hemorrhagic fever in a non-traveling U.S. resident should raise suspicion of a biological attack. Smallpox in anyone is evidence of a biological attack unless proven otherwise.

5.2.1.5. Concurrent outbreak among animals and humans

5.2.1.6. Outbreak with a non-endemic organism (e.g., anthrax in non-traveling U.S. resident

5.3. Response and Communication

5.3.1. In the event of a suspected bioterrorist event the following internal and external agencies shall be immediately notified for assistance with diagnosis, treatment, and communication with staff, patients, family members and the press:

5.3.1.1. Internal Notification

5.3.1.1.1. Safety Officer
5.3.1.1.2. Site Operations Manager
5.3.1.1.3. Director of Operations
5.3.1.1.4. MMG Practice Management

5.4. External Notification

5.4.1. **Michigan Department of Community Health (MDCH)**

5.4.1.1. Daytime Emergency: (517) 335-8024

5.4.1.2. General Bioterrorism Information: (517) 335-8165

5.4.1.3. After hours for any Communicable Disease: (517) 335-9030

5.4.1.4. **Federal Bureau of Investigation (FBI)**   (313) 965-2323

5.4.1.5. **Centers for Disease Control (CDC)**

5.4.1.5.1. CDC Emergency Response Office: (770) 488-7100

5.4.1.5.2. CDC Healthcare Infections Program: (404) 639-6413

5.4.1.6. **Local Law Enforcement**   911

5.4.1.7. **County Health Department**

Bay County	(989) 895-4009
Cheboygan County	(989) 356-4507
Eaton County	(517) 485-7110
Emmet County	(800) 432-4121
Genesee County	(810) 257-3612
Ingham County	(517) 887-4300
Isabella County	(989) 772-8147
Lapeer County	(810) 667-0448
Macomb County	(586) 469-5235
Oakland County	(248) 858-1280

6. Exceptions
None

7. References
7.1. MMWR Weekly October 19, 2001 / 50(41); 893-7 Recognition of Illness Associated with the Intentional Release of a Biologic

7.2. Bioterrorism Overview. CDC Emergency Risk Communication Branch (ERCB), Division of Emergency Operations (DEO), Office of Public Health Preparedness and Response (OPHPR). February 12, 2007.

7.3. APIC Bioterrorism Task Force and CDC Hospital Infections Program Bioterrorism Working Group, <u>Bioterrorism Readiness Plan: A Template for Healthcare Facilities,</u> 1999

8. Appendix
Appendix A - Biological Agents List

9. Approvals

Margaret Dimond
(Original signed policy on file in MMG Practice Management)

9/17/2012

Margaret Dimond
President/CEO

Date

Robin Wyles
(Original signed policy on file in MMG Practice Management)

9/11/2012

Robin Wyles
Safety Officer

Date

Previous Revision Dates/Supersedes Policy: 11/2005
Red Manual 10.A

McLaren
MEDICAL GROUP

BIOTERRORISM

The list of biological agents includes over 100 bacteria, viruses, rickettsia, fungi, and toxins. However, most experts believe the most likely bioweapons are as follows:

DISEASE/SYMPTOMS	PRECAUTIONS
ANTHRAX - INHALATION • Fever • Dyspnea • Cough • Chest Discomfort • Might include Thoracic Edema and a widened mediastinum on chest x-ray • Approximately 2-4 days after initial symptoms, sometimes after a brief period of improvement – Respiratory and Hemodynamic Collapse **ANTHRAX - CUTANEOUS** *Occurs particularly on the exposed areas of the hands/arm/face* • Local Edema becomes a pruritic macule or papule which enlarges and ulcerates after 1-2 days • Small 1-3 mm vesicles may surround the ulcer • Painless, depress, black, eschar usually with surrounding local edema • May include Lymphangistis and painful lymphadenopathy	**Standard Precautions** *In the event of:* *Contact MDCH for further instructions*
PLAGUE - PNEUMONIC • Fever • Cough with muco-purulent sputum • Hemoptysis • Chest Pain • Chest x-ray will show evidence of bronchopneumonia	**Standard Precautions** *Droplet Precautions –* Healthcare workers wear close fitting surgical mask *In the event of:* *Contact MDCH for further instructions*
BOTULISM - FOODBORNE • Gastrointestinal symptoms • Cranial Neuropathies (e.g., drooping eyelids, weakened jaw clenching, difficulty swallowing or speaking) • Blurred Vision or Diplopia • Symmetric descending weakness in proximal to distal pattern • Respiratory dysfunction from respiratory muscle paralysis or upper airway obstruction without sensory deficits **BOTULISM - INHALATION** • Similar symptoms as foodborne, however, the gastrointestinal symptoms may be absent	**Standard Precautions** *In the event of:* *Contact MDCH for further instructions*

