



Ambulatory Surgical Facilities Sample Disaster Planning Checklist

The following checklist criteria serve as a sample disaster plan format for Washington State ambulatory surgical facilities (ASFs). This is not intended to be regulatory guidance, simply an example known to meet the requirements in chapter 246-330 WAC.

We do not intend this example to limit or exclude additional materials facilities may decide to include to satisfy other relevant rules, requirements, or any special issues facility administrators deem appropriate for inclusion.

I. Introduction

- ___ A. Provide basic information concerning the facility to include:
 - ___ 1. The name of the center, address, telephone number, emergency contact telephone number, pager number, and fax number (if available).
 - ___ 2. Year center was built, type of construction, and date of any subsequent construction.
 - ___ 3. Name of administrator, address, work and home telephone numbers, and an alternate contact person.
 - ___ 4. Name, address, and telephone number of people who developed this plan.
 - ___ 5. Provide an organizational chart with key management positions identified.

- ___ B. Provide an introduction to the plan that describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also, provide any other information concerning the ASF that has bearing on implementing this plan.

II. Authorities and references

- ___ A. Identify the hierarchy of authority that will be in place during emergencies. Provide an organizational chart if different from item (A)(5) above.

III. Hazard analysis

- ___ A. Describe the potential hazards that the ASF is vulnerable to, such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents from fixed facilities in your area (i.e., chemical plants, paint stores, pool supply stores, public water treatment or supply, etc.) or transportation accidents on highways in your area (i.e., a chemical tanker truck accident), power outages during severe cold or hot weather, hostile intruder or bomb threat, etc.

- ___ B. Provide site-specific information concerning the ASF to include:
 - ___ 1. Location map.
 - ___ 2. Number of recovery beds, number of operating suites, maximum number of patients on site, average number of patients on site.
 - ___ 3. Type of patients served by the facility.
 - ___ 4. Identification of which flood zone the ASF is in as identified on FEMA's flood insurance rate map.
 - ___ 5. Proximity of the ASF to a railroad or major transportation artery (to identify possible transport hazardous materials incidents).
 - ___ 6. Identify if your ASF is located within the 10-mile or 50-mile emergency planning zones of a nuclear power plant

IV. Concept of operations

This section of the plan should define the policies, procedures, responsibilities, and actions that the ASF will take before, during, and after any emergency situation. At a minimum, the ASF plan needs to address: direction and control, notification, evacuation, and re-entry.

- ___ **A. Direction and control**
 - ___ 1. Identify by title who is in charge during an emergency and one alternate should that person be unable to serve in that capacity.
 - ___ 2. Identify the chain of command to ensure continuous leadership and authority in key positions.
 - ___ 3. State the procedures to ensure timely activation and staffing of the ASF in emergency

functions.

- ___ 4. State the operational and support roles for all ASF staff members. This will be accomplished through developing standard operating procedures (SOP), which must be attached to this plan.
- ___ 5. State the procedures to ensure the following needs are supplied:
 - ___ a. Water and food source for temporary sheltering in place should a hazardous materials spill require everyone to stay in doors.
 - ___ b. Emergency power, natural gas or diesel? If natural gas, identify alternate means should loss of power occur that would affect the natural gas system. What is the capacity of the emergency fuel system?
- ___ 6. Describe the ASF's role in the community-wide comprehensive emergency management plan and/or its role in providing for the treatment of mass casualties during an emergency.
- ___ 7. Provide information on the management of patients treated at the facility during an external and internal emergency.

___ B. Notification

Procedures must be in place for the ASF to receive timely information on impending threats and alerting of the ASF's decision-makers, staff and patients of potential emergency conditions.

- ___ 1. Explain how the ASF will receive warnings of emergency situations.
- ___ 2. Identify the ASF's 24-hour contact number, if different from the number listed in the introduction.
- ___ 3. Explain how your key staff members will be alerted.
- ___ 4. Define the procedures and policies for reporting to work for key workers when the facility remains operational.
- ___ 5. Explain how patients will be alerted, and the precautionary measures that your staff will take, including but not limited to voluntary cessation of the ASF's operations.
- ___ 6. Identify alternative means of notification should the primary system fail.
- ___ 7. Identify procedures for notifying those hospitals or substitute care facilities to which patients will be transferred.

___ C. Evacuation

ASFs must plan for both internal and external disasters. The following criteria should be addressed to allow the ASF to respond to both types of evacuation.

- ___ 1. Describe the policies, roles, responsibilities, and procedures for the discharge or transfer of patients from the ASF.
- ___ 2. Identify the person responsible for implementing the ASF's discharge and evacuation procedures.
- ___ 3. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to transfer patients. If transportation is coordinated through a central agency, i.e., county EOC, please explain. In addition, if there is a transportation shortfall in the area, please explain how the problem is addressed under current limitations (**Please attach copies of any transportation agreements in an annex section**).
- ___ 4. Describe transportation arrangements for logistical support to include: moving medical records and other necessities. If this is arranged through a centralized agency, (i.e., county EOC) please explain.
- ___ 5. Provide a copy of any mutual aid agreement that has been entered into with hospitals to receive patients. Please identify the primary and secondary hospitals to receive patients, if

they are predetermined. If relocation is coordinated through a centralized agency, i.e., county EOC, please explain.

- ___ 6. Identify evacuation routes that will be used, including secondary routes if the primary route is rendered impassable.
- ___ 7. Specify the amount of time it will take to discharge or successfully transfer patients to the receiving hospital or substitute care facility.
- ___ 8. Identify your procedures for notifying those hospitals or substitute care facilities to which you may transfer your patients in an emergency.
- ___ 9. Establish procedures for responding to family inquires about patients who have been transferred.
- ___ 10. Establish procedures for ensuring all patients are accounted for and are out of the facility. If patients will be considered discharged at the time of relocation, please explain.
- ___ 11. Specify at what point the mutual aid agreements for transportation and the notification of alternate hospital or substitute care facilities will begin.

___ **D. Re-entry**

Once an ASF has been evacuated, procedures need to be in place for allowing patients to re-enter the center.

- ___ 1. Identify who is the responsible person(s) for authorizing re-entry to occur.
- ___ 2. Identify procedures for inspecting the ASF to ensure it is structurally sound.

V. Information, training, and exercise

This section shall identify the procedures for increasing employee and patient awareness of possible emergency situations, and provide training on their emergency roles before, during, and after a disaster.

- ___ 1. Identify how key workers will be instructed in their emergency roles during non-emergency times.
- ___ 2. Identify a training schedule for all employees and identify who will provide the training.
- ___ 3. Identify the provisions for training new employees regarding their disaster-related roles.
- ___ 4. Identify a schedule for exercising all or portions of the disaster plan at least annually.
- ___ 5. Establish procedures for correcting deficiencies noted during training exercises.

VI. Appendix

The following information is required, yet placement in an appendix is optional if the material is included in the body of the plan.

___ **A. Roster of employees and companies with key disaster-related roles:**

- ___ 1. List the names, addresses, and telephone numbers of all staff members with disaster-related roles.
- ___ 2. List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, food, water, police, fire department, Red Cross, etc.

___ **B. Agreements and Understandings:**

Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include host hospital agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.

___ **C. Evacuation Route Map(s):**

A map of the evacuation routes and a written description of how to get to each receiving

hospital or substitute care facility for drivers.

___ **D. Support Material:**

- ___ 1. Any additional material needed to support the information provided in the plan.
- ___ 2. Copy of your facility's fire safety plan that your local fire department has reviewed and approved.