

**CENTER FOR SPECIALTY SURGERY OF AUSTIN HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS 2020**

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
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%
Blizzard	0	0	0	0	0	0	0	0%
Earthquake	1	1	1	1	3	3	0	17%
Tidal Wave	0	0	0	0	0	0	0	0%
Drought	2	1	1	0	1	1	1	19%
Landslide	0	0	0	0	0	0	0	0%
Volcano	0	0	0	0	0	0	0	0%
Snow Fall	1	0	0	1	1	1	1	7%
Hurricane	1	1	1	1	1	1	1	11%
Flood, External	1	1	1	1	1	1	1	11%
Wild Fire	2	1	1	1	1	1	1	22%
Dam Inundation	1	1	1	1	1	1	1	11%
Ice Storm	1	1	1	1	1	1	1	11%
Epidemic	2	1	1	1	1	1	1	22%
Temperature Extremes	3	2	2	1	1	1	1	44%
Tomado	3	3	3	3	1	1	1	67%
Severe Thunderstorm	3	2	2	2	2	2	2	67%
AVERAGE SCORE	1.31	0.94	0.94	0.88	0.94	0.94	0.75	13%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY
0.13 0.44 0.30

EMERGENCY MANAGEMENT

<https://www.dhs.wisconsin.gov/publications/p01948e.pdf#page=45&zoom=100,68,66>

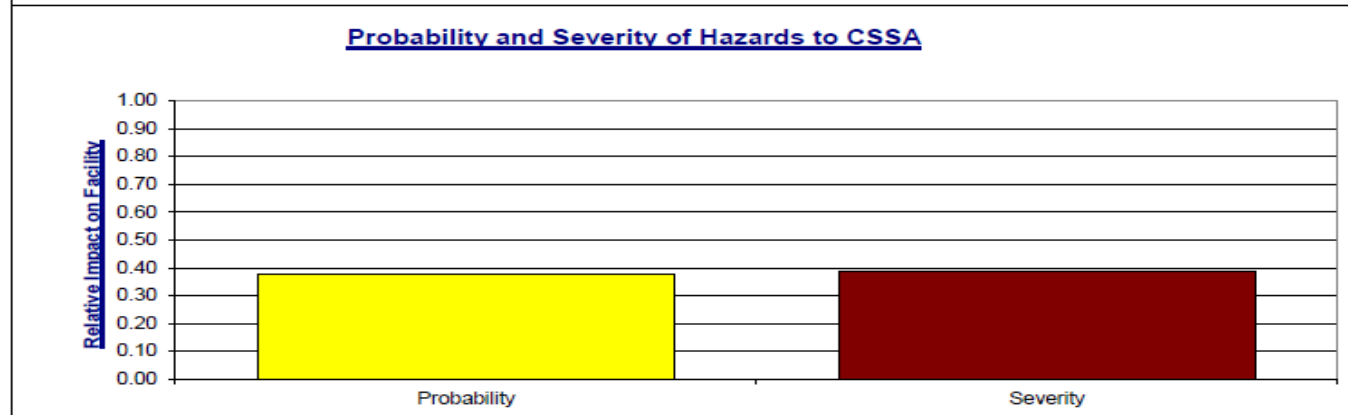
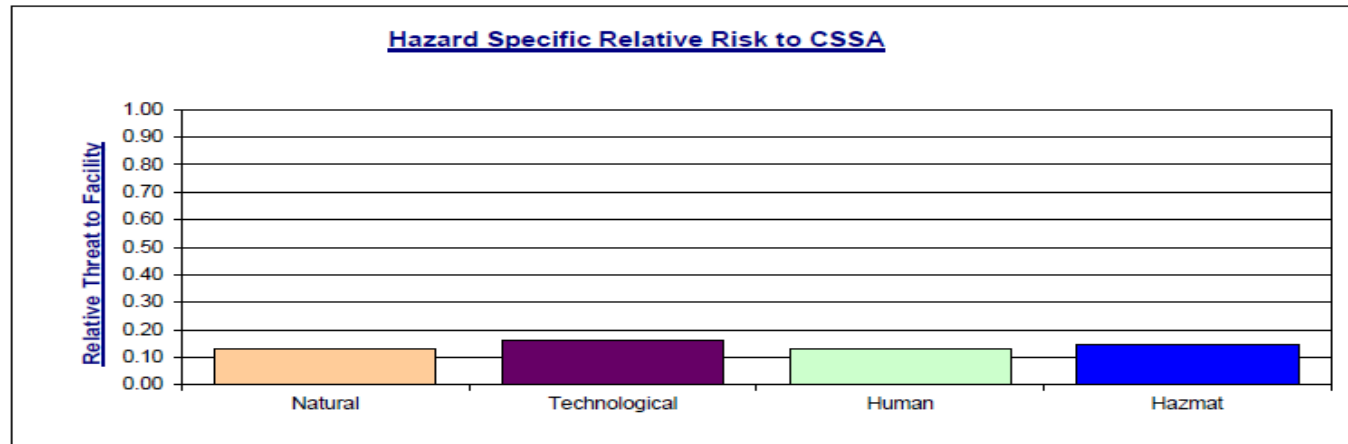
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<https://www.ascassociation.org/federalregulations/emergency-preparedness>