McLaren
MEDICAL GROUP

SMALLPOX • Influenza like symptoms – 2 to 4 day nonspecific fever and myalgia before onset of rash • Rash – vesicular/pustular rash is typically most prominent on the face, extremities, and lesions develop at the same time (unlike chicken-pox where the lesions are most prominent on the trunk and develop in successive groups over several days)	**Standard Precautions** *Air Borne Precautions – Respirator* *Contact Precautions –* Gloves, gown, and wash hands with anti-microbial agent *In the event of:* *Contact MDCH for further instructions*
TULAREMIA – INHALATION • Abrupt onset of acute, nonspecific febrile illness (3-5 days after exposure) • Pleuropnuemonitis in substantial amount of cases (subsequent 7 days)	**Standard Precautions** *In the event of:* *Contact MDCH for further instructions*
DISEASE/SYMPTOMS	**PRECAUTIONS**
HEMORRHAGIC FEVER (e.g., Ebola, Marburg viruses) • Incubation 2-19 days • Fever – abrupt onset • Myalgia and headache • Nausea/vomiting/abdominal pain/diarrhea • Chest Pain/cough/pharyngitis • Maculopapular rash – prominent on trunk (5 days after onset) • Bleeding manifestations as the dx progresses – petechiae/ecchymoses/hemorrhages	**Standard Precautions** *In the event of:* *Contact MDCH for further instructions*

This is for quick reference only. For further information, contact the CDC and MDCH

CDC   Non-Emergency   (404) 639-0385   Emergency   (770) 488-7100
MDCH   (517) 355-8063

MMG Policy #7900
Appendix B

Telephone numbers for biological events

Local Law Enforcement	911
Genesee County Health Department	810-768-7970
Region 3	989-758-3712
Community Public Health Agency	
Michigan Department of Community Health	
Chief Executive and Medical Officer	517-335-8024
Michigan Department of Community Health/Lab	517-335-8063
Center for Disease Control and Prevention	770-488-7100
FBI Detroit Office 24 Hours	313-965-2323
USAMRIID (The US Army Medical Research Institute of Infectious Diseases)	301-619-2833
BIOPORT/Emergent Biosolutions (Producers of Anthrax Vaccine)	517-327-1500
US Public Health Service (Deploy Disaster Medical Assistants Teams (DMATT)	800-872-6367
NATIONAL RESPONSE CENTER (Hazardous Materials)	800-424-8802

http://www.apic.org/Content/NavigationMenu/PracticeGuidance/Topics/Bioterrorism/Bioterrorism.htm

http://www.bt.cdc.gov/

http://www.bt.cdc.gov/planning/evacuationfacts.asp

http://www.cdc.gov/nczved/dfbmd/disease_listing/anthrax_gi.html

http://www.cdc.gov/nczved/dfbmd/disease_listing/botulism_gi.html

http://www.bt.cdc.gov/agent/botulism/

http://www.hopkins_id.edu/bioterr/bioterr_1.html

http://bt.cdc.gov/radiation/index.asp

http://www.who.int/en/

http://www.hopkins-biodefense.org

http://emergency.cdc.gov/agent/tularemia/

http://emergency.cdc.gov/agent/vhf/

http://bt.cdc.gov/agent/ricin

http://www.atsdr.cdc.gov/

McLaren Medical Management Inc. Physician Practices Pandemic Influenza Plan

Site Name here - 2009

Operations Manager		
Director		
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Plan Sections

The Pandemic Influenza Plan is divided into the following sections:

1) Background, Purpose, and Objectives
2) Scope
3) Command and Clinic Structure
4) Community Disease Containment
5) Communications
6) Epidemiology, Surveillance and Laboratory Testing
7) Human Resources and staffing
8) Infection Control
9) Materials Management/Equipment/Facilities
10) System Coordination/ Healthcare Planning
11) Triage/ Patient Care
12) Vaccines/Anti-virals
13) Legal, finance, and recovery

Each section includes a description of the activities to be undertaken by pandemic period, using the World Health Organization's classification system (Table below). Activities are designated as the role of clinic operations.

This version of the MMMI Clinics Pandemic Influenza Plan reflects currently available scientific knowledge regarding the potential for an influenza pandemic, the expected ramifications on MMMI Clinics patients and employees, and the most effective strategies and tactics to support our response. It is important to understand that this plan will be updated and revised regularly as additional

information and guidance becomes available. Also, during a pandemic, guidance in this document may change.

