

Blue Manual

Revised 5/1/2012

*Approved by: Margaret Dimond, MMG President/CEO June/2/2012
and Robin Wyles, MMG Safety Officer May/23/2012*



**McLaren Medical Group
LIFE SAFETY MANAGEMENT PLAN MANUAL**

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		Policy Title:	Security
Effective Date:	03/01/2001	Policy Number:	7100
Review Date:	02/01/2002	Category:	Environment of Care
Revised Date:	3/20/2014	Oversight Level:	2
Administrative Responsibility:		Safety Officer	
Interpretation:		Operations Managers	

1. Purpose

To define the process through which McLaren Medical Group (MMG) will ensure security for patients, staff and visitors.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

McLaren Medical Group will provide security for patients, staff and visitors. The plan is designed to be consistent with the McLaren Health Care Corporation Plan.

5. Procedure

5.1. Security is the responsibility of all employees. The procedures that follow pertain to those departments actively participating in the security program.

5.2. Unusual behavior/incidents are to be reported to the site management. Examples include, but are not limited to:

5.2.1. People in area of building after patient hours

5.2.2. Persons other than employees entering through staff entrances

5.2.3. Persons in parking lots looking at cars in a suspicious manner

5.3. Patients, Visitors, Service and Sales Persons

5.3.1. Patients should be directed to the proper area

5.3.2. When sales persons arrive, call individual they wish to contact

5.3.3. Service people may enter through staff entrances

5.3.4. Individuals receiving callers other than sales or service personnel should be contacted directly

5.3.5. If persons attempt to bypass the Receptionist or other staff or are abusive, notify your supervisor

5.4. The Maintenance Department may be requested to assist in security matters

5.5. Persons in areas of the facility in which there are no outpatient services or in which outpatient services are closed are asked to leave that area. Be polite, but firm in suggesting they return to areas in which patients are allowed.

5.6. Notify MMG Administration immediately if anyone is in the process of stealing or damaging property or behaves offensively. Phone numbers are listed below for use when deemed necessary:

All Regions 911

McLaren Medical Group Practice Management 810-342-1040

5.7. An MHCC Occurrence Report must be completed with each incident in which the authorities are notified. Complete all sections and forward intact to Administration.

6. Exceptions

None

7. References

FORM: MHCC Occurrence Report (MHCC-10057)

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


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Robin Wyles
Safety Officer

3/20/2014

Date

Previous Revision Dates/Supersedes Policy: 5/1/2012, 12/5/2006
Blue Manual Policy 1

		Policy Title:	Hazardous Materials and Waste Management Plan
Effective Date:	03/01/1999	Policy Number:	7105
Review Date:		Category:	Environment of Care
Revised Date:	05/01/2012	Oversight Level:	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Operations Managers		

1. Purpose

To define the process through which McLaren Medical Group (MMG) addresses the selection, handling, storage, use, disposal, identification, inventory and evaluation of hazardous material and the management of regulated waste gases and vapors.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

A management plan will be maintained that provides for safe control of hazardous materials and waste. The plan is designed to be consistent with McLaren Health Care Corporation Plan.

5. Procedure

5.1. Selection

5.1.1. When selecting chemicals/gases, the following criteria will be used to evaluate proposed purchases

5.1.1.1. Performance

5.1.1.2. Ingredients (identify least hazardous, but able to perform job)

5.1.1.3. Cost

5.1.1.4. Packaging (as little waste as possible)

5.1.1.5. Handling and storage (evaluate for space and appropriateness)

5.1.1.6. Disposal (identify any special procedures and determine if there are mechanisms in place)

5.1.1.7. Training needs (who needs to be trained and who will do the training)

5.1.2. Staff will select products for each job based on their knowledge and training of what is required to do the job. They will use these products according to the manufacturer's directions.

5.2. Handling and Storing

5.2.1. All materials will be handled and stored according to the manufacturer's directions. This information can be obtained from the Material Safety Data Sheets located in the Engineering Department at McLaren subsidiary hospitals.

5.3. Use

5.3.1. When new substances are introduced, the staff will be in-serviced based upon decisions from the original criteria (either by training and resources, other appropriate staff, vendor or by the department). Additionally, new staff receives information during the hospital orientation and departmental orientation/training.

5.4. Clean-up

5.4.1. Spills are handled by a variety of departments as noted in Corporate Plan.

5.5. Waste Disposal

5.5.1. This is handled by various departments as noted in Corporate Plan.

5.6. Material Safety Data Sheets and Inventory of Hazardous Substances

5.6.1. The Material Safety Data Sheets (MSDS) are located in the Engineering Department at subsidiary hospitals. A list of hazardous materials will be kept on site. This list will be reviewed annually. Any additions or deletions shall be submitted to subsidiary hospital.