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers>

SUMMARY OF CENTER FOR SPECIALTY SURGERY OF AUSTIN HAZARDS ANALYSIS 2020

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.44	0.39	0.30	0.33	0.38
Severity	0.30	0.42	0.44	0.44	0.39
Hazard Specific Relative Risk	0.13	0.16	0.13	0.15	0.15



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CENTER FOR SPECIALTY SURGERY OF AUSTIN COMPOSITE RISK MANAGEMENT WORKSHEET 2020

TASK: RISK ASSESSMENT 2020, PROVIDE SAFE ENVIRONMENT BY IDENTIFYING HAZARDS AND IMPLEMENTING CONTROLS TO PREVENT THEM	DATE PREPARED: 1/4/2020
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SUBTASK	HAZARDS	INITIAL RISK LEVEL	CONTROLS	RESIDUAL RISK LEVEL	HOW TO IMPLEMENT	HOW TO SUPERVISE (WHO)	WAS CONTROL EFFECTIVE?
Maintaining a working/safe environment without Electrical failure	Electricity failure	H	~Emergency Generators, updated emergency policy, flash lights, preventive maintenance.	M	~Safety Ed, Drills, Monthly EOC Surveys, Contact with City EMS	Department Heads, SO, Documentation and evaluation of controls	Y
Maintaining an unbroken supply chain in case of emergency influx	Unavailability of supplies	M	~Communication with CATRAC and community, Contract Emergency delivery acknowledgements	L	~Maintaining scheduled ordering system, maintaining CATRAC, community relations	Utilities manager, Emergency Preparedness coordinator, SO	Y
Maintaining emergency power in case of power failure	Generator failure	L	~Preventive maintenance, generator use policy	L	~Drills, generator loads, staff training	Utilities manager, Emergency Preparedness coordinator, SO	Y
Maintaining availability of medical gas to patients	Medical gas system failure	M	~Back up tanks for Oxygen and Nitrogen, preventive maintenance, Turning off oxygen gas when not in use, Emergency delivery agreement	L	~Contact with deliver company, Education on use, maintenance, and policy	Utilities manager, Emergency Preparedness coordinator, SO, staff in contact with tanks	Y
Maintaining a fire free environment	Fire – internal	H	~Fire Alarm system, Smoke Alarms, fire walls, automatic sprinklers, proper maintenance, containment doors, fire extinguishers	M	~Staff ed on fire causes/triad, fire drills, fire extinguisher demonstration	SO, Emergency preparedness coordinator, All Staff	Y
Maintaining a stable patient appropriate environment and ventilation	HVAC system failure	M	~Proper maintenance, HVAC system failure policy, blanket inventory, fan inventory	L	~Immediate contact with HVAC repair company, Immediate Contact with CATRAC, Staff ed, Drills	Utilities manager, SO	Y

OVERALL RISK LEVEL AFTER CONTROLS ARE IMPLEMENTED (CHECK ONE)

LOW MODERATE HIGH EXTREMELY HIGH

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CSSA Emergency Management Plan

Purpose:

To describe how Center for Specialty Surgery of Austin assures the maintenance of a program to ensure effective response to disasters or emergencies affecting the environment of care.