Section 1: Background, Purpose, and Objectives

Background

Pandemic influenza occurs when a novel influenza virus appears that causes readily transmissible human illness against which most of the population lacks immunity. Several features set pandemic influenza apart from other public health emergencies or community disasters:

1. Influenza pandemics are expected but will arrive with little warning.
2. Outbreaks can be expected to occur simultaneously throughout much of the U.S., preventing sharing of human and material resources that usually occur in the response to other disasters. Localities should be prepared to rely on their own resources to respond. The effect of pandemic influenza on individual communities will be relatively prolonged (weeks to months) in comparison to disasters of shorter duration.
3. Because of widespread susceptibility to a pandemic influenza strain, the number of persons affected will be high.
4. Health care workers and other first responders will be at higher risk of exposure and illness than the general population, further straining the health care system.
5. Effective preventive and therapeutic measures, including vaccine and antiviral agents, are likely to be delayed and in short supply.
6. Widespread illness in the community could result in sudden and potentially significant shortages of personnel in other sectors that provide critical public safety and critical infrastructure services.

World Health Organization's Pandemic Influenza Phases

Inter-pandemic phase	Low risk of human cases	1
New virus in animals, no human cases	Higher risk of human cases	2
Pandemic alert	No or very limited human-to-human transmission	3
New virus causes human cases	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

2

POLICY 7905 (Red Manual)

Purpose

The purpose of developing an MMMI Clinic Pandemic Influenza Plan is to provide a coordinated and comprehensive system-wide response to influenza pandemic in order to reduce morbidity and mortality and to help ensure a continuation of essential healthcare functions, providing patient care to the best of our ability.

Objectives

The MMMI Clinics Pandemic Influenza Plan has 10 critical objectives:

1. Coordinate (internally) between hospitals and clinics to ensure an appropriate system-wide coordination of resources and patient care response to pandemic influenza.
2. Coordinate (externally) between hospitals and clinics when MMMI is overwhelmed, using agreements such as the Hospital Surge Bed Plans.
3. Coordinate and plan with local and state partners to assure adequate preparation for a pandemic.
4. Develop policies (administrative) and procedures (operations) that address surge capacity and patient care coordination between and within MMMI Clinics.
5. Develop policies and procedures for infection control and personal protective equipment, based on MDCH recommendations and current best practices.
6. Develop policies and procedures for MMMI's role(s) in community disease containment, based on MDCH recommendations.
7. Develop policies and procedures for human resources and staffing issues during a pandemic.
8. Develop policies and procedures for use of anti-virals and vaccines, and a means to distribute to staff and patients.
9. Develop policies and procedures for communication to staff, patients, and the public.
10. Develop guidelines for influenza surveillance, triage, and patient care.

Section 2: Scope

All employed practices under MMMI

And will coordinate with the following external organizations:

Local Public Health
Michigan Department of Community Health
Local Emergency Management
State Emergency Management
Other local emergency organizations

Section 4: Community Disease Containment

Policy: MMMI promote self-quarantine and encourages limiting face-to-face interaction.

Overview: Infection Control experts expect the mortality rate will be >= 5% of the whole population and the morbidity rate will be up to 30% of that population. The initial response to a novel strain of influenza will aim at containing the virus at its source. Thorough case isolation and quarantine of contacts in the area where the novel strain emerges may slow the spread of a pandemic. It will be public health's responsibility to determine if quarantine is necessary and where. MMMI will report to public health for the need to quarantine their counties. As transmission becomes more widespread in the US, quarantine becomes less effective and may not be used as a primary public health intervention. Public health will encourage self-quarantine during phases of the pandemic. Public health and the media will advise non-healthcare worker patients to stay home unless they have specific symptoms (MDCH will communicate symptoms). At a certain point the governor may declare a state of emergency and the governor will determine what agencies will close. There will be a lot of education on cover your cough and certain health guidelines.

During the Pandemic Alert and Pandemic Periods, MMMI employees will use a working quarantine where they can only go to home and work. Healthcare workers will be encouraged to use social distancing from their families to prevent exposing their families (especially the ones working in the influenza clinics). Healthcare workers will be encouraged to limit face-to-face meetings. All patients will be masked with the blue cone surgical masks if allowed into the clinic. Clinics will have an area for donning and doffing and will limit movements to the least amount of areas in the clinics.

Once an EOC has been opened, MMMI will use staff from administration for other functions such as phone triage. Practice Management will be used for their phone lines and potentially for phone triage.