5.7. Permits, Licenses, etc.

5.7.1. Permits, Licenses, Manifests are maintained in the responsible department.

6. Exceptions

None

7. References

None

8. Appendix

None

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/CEO

June 2, 2012

Date

Robin Wyles


(Original signed policy on file in MMG Practice Management)

Robin Wyles
Safety Officer

May 23, 2012

Date

Previous Revision Dates/Supersedes Policy: 12/5/2006
Blue Manual Policy 2

		Policy Title:	Infectious Waste Management Plan
Effective Date:	05/17/1999	Policy Number:	7110
Review Date:		Category:	Environment of Care
Revised Date:	03/20/2014	Oversight Level:	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Operations Managers		

1. Purpose

To define the process through which McLaren Medical Group (MMG) will provide the safety of patients and employees against biomedical hazardous waste.

2. Scope

MMG workforce

3. Definitions

None

4. Policy

4.1. McLaren Medical Group (MMG) offices that generate biomedical waste will conform to OSHA and MIOSHA guidelines required for biomedical hazardous waste.

Individual Responsible for the management of medical waste: _____

Site Name: _____

Address: _____

Phone: _____

4.1.1. This medical practice generates, receives or stores any of the following categories of infectious medical waste:

4.1.1.1. ____ Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices

4.1.1.2. ____ Liquid human and animal waste, including blood and blood products and body fluids, but not including urine or materials stained with body fluids

4.1.1.3. ____ Pathological waste

4.1.1.4. ____ Sharps

5. Procedure

5.1. Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices are generated at the above physician office. This physician office contracts on an as needed basis with an independent testing laboratory (Quest Diagnostic, Inc.) and McLaren Hospitals Laboratory Services Department who are responsible for lab procedures and the disposal of all cultures, stocks infectious agents, associated biologicals, laboratory waste, biological production waste, culture dishes and related devices. The disposal of all empty vials, glass and culture dishes are placed in a biohazard container which are sealed for disposal by sterilization and grinding. If specimens are sent to McLaren Hospital - Laboratory Services, they are then disposed by their infectious waste plan. The Pharmacy currently employs two methods of disposal for attenuated vaccines. The first is to return the product to the original method or secondly, have the item (left over vaccines) incinerated with the hazardous/chemotherapeutic waste products.

5.2. Liquid human and animal waste, including blood and blood products and body fluids, but not including urine or materials stained with blood or body fluids. All patient body fluids are disposed by flushing down a sanitary sewer. All blood products classified as infectious are packaged in double lined trash bags and immediately disposed in sealed biohazard containers. After containers are full a licensed waste hauler picks them up for sterilization and grinding. Manifest verifying pick-up and disposal are maintained on file at the generating facility.

5.3. Pathology Waste: N/A

5.4. Sharps: All sharps are disposed of in rigid puncture-resistant containers that are appropriately labeled "Sharps Regulated Waste" at the site. All sharp containers are placed in puncture resistant container which are marked biohazard and then picked-up by a licensed waste hauler for sterilization and grinding. Manifests verifying pick-up and disposal are maintained on file at the generating facility.

5.5. Contaminated wastes from animal: N/A

5.6. If any regulated waste is stored on-site, please describe (see Appendix A).

5.7. Regulated waste is stored in an enclosed area. Regulated waste is contained in sealed/labeled biohazard containers. The regulated waste is put into large red hazard bags and then sealed in labeled biohazard boxes.

- 5.8. Decontamination methods are used off-site at subsidiary hospital.
- 5.9. If on-site and off-site incineration is used, describe (see Appendix A).
- 5.10. At this time sharps and regulated waste are sterilized and shredded beyond recognition by Stericycle, Inc.
- 5.11. Names and addresses of license waste haulers used to transport infectious waste and solid waste:
 - 5.11.1. Stericycle, Inc., 1301 East Alexis Rd., Toledo, OH 43612, (419) 729-8005
 - 5.11.2. Pollard Disposal Inc., 11349 McKinley Rd., Montrose, MI 48458
- 5.12. Names and addresses of independent testing laboratories:
 - 5.12.1. Quest Diagnostics, Inc., 4444 Giddings Rd., Auburn Hills, MI
 - 5.12.2. McLaren Healthcare Corporate Central Lab, 4000 S. Saginaw St., Flint, MI 48507
 - 5.12.3. Sparrow Regional Medical, 1212 East Michigan Ave., Lansing, MI 48912
- 5.13. Names and addresses of sanitary landfill or other disposal sites used to dispose of infectious waste:
 - 5.13.1. Stericycle, Inc., 1301 East Alexis Rd., Toledo, OH 43612, (419) 729-8005
 - 5.13.2. Bigfoot Run Landfill, 2420 East Mason-Morrow-Millgrove, Morrow, OH 45152, (513) 899-2942
 - 5.13.3. Willow Creek, 1043 State Route 225, Atwater, OH 44201, (216) 947-2548
 - 5.13.4. Vienna Junction, 6233 Hagman Rd., Erie, MI 48133, (313) 243-344
- 5.14. Stericycle, Inc., 1907 Pine Ave., Warren, OH 44481, (216) 393-0385

