

**BLESSING PHYSICIAN SERVICES, INC.  
 QUINCY, ILLINOIS**

<b>Policy Title: Safety Plan</b>		
<b>Section/Function:</b> Chapter 11 Risk Management	<b>Origination Date:</b> 03/22/06	<b>Policy Type:</b>  <input type="checkbox"/> <i>Administrative</i> <input type="checkbox"/> <i>Clinical</i> <input type="checkbox"/> <i>Personnel</i> <input checked="" type="checkbox"/> <i>Departmental <u>Blessing Physician Services</u></i> <input type="checkbox"/> <i>Blessing Corporate Services</i>
<b>Administrative Responsibility:</b> Nurse Manager	<b>Last Reviewed/Revised Date:</b> 03/22/06	
	<b>Effective Date:</b> 03/22/06	

**Purpose:** To provide a safe and healthful work environment for employees, patients, and visitors.

**Scope:** Blessing Physician Services

**Policy & Procedure Statement:**

To assist in providing a safe and healthful work environment for employees, patients, and visitors, BPS has established a workplace safety program. This program is a top priority for BPS. The Blessing Corporate Services Plant Operations have responsibility for implementing, administering, monitoring, and evaluating the safety program. Its success depends on the alertness and personal commitment of all.

**Definitions:**

**Procedure:**

**1. General Information**

- A. All Blessing Physician Service employees will participate in the Blessing Corporate Safety Management Program. This program is based on development, implementation and monitoring of the Safety Management Program. Employees will report to their Office Supervisor all situations that occur in their department that poses a threat to life, health, and/or property. Employees are instructed on the safe use of equipment.
- B. Blessing Corporate Plant Operations will conduct Facilities Site and Hazard Surveillance surveys of all Blessing Physician Services' buildings at least annually with a member of the Environment of Care Committee.
- C. New employees are educated on the Safety Management Plan during new employee orientation.
- D. All employees are expected to participate in continuing safety education and training at least once a year, which will be conducted by the Blessing Corporate Services Plant Operations.
- E. BPS provides information to employees about workplace safety and health issues through regular internal communication channels such as office supervisor-employee meetings, bulletin board postings (located in each BPS building near the time clocks), memos, or other written communications.

- F. All employees will receive workplace safety training on an annual basis. The training covers potential safety and health hazards, and safe work practices and procedures to eliminate or minimize hazards.
- G. Each employee is expected to obey safety rules and to exercise caution in all work activities. Employees must immediately report any unsafe condition to the appropriate supervisor. Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report or, where appropriate remedy such situations, may be subject to disciplinary action, up to and including termination of employment.
- H. In the case of accidents that result in injury, regardless of how insignificant the injury may appear, employees should immediately notify their appropriate supervisor or BPS Administration, who will refer the employee to the Blessing Hospital Employee Health Nurse. Such reports are necessary to comply with laws and initiate workers' compensation benefits procedures.

**2. Hazardous Materials and Waste Program**

- A. Employees will follow the Blessing Corporate Hazardous Waste Management Plan by keeping a binder labeled "MSD sheets" (Material Safety Data Sheets) for products used in that suite. This binder will be kept in a designated area in each suite and reviewed and updated yearly by BPS's Nurse Manager.

**3. Emergency Preparedness**

Refer to Blessing Physician Service's Policy's on the following:

- A. Condition Blue BPS-RM 500
- B. Condition Grey BPS-RM 600
- C. Condition Purple BPS-RM 700
- D. Condition Rainbow BPS-RM 800
- E. Condition Red BPS-RM 900

These policies will be reviewed and updated yearly by BPS's Nurse Manager.

**4. Life Safety**

- A. Employees will participate in the Life Safety Codes for business occupancies as part of the safety program. Life Safety Codes are maintained by Plant Operations in the area of building construction.

**5. Fire Safety**

- A. Employees will participate and appropriately respond to simulated fire drills held annually by the office supervisor. (see policy BPS RM 300)
- B. No smoking is allowed at any BPS facility.

**6. Fire Equipment Location:**

- A. Pull alarms:
  - i. Reference the specific floor map for each BPS building. (attached)
- B. Fire extinguishers:
  - i. Reference the specific floor map for each BPS building. (attached)
- C. Sprinkler system in-place.
- D. Fire Indicators:
  - i. Audible chimes and visual strobes in place.