Section 5: Communications

Communication policy: MMMI will provide up to date information to their patients and staff.

Communication with Media: *The MHCC Information Officer will handle all external communication/media contact.* Clinics will not contact or talk to the media. Media should not be allowed into the clinic to photograph, film, or speak with patients or staff. Staff will not talk to the medial on or off duty. The location of the mass dispensing sites will be communicated through the media and Health Alert Network (HAN). Health education and mass dispensing information will communicate to MMMI and the media from MDCH. There will be continuous flow of information between MMMI Practice Management Offices, MHCC Offices, and the clinics.

Communication with MMMI patients: MMMI will provide up to date information to their patients. Clinical information will be available through MDCH and disseminated to the patients through the media and clinics. The message will be in the media to tell patients to call their clinic before arriving. MMMI will provide patients with available communication resources.

Communication with staff: MMMI will have updated fan out to contact clinic staff. The Emergency Operations Center (EOC) Public Information Officer (PIO) will communicate to the clinic managers, directors, site medical directors and the MMMI Executive Management Office that the EOC has been opened.

List of Resources for patients and staff:
- MHCC.org
- CDC.gov
- pandemic flu.gov
- hotline number (TBD)

Section 6: Epidemiology, Surveillance, and Laboratory Testing

Policy: MMMI will follow MDCH guidelines on testing and reporting influenza cases.

Surveillance for Human Infection:
The level of surveillance will depend on the global, regional, and local epidemiology of influenza pandemic. Surveillance activities will be utilized within the framework of the pandemic phases as developed by the World Health Organization (WHO). In addition, actions may be different if infections caused by a novel influenza virus occur in the United States or in another country or if person-to person spread is slow, limited or widespread. Recommendations from the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and the Michigan Department of Community Health (MDCH) will provide updated guidance to MMMI on an ongoing basis.

Epidemiology and Surveillance:
- Once there is human-to-human transmission, clinics will have a pandemic influenza information sheet provided by MDCH or the CDC in order for staff to understand the epidemiology of the disease.

Laboratory Testing:
- MDCH will provide just in time training for all Laboratories.
- *During the first four phases of the World Health Organizations Pandemic Influenza period,* MMMI will follow normal seasonal protocol for testing for the influenza virus. <u>*Providers*</u> will collect Nasopharyngeal & Oropharyngeal specimens (any type) for Avian Influenza that will be sent to reference lab to forward to MDCH.
- *During phase five of the World Health Organizations Pandemic Influenza period,* well clinics will send all influenza testing supplies to the influenza clinics and only influenza clinics will do influenza testing. Each MMMI Clinic will keep tract of how many patients each clinic is seeing, how many were tested, how many were positive. All Clinics will submit data to MMMI Administration to centralized data collection center. MMMI will provide influenza data to MDCH as long as they possibly can without interfering with patient care.
- *During phase six of the World Health Organizations Pandemic Influenza period,* MMMI will stop testing because the pandemic stage has been reached; however, each MMMI will keep a record of how many patients they saw that day and how many were suspected to have the H5N1 virus. All Clinics will submit data to MMMI Administration to centralized data collection center.
- MMMI will follow the standard policy for courier to Reference Lab for forwarding to MDCH.

Section 7: Human Resources and Staffing

Staffing Policy: MMMI will follow the current Human Resources policies.

During the Inter-pandemic phases (phase 5): MMMI employees will receive just in time training on the incident command structure; policies of this plan, and respirator fit testing. MMMI employees are highly recommended to receive the seasonal influenza vaccine.

During the pandemic phase (phase 6): Healthcare workers will be encouraged to use a working quarantine (for example going only to home and work). Healthcare workers will be encouraged to use social distancing from friends and family to decrease the spread of Avian Influenza. MMMI employees will go through Employee Health Services before returning to work. Certain employees will be designated to evaluate clinic employees when they report to work, to prevent employees coming into work sick. Employees with symptoms of the Avian Flu will be sent home. MMMI employees will use current human resources policies for being absent from work. Unless PTO, FMLA, or ill, employees are expected to report to work as scheduled. Human resources may need to revisit policies as conditions warrant.

Additional precautions for staff:
- Face to face meetings will be limited.
- Clinic employees will limit movements to the least amount of areas in the clinics as they can.
- MMMI Practice Management Offices will be used for phone triage and staff from MMMI Administration could be used for other functions outside their job responsibilities.

Section 8: Infection Control

Policy: MMMI will follow MDCH full barrier precautions once there is sustained human-to-human transmission.