6. Exceptions

None

7. References

None

8. Appendix

8.1. Medical Waste Tracking Form (Stericycle, Inc.)

9. Approvals

Mark S. O'Halla

3/20/2014

(Original signed policy on file in MMG Practice Management)

Mark S. O'Halla
Acting President/CEO

Date

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3/20/2014

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Robin Wyles
Safety Officer

Date

Previous Revision Dates/Supersedes Policy: 5/1/2012, 12/5/2006
Blue Manual Policy 3

McLaren MEDICAL GROUP		Policy Title:	Utility Management Plan
Effective Date:	03/01/1999	Policy Number:	7120
Review Date:		Category:	Environment of Care
Revised Date:	3/20/2014	Oversight Level:	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Operations Managers		

1. Purpose

To define a process through which McLaren Medical Group will maintain a risk based utility management program, which assesses risk, assures operational reliability and comfortable environment of care; and responds to failures of utility systems that support a safe and controlled patient care environment.

2. Scope

MMG Workforce

3. Definitions

None

4. Policy

McLaren Medical Group will design a program that provides for safe and reliable utilities systems management. The plan is designed to be consistent with McLaren Health Care Corporation Plan.

5. Procedure

5.1. In the event of the utility system disruption

5.1.1. Contact local utility company (Numbers listed below):

Electric _____

Gas _____

Water _____

Medical Gas _____

Oxygen _____

Nitrogen _____
Nitrous Oxide _____
Other Gases _____
Other numbers _____
Maintenance _____

5.1.2. If necessary, follow Evacuation Plan listed in the Emergency Preparedness Manual (Red Manual).

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

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Safety Officer

3/20/2014

Date

Previous Revision Dates/Supersedes Policy: 5/1/2012, 12/5/2006
Blue Manual Policy 5

		Policy Title:	Medical Equipment Management Plan
Effective Date:	03/01/1999	Policy Number:	7125
Review Date:	01/16/2003	Category:	Environment of Care
Revised Date:	03/20/2014	Oversight Level:	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Operations Managers		

1. Purpose

To define a process through which McLaren Medical Group (MMG) will maintain a risk-based Medical Equipment Management program that will assess risk, assure operational reliability, and respond to failure of medical equipment supporting the patient care environment for McLaren Group

2. Scope

MMG Workforce

3. Definitions

MCES - McLaren Clinical Engineering Services; the combined corporate organizational structure of the individual McLaren Healthcare Corporation facility's biomedical/clinical engineering departments.

4. Policy

McLaren Medical Group shall have a program that provides for the safe and reliable use of medical equipment.

5. Procedure

5.1. McLaren Medical Group facilities will utilize McLaren Clinical Engineering Services (MCES) as the Service Provider for medical equipment management.

5.2. Questions regarding specific equipment compliance should be directed to MCES at (810) 342-4300. All regions will use the same number.

5.3. MCES will provide a Preventive Maintenance (PM) program to MMG facilities. Equipment will be designated/tagged by MCES according to their criteria.

5.4. Designated equipment in the facilities in need of repair or re-inspection requires notification to MCES by way of a phone call or e-mail (MCES@McLaren.org) with the following information.

5.4.1. Name of person requesting service

5.4.2. Location

5.4.3. Device or service needed

5.4.4. Description of the problem

5.5. Designated patient care equipment brought into a facility for loaner purposes and/or temporary use will require the site to notify MCES prior to its use. MCES will determine any needed safety checks that the equipment requires ensuring compliance with the policy.

5.6. MCES will be contacted regarding the handling of any equipment to be disposed of, or retired; respective forms will be completed as necessary.

6. Exceptions

None

7. References

Transfer/Disposal/Trade of Equipment (M144 - Rev. 1/05); MCES Medical Equipment Management Program

8. Appendix

None

9. Approvals

Mark S. O'Halla

(Original signed policy on file in MMG Practice Management)

Mark S. O'Halla
President/CEO

3/20/2014

Date

Robin Wyles

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Safety Officer

3/20/2014

Date

Previous Revision Dates/Supersedes Policy: 5/1/2012, 12/5/2006
01-28-03 / Blue Manual Policy 6

		Policy Title:	Emergency Preparedness Management Plan
Effective Date:	03/01/1999	Policy Number:	7130
Review Date:		Category:	Environment of Care
Revised Date:	05/01/2012	Oversight Level:	2
Administrative Responsibility:		Safety Officer	
Interpretation:		Operations Managers	

1. Purpose

To define a process through which McLaren Medical Group will effectively respond to a disaster (internal or external) or to an emergency that can affect the environment of a corporate subsidiary.

2. Scope

MMG Workforce

3. Definitions

None

4. Policy

McLaren Medical Group will provide safe, functional, and effective environment of care for employees, patients, and visitors that addresses emergency preparedness. The plan is designed to be consistent with McLaren Health Care Corporation Plan.