**7. Specific Fire Action----RACER**

R=Rescue victim(s) from immediate danger.

A=Alert others:

- i. at **Blessing Heath Center** by pulling the nearest fire alarm----and by dialing "5555" Hotline
- ii. at **Blessing Women's Center** by pulling the nearest fire alarm----and by dialing 9-911 & "5555" Hotline
- iii. at **Family Medicine Associates** by activating their emergency horn, which is located with their emergency equipment in a centralized location-----and by dialing 9-911 & "5555" Hotline

C=Contain fire by closing doors and windows. Turn off equipment.

E= Extinguish fire through the use of hand extinguishers until help arrives.

R=Relocate patients and visitors to a safe location

**8. Evacuation Routes**

- A. If it is necessary to evacuate the buildings, employees will follow the BPS evacuation plan. See policy BPS-RM 200

Reference(s): Blessing Corporate Services' Work Injury Policy  
Blessing Physician Services' Evacuation Policy  
Blessing Corporate Services' Safety Management Plan Policy  
Blessing Corporate Services' Hazardous Material and Waste Management Plan Policy  
Blessing Physician Services' Simulated Fire Drill Policy

Originator(s): Nurse Manager

Collaborator(s): Director, Physician Services  
Director of Finance  
Practice Manager

Distribution:

Cross-Reference(s): Listed through out policy  
Same as References listed above

Forms:

Approved By:

Cancellation:

**BLESSING PHYSICIAN SERVICES, INC.  
 QUINCY, ILLINOIS**

<b>Policy Title: Evacuation Plan</b>		
<b>Section/Function:</b> Chapter 11 Risk Management	<b>Origination Date:</b> 03/22/06	<b>Policy Type:</b>  <input type="checkbox"/> <i>Administrative</i> <input type="checkbox"/> <i>Clinical</i> <input type="checkbox"/> <i>Personnel</i> <input checked="" type="checkbox"/> <i>Departmental <u>Blessing Physician Services</u></i> <input type="checkbox"/> <i>Blessing Corporate Services</i>
<b>Administrative Responsibility:</b> Nurse Manager	<b>Last Reviewed/Revised Date:</b> 03/22/06  <b>Effective Date:</b> 03/22/06	

**Purpose:**

The purpose of any evacuation at Blessing Physician Services is to ensure the safe egress of all persons to the safety of the outside in the event of emergent danger within the buildings.

**Scope:** Blessing Physician Services

**Policy & Procedure Statement:**

In the event that an emergency situation arises and the "alarm" is sounded or an announcement is made, all employees are to begin immediate evacuation in accordance with evacuation procedures. In addition to audible alarms, management personnel may issue an evacuation order, with specific directives, via the public address system, based on the type, location and/or the severity of the emergency.

**Definitions**

**Procedure:**

Floor plans of facility design are posted throughout the buildings of BPS to ensure an orderly evacuation process, should one become necessary (see attachments). All staff will receive appropriate orientation to building design and location of floor plans during initial orientation at the time of employment, and annually thereafter, at mandatory training on emergency preparedness which is provided to all employees.

At the sound of the evacuation order, individuals within the buildings will begin the evacuation process.

**NEVER USE THE ELEVATOR ONCE THERE HAS BEEN AN ORDER TO EVACUATE.**

Once outside the building, employees have been instructed to gather at a pre-determined assembly point to account for employees, patients and visitors.

**ASSEMBLY POINTS:**

- Blessing Health Center – Northwest corner of parking lot
- Family Medicine Associates – Northwest corner of parking lot
- Blessing Women's Center – Northeast side of parking lot

**UNDER NO CIRCUMSTANCES ARE INDIVIDUALS PERMITTED TO RE-ENTER AN EVACUATED AREA.**

**Specific Job Assignments for office personnel**

Receptionists: Proceed to patient waiting area; alert all patients of the evacuation order; instruct them to follow you out; lead them to the designated assembly point.

Nurses: Proceed to the exam room area; open every exam room door; alert all persons of the evacuation order; instruct them to follow you out; lead them to the designated assembly point. All public restrooms will also be checked. In the event of an elderly immobile patient or a patient that is in a wheelchair, staff is directed to get them into safe areas (the stairwells), ask for help to bring them down and out. As staff are in transit to the assembly point, they should be observant of the surroundings and watch for fellow employees and / or visitors who may not be aware that an emergency is in progress; alert them to the evacuation order.