Overview: Despite the prevalence of influenza every year, the amount of empirical data on influenza transmission is very limited. Based on observed epidemiological patterns, it is thought that large infectious respiratory droplets that are deposited on the oral, nasal or conjunctival mucosa of a susceptible host primarily transmit influenza. Transmission via large-particle droplets requires close contact between the infectious host and susceptible persons. Special air handling and ventilation are not required to prevent droplet transmission, as large-particle droplets do not remain suspended in the air and generally travel only short distances (about three feet) through the air.

The significance of direct contact, indirect contact and airborne transmission has not been well established. Therefore, these modes of transmission remain theoretical in nature. Conservatively, these modes of transmission should be considered if host factors or treatments increase the theoretical potential risk of transmission. The incubation period for routine seasonal influenza is 1-4 days, with an average of 2 days. The incubation period for novel types of influenza is currently unknown and may be longer. Therefore, the maximum interval between potential exposure and symptom onset for pandemic influenza is set conservatively at 10 days.

Influenza is contagious during the 24 hours before the onset of symptoms and during most of the symptomatic period. Children and persons with compromised immune systems may shed the virus in the respiratory tract for a prolonged period (i.e., weeks to months).

Clinically, influenza-like illness (ILI) is described as acute onset of constitutional and respiratory signs and symptoms (e.g., fever of ≥100°F, myalgia, headache, malaise, cough, sore throat, and rhinitis). Among children, otitis media, nausea, and vomiting may also be present. The classic symptoms of ILI (e.g., fever) may not always be present in the elderly, children, and persons with altered immune status. The duration of illness typically is a few days, although cough and malaise may persist for weeks. Complications and hospitalizations from seasonal influenza are increased for children aged 0-23 months, adults ≥ 65 years, and persons with pre-existing medical conditions (e.g., cardiac or pulmonary disease) and include secondary bacterial pneumonia, or primary influenza viral pneumonia.

Because vaccine for influenza is developed using strain characterization from the previous influenza season, it can be assumed that vaccine will provide little if any protection from developing infection during a pandemic influenza outbreak. Given this, adherence to infection control principles to prevent transmission of influenza and initiation of antiviral medication for treatment and prophylaxis

POLICY 7905 (Red Manual)

will be paramount to control the spread and reduce morbidity and mortality during influenza pandemic.

The specific characteristics of a new pandemic influenza virus, including virulence, transmissibility, incubation period, period of communicability, and drug susceptibility, will remain unknown until the pandemic gets under way. MDCH will continue to work with their national and world public health partners to assess differences in any of these aspects and to revise infection control guidance as appropriate.

During the Inter-pandemic phases: All MMMI employees are highly recommended to receive the seasonal influenza vaccine. Even though this vaccine may not directly protect MMMI employees from contracting the avian flu, it could help with recovery or the symptoms may not be as severe if the vaccine is taken. MMMI's Emergency Planning will provide training and education of the pandemic influenza. **MMMI will start educating their patients on H5N1 virus either when there are birds with the virus in North America or when there is sustained human-to-human transmission.** MMMI will have face shields, goggles, or something for protection of the eyes and face stockpiled. MMMI will stock pile alcohol, hand wash and tissues. Clinics will stock pile surgical masks to put on patients in the influenza and non-influenza clinics.

During the pandemic phase: Vaccines and anti-virals will be unavailable or very limited during a pandemic influenza outbreak. MMMI will not be managing any vaccines or anti-virals; public health will manage vaccines or anti-virals available. MMMI Administration insists that employees with suspected flu symptoms stay home. A process will be designated to screen employees as they arrive for work. Employees will check to see if an employee has a sore throat, fever, cough, or other symptoms of the pandemic flu. Unless PTO, FMLA, or ill, employees are expected to report to work as scheduled. All clinic employees will wear full barrier protection while in the infected area. Clinic staff will be fit tested for the N95 (1870) respirators once it has been detected as human-to-human transmission. Clinics will provide an area for donning and doffing of personal protective equipment (PPE). There will be scheduled time periods for breaks from their PPE during each shift. All clinics will have posted signs that inform patients about which clinics are influenza/non-influenza clinics. Clinic will use current procedures for decontamination of equipment. Information will come from MDCH as things change in terms of recommendation changes for Influenza.

Section 9: Materials Management/Equipment/Facilities

Policy: MMMI will prepare to provide the safest and cleanest air possible for patients and employees.

Overview: Since there is not an MMMI clinic that has negative air pressure, clinics may have a limited availability for negative pressure. Each influenza clinic will be evaluated to prepare to provide the safest and cleanest air possible. Some clinics will be restructured to release the negative air. The Influenza clinics will need to provide an area for donning and doffing PPE.