5. Procedure

See EMERGENCY PREPAREDNESS MANUAL (Red Manual).

6. Exceptions

None

7. References

None

8. Appendix

None

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/CEO

June 2, 2012

Date

Robin Wyles


(Original signed policy on file in MMG Practice Management)

Robin Wyles
Safety Officer

May 23, 2012

Date

Previous Revision Dates/Supersedes Policy: 12/5/2006
Blue Manual Policy 7

		Policy Title:	Safety Plan
Effective Date:	03/01/1999	Policy Number:	7135
Review Date:		Category:	Environment of Care
Revised Date:	3/20/2014	Oversight Level:	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Operations Managers		

1. Purpose

To define a process through which McLaren Medical Group (MMG) will provide a safe environment for employees, patients and visitors.

2. Scope

MMG Workforce

3. Definitions

None

4. Policy

McLaren Medical Group will have and maintain a safety plan, in accordance with the regional hospital, as applicable. The plan is designed to be consistent with McLaren Health Care Corporation Plan.

5. Procedure

- 5.1. McLaren Medical Group will follow the corporate plan.
- 5.2. MMG sites will conduct annual safety inspections.
- 5.3. Inspection findings will be reported to the Safety Officer.

6. Exceptions

None

7. References

None

8. Appendix

None

9. Approvals

Mark S. O'Halla

3/20/2014

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Acting President/CEO

Date

Robin Wyles


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Robin Wyles
Safety Officer

Date

Previous Revision Dates/Supersedes Policy: 5/1/2012, 12/5/2006
Blue Manual Policy 8

		Policy Title: Life Safety Management Plan
Effective Date: 03-01-1999	Policy Number: 7140	
Review Date:	Category: Environment of Care	
Revised Date: 12/24/2013	Oversight Level: 2	
Administrative Responsibility:	Safety Officer	
Interpretation:	Operations Managers	

1. Purpose

To define the process through which McLaren Medical Group will design a program that considers life safety.

2. Scope

MMG Workforce

3. Definitions

None

4. Policy

4.1. McLaren Medical Group has designed a program that considers life safety. The management plan describes the processes for protecting patients, staff, visitors, and property from fire and the products of combustion (smoke) in accordance with all applicable required structural features of fire protection addressed in the Life Safety Code (National Fire Protection Association 101, as adopted by authorities having jurisdiction, including clarifying or amending policy letters).

5. Procedure

5.1. The process that protect patients, staff, visitors, and property from fire and smoke are contained in the following program elements and include:

5.1.1. Identification and maintenance of all applicable required structural features of fire protection (see Appendix A).

5.1.2. Inspection and testing including:

5.1.2.1. Fire Alarm Systems

5.1.2.2. Automatic Extinguishing System (including fire pumps)

5.1.2.3. Portable Fire Extinguishers

5.1.2.4. Fire Drills including

5.1.2.4.1. specific roles of personnel in the area of a fire's point of origin (RACE)

5.1.2.4.2. specific roles of personnel who are away from a fire's point of origin (Fire Plan)

5.1.2.4.3. specific roles and responsibilities for volunteers, students and physicians to the extent they are required to participate in the plan.

5.1.2.4.4. use and function of fire alarms

5.1.2.4.5. building evacuation (fire plan, fire drills, including the posting of fire evacuation plans)

5.1.2.4.6. equipment utilized in evacuation

5.1.2.4.7. containing smoke and fire through building compartmentalization procedures (RACE).

5.1.2.5. Reviewing Proposed Acquisitions

5.1.2.6. Hazard Surveillance

5.1.2.7. Life Safety Annual Evaluation

5.1.2.8. Fire Plan

5.1.2.9. Interim Life Safety Measures

5.1.3. For proposed acquisitions of bedding, window draperies, and other curtains, furnishings, decorations, wastebaskets, and other equipment for fire safety.

5.1.4. A procedure for reporting and investigating fire protection deficiencies, failures, and user errors.

5.2. Orientation and Education: Orientation for new employees for life safety is completed and compliance records are maintained.

5.3. Performance Standards: The Safety Officer shall develop a performance standard to measure the effectiveness of the Life Safety Plan. The standard and

quality indicators are tracked as appropriate.

5.4. McLaren Medical Group through the support of subsidiary hospitals shall provide on-going monitoring of performance regarding actual or potential risk through:

5.4.1. Review and testing of all employees through annual safety inservicing and testing, including reporting of staff participation to the Safety Officer.

5.4.2. Implementation of preventive maintenance schedules for life safety elements and systems, including testing and calibration of systems and devices, based on industry standards or manufacturers' recommendations.

5.5. Annual Evaluation: The Safety Officer annually evaluates the effectiveness of the current Life Safety Program and summarizes findings to the Governing Board of Directors.