**Reference(s):** Blessing Hospital Evacuation Policy

**Originator(s):** Nurse Manager

**Collaborator(s):** Director, Physician Services  
Director of Finance  
Practice Manager

**Distribution:**

**Cross-Reference(s):** See attachments of floor plans

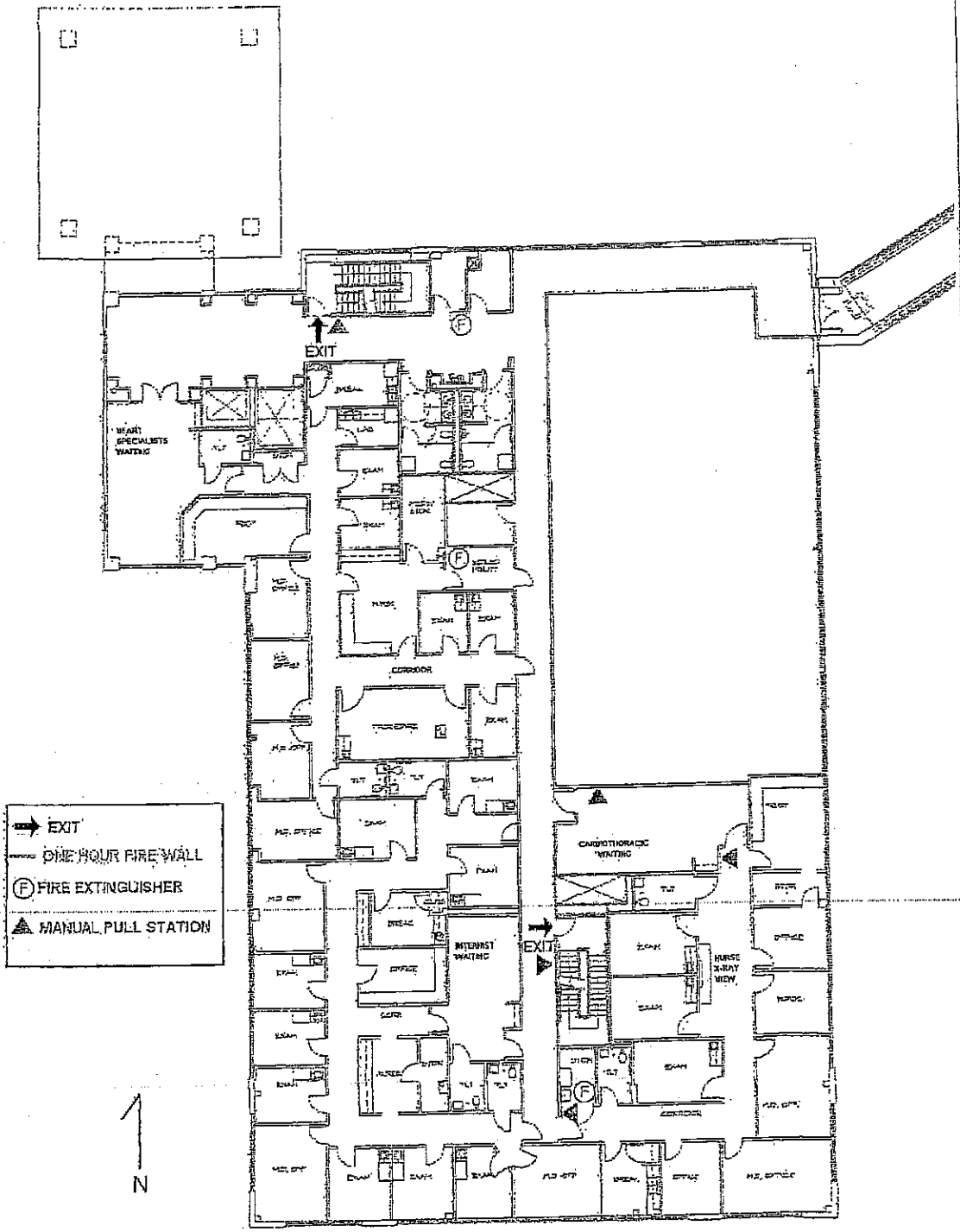
**Forms:**

**Approved By:**

**Cancellation:**

/rae

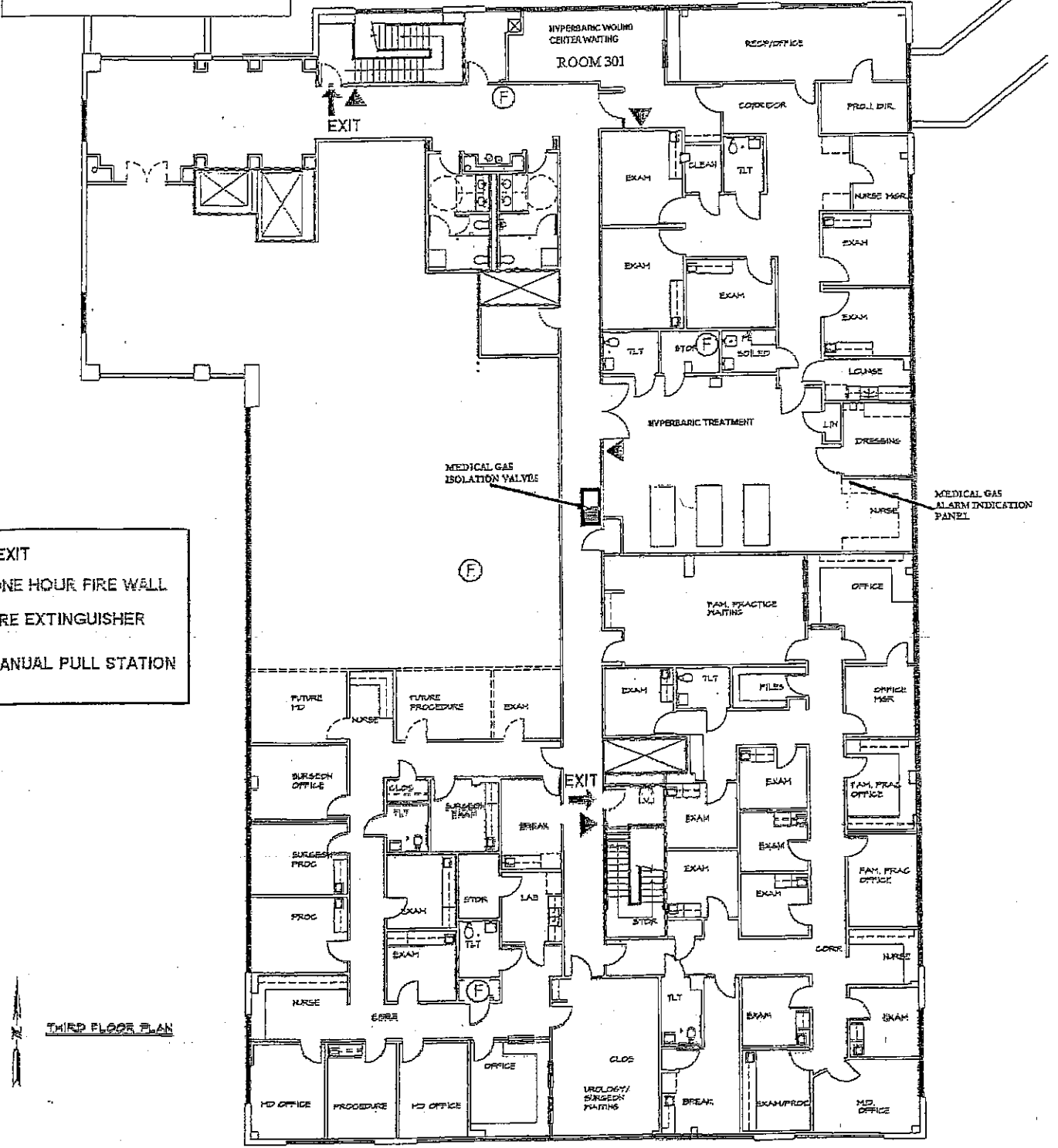
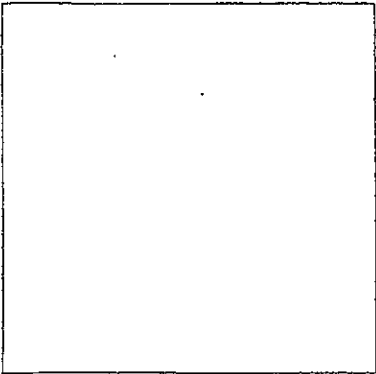