Equipment: Phones, computers, fax machines, pagers, text paging, cell phones, home phones, Ham Radio, personal messengers, MMMI courier system, email, internet, intranet, Health Alert Network (HAN), overhead paging, TV, radio, paper.

Cell phones and landlines should work in a pandemic.

Section 10: System Coordination/Health Care Planning

Policy: Patient care will be coordinated across MHCC Hospitals and MMMI Clinics.

Overview: Outbreaks can be expected to occur simultaneously throughout much of the U.S., making it more difficult for healthcare providers to share human and material resources that usually occur in the response to other disasters. MMMI will need to rely on its own resources to respond as much as possible. The effect of the pandemic influenza on individual communities will be relatively prolonged (weeks to months) in comparison to disasters of shorter duration. Because of widespread susceptibility to a pandemic influenza strain, the number of persons affected will be high. Health care workers will be at higher risk of exposure and illness than the general population, further straining the healthcare system. Widespread illness in the community could result in sudden and potentially significant shortages of personnel in healthcare systems.

A pandemic will overwhelm the current healthcare system. The increase in patients requiring hospitalization and critical care will result in shortages of multiple resources including personnel and equipment. MMMI will expand their triage and outpatient treatment capacity to relieve pressure from hospital emergency departments. All facilities will need to supplement their highly trained professional staff with volunteers and lesser-trained staff. Standards of care and the current regulatory approach will, by necessity, need to be changed. The Healthcare Planning section describes the systems that will be used to expand capacity to diagnose, treat and manage patients requiring medical care during pandemic influenza.

During the Inter-pandemic and Pandemic Alert Periods, emphasis will be centered upon developing institutional plans, protocols and drills for responding to pandemic influenza. This section will address various issues related to healthcare planning and clinic structure. The needs and activities will be articulated for all MMMI.

Resources between MMMI clinics and MHCC hospitals will be coordinated during a Pandemic. MHCC Hospitals and Clinics have established a relationship with MDCH. MMMI will participate in local and regional planning groups through local public health. MMMI will coordinate referrals between each other to increase surge capacity.

Non-Influenza/Influenza Clinics: Once in a Pandemic phase 5, MMMI will be divided into non-influenza and influenza clinics. Non-influenza clinics will do all normal operations including well child visits, OB visits, and other non-emergency operations. Influenza clinics will only care for those patients with suspected Avian Influenza. Each clinic Incident Commander (IC) will need to determine the number of staff needed to keep clinic open and communicate that to the EOC IC.

13

Non-influenza Clinics: Non-influenza Clinics will follow normal MMMI protocol for caring for patients. All non-influenza patients will be transferred from the influenza clinics to the non-influenza clinics. Clinic hours may be extended to be able to care for the "extra" patients they will be getting from the influenza clinics. Plan to continue urgent patient care as "normal" in non-influenza clinics. Plan to close clinics or cancel elective checks will be made by the MMMI Emergency Operations Center (EOC) and will be based on priority needs.

Influenza Clinics: Influenza clinics will only care for suspected Avian Influenza patients. Once MMMI Clinics switches to non-influenza and influenza clinics, all influenza clinics will reschedule their elective visits to a non-influenza clinic and will follow MMMI protocol for doing so. MMMI may extend clinic hours to be able to care for the abundance of patients that is expected during a pandemic. All influenza clinics will be able to provide IV hydration to be able to take some of the responsibility off the hospitals. Clinics will triage either in their parking lot (if weather permits), or in the entrance of their clinic.

N-95 Respirators: All clinic employees will be fit tested by a trained fit tester during phase 5 of the World Health Organization Phases. MMMI will use full barrier precautions. Full barrier precautions require employees to use surgical gowns, gloves, and a mask or respirator when in patient care area. Face shields will be required during procedures.

Transfer patients to Hospital: If a patient is hypoxic then the patient will be referred to the nearest hospital. MMMI will use current procedures for referring patients to the hospital.

Care of the Decease: MMMI will not be caring for the deceased.

Section 11: Triage/ Patient Care

Policy: MMMI will use information from MDCH for patient care. *MMMI will provide care and/or treatment for patients who have symptoms of the disease, and will refer patients who have been exposed but are asymptomatic to the Mass Dispensing Site (MDS) if there is an antiviral or vaccine available.*

At home recommendations: MMMI will receive information from the Center for Disease Control (CDC) and Michigan Department of Community Health (MDCH). MMMI will distribute any pandemic influenza information to their patients for at home recommendations.