6. Exceptions

None

7. References

None

8. Appendix

8.1. Appendix A - Hazard & Vulnerability Analysis

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/Chief Executive Officer

12/24/2013

Date

Robin Wyles

(Original signed policy on file in MMG Practice Management)

Robin Wyles
Safety Officer

12/24/2013

Date

Previous Revision Dates:

12/5/06

Supersedes Policy:

Blue Manual Policy 9

Medical Center Hazard and Vulnerability Analysis

This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

INSTRUCTIONS:

Evaluate potential for event and response among the following categories using the hazard specific scale. Assume each event incident occurs at the worst possible time (e.g. during peak patient loads).

Please note specific score criteria on each work sheet to ensure accurate recording.

Issues to consider for **probability** include, but are not limited to:

- 1 Known risk
- 2 Historical data
- 3 Manufacturer/vendor statistics

Issues to consider for **response** include, but are not limited to:

- 1 Time to marshal an on-scene response
- 2 Scope of response capability
- 3 Historical evaluation of response success

Issues to consider for **human impact** include, but are not limited to:

- 1 Potential for staff death or injury
- 2 Potential for patient death or injury

Issues to consider for **property impact** include, but are not limited to:

- 1 Cost to replace
- 2 Cost to set up temporary replacement
- 3 Cost to repair
- 4 Time to recover

Issues to consider for **business impact** include, but are not limited to:

- 1 Business interruption
- 2 Employees unable to report to work
- 3 Customers unable to reach facility
- 4 Company in violation of contractual agreements
- 5 Imposition of fines and penalties or legal costs
- 6 Interruption of critical supplies
- 7 Interruption of product distribution
- 8 Reputation and public image
- 9 Financial impact/burden

Medical Center Hazard and Vulnerability Analysis

Issues to consider for **preparedness** include, but are not limited to:

- 1 Status of current plans
- 2 Frequency of drills
- 3 Training status
- 4 Insurance
- 5 Availability of alternate sources for critical supplies/services

Issues to consider for **internal resources** include, but are not limited to:

- 1 Types of supplies on hand/will they meet need?
- 2 Volume of supplies on hand/will they meet need?
- 3 Staff availability
- 4 Coordination with MOB's
- 5 Availability of back-up systems
- 6 Internal resources ability to withstand disasters/survivability

Issues to consider for **external resources** include, but are not limited to:

- 1 Types of agreements with community agencies/drills?
- 2 Coordination with local and state agencies
- 3 Coordination with proximal health care facilities
- 4 Coordination with treatment specific facilities
- 5 Community resources

Complete all worksheets including Natural, Technological, Human and Hazmat.
The summary section will automatically provide your specific and overall relative threat.

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your MC with >= 5 victims)	1	3	3	3	1	1	1	22%
Small Casualty Hazmat Incident (From historic events at your MC with < 5 victims)	2	2	2	2	1	1	1	33%
Chemical Exposure, External	2	3	2	2	1	1	1	37%
Small-Medium Sized Internal Spill	2	3	1	1	1	1	1	30%
Large Internal Spill	1	3	3	3	1	1	1	22%
Terrorism, Chemical Radiologic Exposure, Internal	1	3	3	3	1	1	1	22%
Radiologic Exposure, Internal	1	2	2	3	1	1	1	19%
Radiologic Exposure, External	1	2	1	1	1	1	1	13%
Terrorism, Radiologic	1	3	3	3	1	1	1	22%
AVERAGE	1.33	2.67	2.22	2.33	1.00	1.00	1.00	25%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.25	0.44	0.57

HAZARD AND VULNERABILITY ASSESSMENT TOOL HUMAN RELATED EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)							RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE		
SCORE	Likelihood this will occur 0 = N/A 1 = Low 2 = Moderate 3 = High	Possibility of death or injury 0 = N/A 1 = Low 2 = Moderate 3 = High	Physical losses and damages 0 = N/A 1 = Low 2 = Moderate 3 = High	Interruption of services 0 = N/A 1 = Low 2 = Moderate 3 = High	Preplanning 0 = N/A 1 = High 2 = Moderate 3 = Low or none	Time, effectiveness, resources 0 = N/A 1 = High 2 = Moderate 3 = Low or none	Community/ Mutual Aid staff and supplies 0 = N/A 1 = High 2 = Moderate 3 = Low or none	Relative threat*	
Mass Casualty Incident (trauma)	2	3	2	3	2	2	2	52%	
Mass Casualty Incident (medical/infectious)	1	2	2	3	1	2	1	20%	
Terrorism, Biological	1	3	3	3	2	2	1	26%	
VIP Situation	1	1	1	1	0	0	0	6%	
Infant Abduction	1	1	1	2	1	2	2	17%	
Hostage Situation	1	2	1	3	1	1	1	17%	
Civil Disturbance	2	1	1	1	2	2	2	33%	
Labor Action	2	0	1	2	1	1	2	26%	
Forensic Admission	1	1	1	1	1	1	1	11%	
Bomb Threat	1	1	0	2	2	2	2	17%	
AVERAGE	1.30	1.50	1.30	2.10	1.30	1.50	1.40	22%	

*Threat increases with percentage.