Policy:

The Emergency Management Plan of Center for Specialty Surgery of Austin is a program designed to ensure effective response to disasters or emergencies affecting the environment of care.

The plan describes standard processes for the following:

1. Identifying specific procedures in response to a variety of disasters based on a community assessment of high-risk areas
2. Initiating the plan (including a description of how, when, and by whom the plan is activated);
3. Defining and, if necessary, integrating the Surgery Center's role with community wide emergency response agencies
4. Notifying external authorities of emergencies;
5. Notifying personnel when emergency response measures are initiated;
6. Identifying personnel during emergencies;
7. Assigning available personnel in emergencies to cover all necessary staff positions;
8. Managing the following during emergencies and disasters:
 - patient activities (ie: scheduling, modifying/discontinuing services, control of patient information, and patient transportation);
 - staff activities;
 - access to critical supplies (ie: pharmaceuticals, medical supplies, linens, and utilities);
 - security
9. Evacuation of the facility when the environment cannot support adequate patient care and treatment;
10. Establishment of alternative care sites that have the capability to meet the clinical needs of patients when the facility environment cannot support adequate patient care including processes that address, when appropriate:
 - management of patient necessities
 - patient tracking to and from the alternative care site,
 - inter-facility communication between the facility and the alternative care site, or
 - transportation of patients, staff, and equipment to the alternative care site, and
11. Continuing and/or re-establishing operations following a disaster;
12. An alternative means of meeting essential building utility needs (for example, electricity, water, ventilation, fuel sources, medical gas/vacuum systems);
13. Backup for internal and external communication systems in the event of failure during disasters and emergencies;
14. Facilities for radioactive or chemical isolation and decontamination;



CSSA Communications Plan

Purpose:

When an emergency occurs, the need to communicate is immediate. If the operations of CSSA are interrupted, the patients will want to know how they are impacted. Regulatory agencies may need to be notified. Families of patients who are receiving care, and employees' families may be concerned and may need more information.

1. **Emergency Communication Phone Listing**

- Emergency Service Providers: APD, AFD, CATRAC
- Fire Department – # 512-974-0130 (or 911)
- Police Department – # 512-463-3556 (or 911)
- EMS – # 512-972-7200 (or 911)
- Other EMS - 911
- St. David's North Austin Hospital ER Center – 512-901-1000
- Patients and families – Patient emergency contact listing
- Employees and families – Emergency contact list
- Healthcare providers – Provider contact list
- Management and Leadership – Management contact list
- Maintenance - None
- Service providers and vendors - Vendor List
- Government regulators and elected officials – TASCs – 512-535-2325
- Credentialing agencies – AAAHC 847.853.6060
- News media – KXAN # 512-476-3636
- Travis County Office of Emergency Management - # 512-974-0450
- Travis County Health Department – # 512-458-7111
- AAAHC – 847.853.6060
- State Dept. Health Helpline – # 512-458-7111

2. **Emergency Communication Responsibilities**

- a. Administrator or designee is responsible for contacting the emergency response partners and service providers.
- b. Administrator or designee is responsible for reporting to management and leadership.
- c. Clinical Supervisor or health care provider are responsible for coordinating transfer of patient care with ER
- d. Front desk staff is responsible for communicating with patients and families
- e. Administrator is responsible for contacting government and regulatory agencies as needed
- f. Senior leadership and board is responsible for contacting media as needed.

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