	EXIT
	ONE HOUR FIRE WALL
	FIRE EXTINGUISHER
	MANUAL PULL STATION



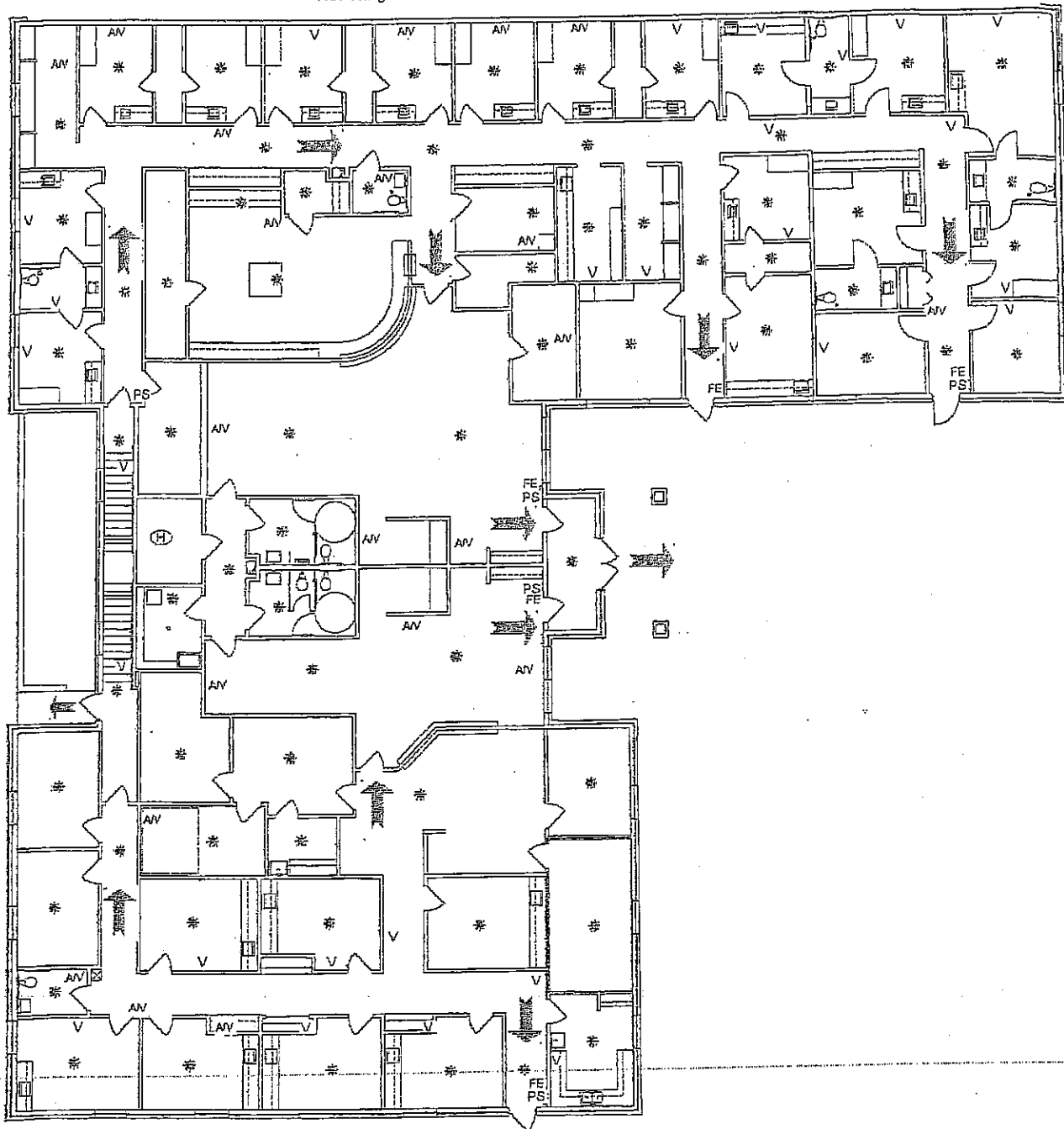
SECOND FLOOR PLAN



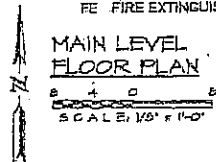
→ EXIT  
 — ONE HOUR FIRE WALL  
 ⊕ FIRE EXTINGUISHER  
 ▲ MANUAL PULL STATION