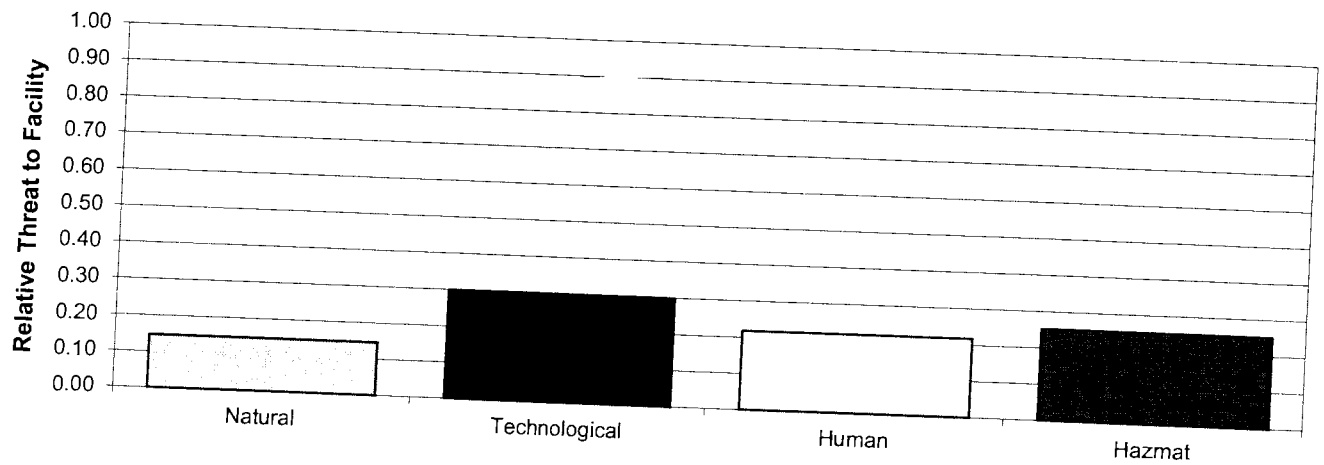
RISK = PROBABILITY * SEVERITY		
0.22	0.43	0.51

SUMMARY OF MEDICAL CENTER HAZARDS ANALYSIS

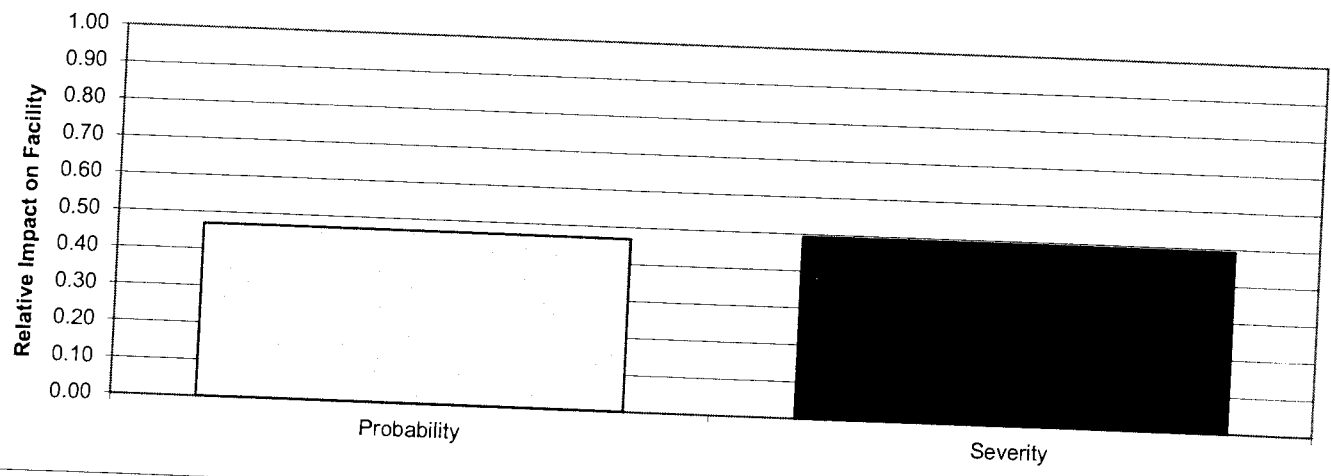
	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.48	0.49	0.43	0.44	0.47
Severity	0.31	0.61	0.51	0.57	0.49