Phone recordings: All clinics will have an on hold recording that explains whether their clinic is a non-influenza clinic or an influenza clinic.

Care for Patients: All patients will be masked with a surgical mask as they enter any MMMI site.

Triage Policies

I. Triage Operations will be set up according to guidelines set by the Chief Medical Officer (CMO) or District Medical Director, to ensure continuity and standardization between all clinic sites.

II. Triage locations include:
- Clinic entrance/lobby.
- Parking lot or open area adjacent to clinic, this may include triaging patients while in their cars.

III. When pandemic triage is in operation, each person must complete the triage process prior to entering the clinic. Triage staff will determine if a patient:
- has special needs (language, mobility, mental health);
- has been exposed and is exhibiting symptoms of the Avian Influenza (H5N1);
- is a member of the population at risk but is NOT exhibiting symptoms. Refer to Mass Dispensing Site (MDS) for prophylaxis (If available); If not available, send patient home with at home recommendations
- is in need of care or treatment that the clinic cannot provide. Refer these patients to the hospital.

IV. Triage operations are agent-specific and/or specific to type of transmission. The Michigan Department of Community Health (MDCH) for pandemic influenza will provide specific tools and guidelines.

<u>Person-to-person transmission.</u> (Influenza)
    Triage includes:
- Implementation of appropriate Infection control protocols
- Screening for population-at-risk (exposed)
- Symptom Screening
- Symptom Evaluation
- Referral to alternate care facilities
- Education

IV. A physician/nurse practitioner/physicians assistant will be in the triage area to provide medical expertise.

V. Families will be kept together during triage process, but may be separated after symptom evaluation. Children under the age of 15 will not be separated from their parents.

VI. Triage staff will determine mental health status. Referrals to mental health specialists will be made if necessary.

Triage Procedures:

The Triage process will start when it has been confirmed that the Avian H5N1 influenza is present in the United States; then the population will receive messages from the media regarding:
- *where to go if symptomatic*
- *where to go for triage*
- *where to go for language or other special needs*
- *who to call for questions*

Procedure:

1) Determine appropriate triage location inside or outside clinic.
The Triage process may take place while participants are in line or still in their cars. If weather allows, this can be done outside.

2) Special Needs Assessment:
The Patient Flow Manager quickly assesses each patient for the following:
- ❑ Special physical requirements (Mobility)
- ❑ Need for language interpreter
- ❑ Mental health status

3) Exposed Patient Screening:
The Triage staff will determine if each patient is exposed using triage-screening questions.

POLICY 7905 (Red Manual)

- If the patient is exposed but <u>NOT</u> symptomatic, send the patient home.
- If the patient is in the exposed group and is symptomatic, send patient to Symptom Evaluator/Medical Expert.
- If the patient exhibits severe symptoms beyond clinic capability to provide care or treatment, refer to hospital.

4) **Symptom Screening**

The Triage staff directs all patients to their appropriate next stations depending on Triage screening questions:

❑ **If NO for symptom screening questions:**
- patient both sign symptom-screening form.
- refer patients to MDS if vaccine available; home if vaccine is not available.
- keep symptom screening form.

❑ **If YES for any symptom screening questions:**
- Per MDCH Infection Control Guidelines, provide participants who exhibit symptoms of respiratory illness with a surgical mask.
- both sign symptom-screening form.
- make a copy of signed form and keeps the copy.
- Direct patient and family members to Medical Staff, with completed and signed symptom screening form.

❑ **If UNSURE for symptom screening questions:**
- Follow "If Yes" procedure.

5) **Symptom Evaluation**

The staff will assess patient symptoms using available resources:
❑ Symptom Evaluator Screening Questions Form, provided by CDC or MDCH
❑ Physical assessment
❑ Send patient to appropriate treatment area.

Drills/Exercises:

MMMI Emergency Preparedness via Safety Officer will continuously be conducting drills and exercises throughout each fiscal year.

Section 12: Vaccines/ Anti-virals

Policy: MMMI will not stockpile or dispense anti-virals or vaccines available for Avian Influenza. MMMI will use CDC and MDCH guidelines.

During the pandemic phase: Resources will not match the expectations of the public or the medical community. The CDC and MDCH will set guidelines for the anti-virals and vaccines. MDCH will direct the mass dispensing of anti-virals and vaccines through Local Public Health. MMMI will not be a point of mass dispensing, but refer to those sites. All Influenza Clinics will have insufficient on site security; therefore, media will report that clinics will not have anti-virals/vaccines and MMMI will post signs stating so.