Hazard Specific Relative Risk to Medical Center



Probability and Severity of Hazards to Medical Center



This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY Likelihood this will occur 0 = N/A 1 = Low 2 = Moderate 3 = High	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT Possibility of death or injury 0 = N/A 1 = Low 2 = Moderate 3 = High	PROPERTY IMPACT Physical losses and damages 0 = N/A 1 = Low 2 = Moderate 3 = High	BUSINESS IMPACT Interruption of services 0 = N/A 1 = Low 2 = Moderate 3 = High	PREPARED-NESS Preplanning 0 = N/A 1 = High 2 = Moderate 3 = Low or none	INTERNAL RESPONSE Time, effectiveness, resources 0 = N/A 1 = High 2 = Moderate 3 = Low or none	EXTERNAL RESPONSE Community/ Mutual Aid staff and supplies 0 = N/A 1 = High 2 = Moderate 3 = Low or none	
SCORE								Relative threat*
Hurricane	0	0	0	0	0	0	0	0%
Tornado	3	3	3	3	1	1	1	67%
Severe Thunderstorm	3	1	1	2	1	1	1	39%
Snow Fall	3	1	1	1	1	1	1	33%
Blizzard	3	1	2	3	1	1	1	56%
Ice Storm	3	2	2	3	1	2	1	61%
Earthquake	1	1	1	1	3	2	1	22%
Tidal Wave	0	0	0	0	0	0	0	0%
Temperature Extremes	3	2	0	1	2	2	2	50%
Drought	1	0	0	0	0	0	0	0%
Flood, External	1	1	1	1	3	3	3	22%
Wild Fire	0	0	0	0	0	0	0	0%
Landslide	0	0	0	0	0	0	0	0%
Dam Inundation	0	0	0	0	0	0	0	0%
Volcano	0	0	0	0	0	0	0	0%
Epidemic	2	3	1	2	1	1	1	33%
AVERAGE SCORE	1.44	0.94	0.75	1.06	0.88	1.00	0.88	15%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.15 0.48 0.31

HAZARD AND VULNERABILITY ASSESSMENT TOOL TECHNOLOGIC EVENTS

EVENT	PROBABILITY Likelihood this will occur	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
SCORE		Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	Relative threat*
		0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure	2	1	2	3	1	1	1	33%
Generator Failure	1	3	3	3	3	3	1	30%
Transportation Failure	1	2	1	3	2	2	1	20%
Fuel Shortage	1	1	1	2	3	3	2	22%
Natural Gas Failure	1	1	1	3	3	3	1	22%
Water Failure	2	1	2	3	2	2	2	44%
Sewer Failure	2	1	2	3	3	3	1	48%
Steam Failure	1	1	1	2	3	3	1	20%
Fire Alarm Failure	1	2	2	2	2	1	3	22%
Communications Failure	3	2	0	2	1	1	1	39%
Medical Gas Failure	1	3	1	2	2	2	1	20%
Medical Vacuum Failure	1	1	0	1	2	2	2	15%
HVAC Failure	2	1	1	1	2	2	2	33%
Information Systems Failure	2	0	1	3	2	3	2	41%
Fire, Internal	2	2	3	2	1	1	1	37%
Flood, Internal	1	1	3	2	2	2	2	22%
Hazmat Exposure, Internal	2	2	1	3	1	1	1	33%
Supply Shortage	1	1	1	1	3	3	2	20%
Structural Damage	1	1	1	1	3	3	3	22%
AVERAGE SCORE	1.47	1.42	1.42	2.21	2.16	2.16	1.58	30%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.30 0.49 0.61

		Policy Title:	Suspicious Packages
Effective Date:	12/15/2004	Policy Number:	7145
Review Date:		Category:	Environment of Care
Revised Date:	05/01/2012	Oversight Level:	2
Administrative Responsibility:	Safety Officer		
Interpretation:	Operations Managers; Safety Officer		

1. Purpose

To define the processes through which McLaren Medical Group (MMG) prepares for and responds to the receipt of suspicious packages.

2. Scope

MMG Workforce

3. Definitions

Suspicious package or envelope: A package or envelope with a potential threat of a chemical or biological agent (present or released).

4. Policy

McLaren Medical Group will respond promptly and effectively to the identification of suspicious packages in order to ensure safety for the patients, staff, visitors and the functionality of the building.

5. Procedure

If a package or envelope appears suspicious, DO NOT OPEN IT.

5.1. MITIGATION activities include:

5.1.1. Communication of changes in the Homeland Security Terrorism Threat Level

5.1.2. Activity as appropriate to an elevated threat level

5.1.3. Encouragement of staff awareness of their surroundings

5.1.4. Displaying ID badges

5.1.5. General staff training

5.2. PREPAREDNESS activities include:

5.2.1. Participation in drills

5.2.2. Education for staff related to suspicious package response

5.2.3. Development of checklists and response guidelines

5.3. **RESPONSE:**

5.3.1. **Identification of suspicious packages and envelopes:** Some characteristics of suspicious packages and envelopes include the following:

5.3.1.1. Inappropriate or unusual labeling

5.3.1.1.1. Excessive postage

5.3.1.1.2. Handwritten or poorly typed addresses

5.3.1.1.3. Misspellings of common words

5.3.1.1.4. Strange return address or no return address

5.3.1.1.5. Incorrect titles or title without a name

5.3.1.1.6. Not addressed to a specific person

5.3.1.1.7. Marked with restrictions, such as "Personal", "Confidential", or "Do Not X-ray"

5.3.1.1.8. Marked with any threatening language

5.3.1.1.9. Postmarked from a city or state that does not match the return address

5.3.1.2. Appearance

5.3.1.2.1. Powdery substance felt through, or appearing on, or in the package or envelope

5.3.1.2.2. Oily stains, discolorations, or odor

5.3.1.2.3. Lopsided or uneven envelope

5.3.1.2.4. Excessive packaging material such as, masking tape, string, etc

5.3.1.3. Other suspicious signs

5.3.1.3.1. Excessive weight

5.3.1.3.2. Ticking sound

5.3.1.3.3. Protruding wires or aluminum foil

5.3.2. Handling of Suspicious Packages or Envelopes

5.3.2.1. Put the package or envelope down on a stable surface

5.3.2.2. Do not shake or empty the contents of any suspicious package or envelope

5.3.2.3. Do not carry the package or envelope, show it to others or allow others to examine it

5.3.2.4. Do not sniff, touch, taste, or look closely at it, or at any contents which may have spilled

5.3.2.5. Alert others in the area about the suspicious package or envelope

5.3.2.6. Leave the area, close any doors, and take actions to prevent others from entering the area

5.3.2.7. If possible, shut off the ventilation system

5.3.2.8. WASH hands with soap and water to prevent spreading potentially infectious material to face or skin. Remove outer clothing, if appropriate.

5.3.2.9. Go to the closest phone and dial 911. Describe the situation to the Operator and request assistance

5.3.2.10. Do not move package to any other area in the building

5.3.3. Operator Response

5.3.3.1. Notify Safety Officer

5.3.3.2. Notify Director of Operations via Practice Management

5.3.4. Security Department Response

5.3.4.1. Dispatch Security Officers to the scene

5.3.4.1.1. Escort overtly and potentially contaminated persons to the Emergency Department for decontamination and evaluation

5.3.4.1.2. Treat the area as a HAZMAT/crime scene. Preserve crime scene.

5.3.4.1.3. Establish perimeter security denying entry into the area

5.3.4.1.4. Make a list of names and addresses of all persons in the immediate area of the incident

5.3.4.1.5. Wear the highest level of Personal Protective Equipment (PPE) until additional agent information indicates otherwise

5.3.4.1.6. Follow protocols for evaluating risk regarding a potential explosive device(s). Be alert for secondary devices.

5.3.4.2. Communicate event to appropriate sources

5.3.4.2.1. Notify local authorities as appropriate

5.3.4.2.2. Assure other appropriate staff have been notified

5.3.5. Coordinated Response

5.3.5.1. Evaluate the potential chemical, biological, or radioactive source material, if an explosive device is ruled out

5.3.5.2. Coordinate efforts with local Bomb Squad and the local FBI office, if an explosive device is not ruled out

5.3.5.3. Follow the Radiation Safety protocol/policy, if radioactive source material appears to be present

5.3.5.4. Establish decontamination capability and begin HAZMAT operations following clearance from local authorities and Director of Security

5.3.5.5. Follow the Evacuation Policy as appropriate

5.4. **RECOVERY:**

5.4.1. The Director of Security and/or the Safety Officer, in conjunction with the Senior Police Officer on the scene will determine when the site can return to business

as usual. The Director of Security and the Police Department will coordinate all follow-up investigative activities

5.4.2. The Emergency Management Committee will critique all suspicious package occurrences. The critique will serve as documentation for an internal disaster. The critique will be used to consider the appropriateness of the plan and possible revisions

5.4.3. Damage incurred by a suspicious package will be managed as determined by the President of McLaren Medical Group.

5.4.4. Incident Stress Debriefing and Crisis Intervention will be provided as needed

6. Exceptions

None

7. References

CDC Facts Sheet Anthrax: [How to Recognize and Handle a Suspicious Package or Envelope](http://www.bt.cdc.gov/agent/anthrax/mail/pdf/suspiciouspackages.pdf); November 2003. Available at the following web site:
<http://www.bt.cdc.gov/agent/anthrax/mail/pdf/suspiciouspackages.pdf>

On-Scene Commander's Guide For Responding To Biological/Chemical Threats:
National Domestic Preparedness Office, February 28, 2012

8. Appendix

Appendix A - Department Specific Checklist

9. Approvals

Margaret Dimond

(Original signed policy on file in MMG Practice Management)

Margaret Dimond
President/CEO

June 2, 2012

Date

Robin Wyles

(Original signed policy on file in MMG Practice Management)

Robin Wyles
Safety Officer

May 23, 2012

Date

Previous Revision Dates/Supersedes Policy: 12/5/2006
Blue Manual Policy 10