Section 13: Legal, Finance, and Recovery

Policy: MHCC Hospitals and MMMI Clinics will follow the current business continuity plan for recovery.

		Policy Title:	National Incident Management System
McLaren **MEDICAL GROUP**			
Effective Date:	6/2009	Policy Number:	7920
Review Date:		Category:	Environment of Care
Revised Date:	5/1/12	Oversight Level:	2
Administrative Responsibility:		MMG Safety Officer	
Interpretation:		MMG Directors, Operations Managers	

1. Purpose

McLaren Medical Group (MMG) is committed to the delivery of quality health care in a safe environment. The purpose of this policy is to support MHCC's commitment by outlining activities that support compliance with requirements identified in the Homeland Security Presidential Directive – 8.

2. Scope

All MMG sites

3. Definitions

ICS – Incident Command System
NIMS – National Incident Management System
MHCC – McLaren Health Care Corporation

4. Policy

A. Organizational Adoptions

1. It is the policy of MMG that organizational processes and structures and employee education and training will be compliant with the National Incident Management System.

2. It is the policy of MMG to promote and encourage the adoption of National Incident Management System standards for MMG to play a support role in emergency response operations.

3. It is the policy of MMG to coordinate emergency mitigation, planning, response, and recovery activities with the Acute Care facility within each of its regions.

4. It is the policy of MMG to develop and implement a standardized corporate-wide emergency code system.

B. Command and Management

1. It is the policy of MMG to manage all emergency incidents in accordance with the regional hospital's established Incident Command/Management System structure, doctrine, and procedures. MMG's ICS/IMS information is identified in the MMG Emergency Manual.

2. It is the policy of MMG to coordinate and support emergency incidents through the use of the MHCC EMT processes.

3. It is the policy of MMG to implement processes and/or plans to communicate timely accurate information through a community Emergency Operations Center or Joint Information System/Joint Information Center, when activated in the community.

C. Preparedness and Planning

1. It is the policy of MMG to work with the regional Acute Care Facility to track NIMS implementation as part of MMG's emergency management program.

2. It is the policy of MMG to incorporate NIMS components into applicable policies and procedures, training and education programs where necessary.

3. It is the policy of MMG to participate in interagency mutual aid agreements to improve emergency response operations.

4. It is the policy of MMG to be a signatory on a mutual aid agreement with Mclaren Healthcare Corporation subsidiary corporations.

D. Preparedness Training

1. It is the policy of MMG that the Safety Officer will complete the Federal Emergency Management Agency's Independent Study Course, An Introduction to the Incident Command System – Healthcare – IS-100(HC), or equivalent.

2. Additional training for the Safety Officer should include: Command System – Healthcare, IS-100(HC) and Basic Incident Command System, IS-200(HC), Introduction to the National Incident Management System, IS-700, or equivalent courses.

E. Preparedness Exercises

1. It is the policy of MMG that NIMS/ICS will be promoted and incorporated into external, local and regional emergency management training and exercises

2. It is the policy of MMG to participate in an all-hazards progressive exercise program that involves emergency responders from multiple disciplines and agencies when staff is available.

3. It is the policy of MMG to evaluate exercises in order to develop an after action report and an improvement plan.

F. Resource Management

1. It is the policy of MMG to support the acquisition of assets needed to effectively conduct disaster response operations.

G. Communications and Information Management

1. It is the policy of MMG that staff will communicate using plain English (i.e., no acronyms, jargon, etc.) when communicating with external response partners.

2. It is the policy of MMG to develop and maintain redundant communication systems that are interoperable with community response organizations and with other McLaren Healthcare Corporation subsidiary hospitals.

3. It is the policy of MMG to maintain up-to-date information in the McLaren Healthcare Corporation corporate communications plan.

4. It is the policy of MMG to use a corporate-wide system as the alert and notification platform, internally and externally.

5. Procedure
5.1. All MMG sites will participate as directed in any and all drills within their respective region.

6. Exceptions
None

7. References
   7.1. Homeland Security Presidential Directive (8) found @
   http://www.dhs.gov/xabout/laws/gc_1215444247124.shtm

8. Appendix
   None

9. Approvals

Margaret Dimond
(Original signed policy on file in MMG Practice Management)   9/18/2012
Margaret Dimond   Date
President/Chief Executive Officer

Robin Wyles
(Original signed policy on file in MMG Practice Management)   9/11/2012
Robin Wyles   Date
Safety Officer

Previous Revision Dates/Supercedes Policy: 6/2010
Not applicable / Not applicable