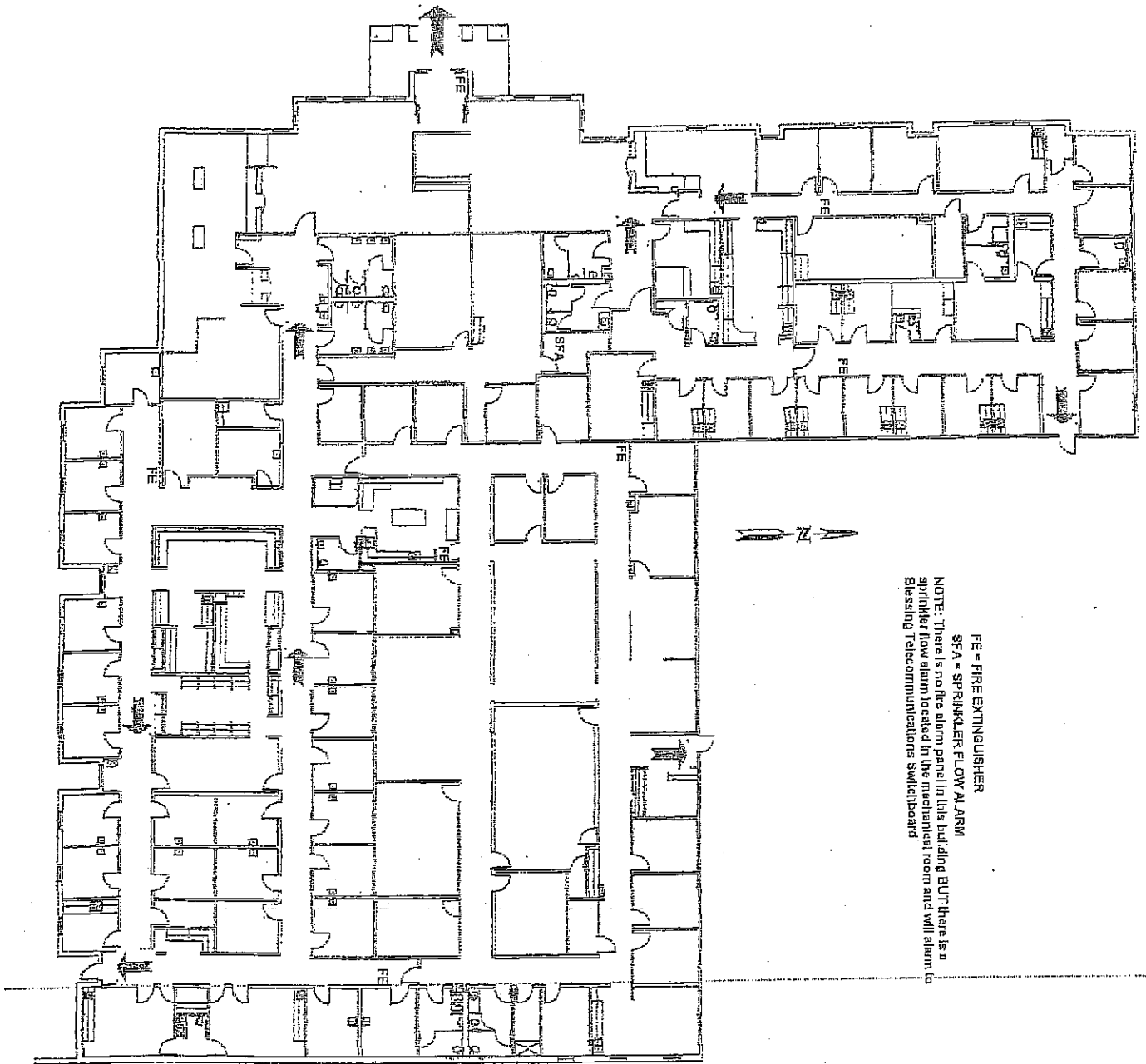
THIRD FLOOR PLAN





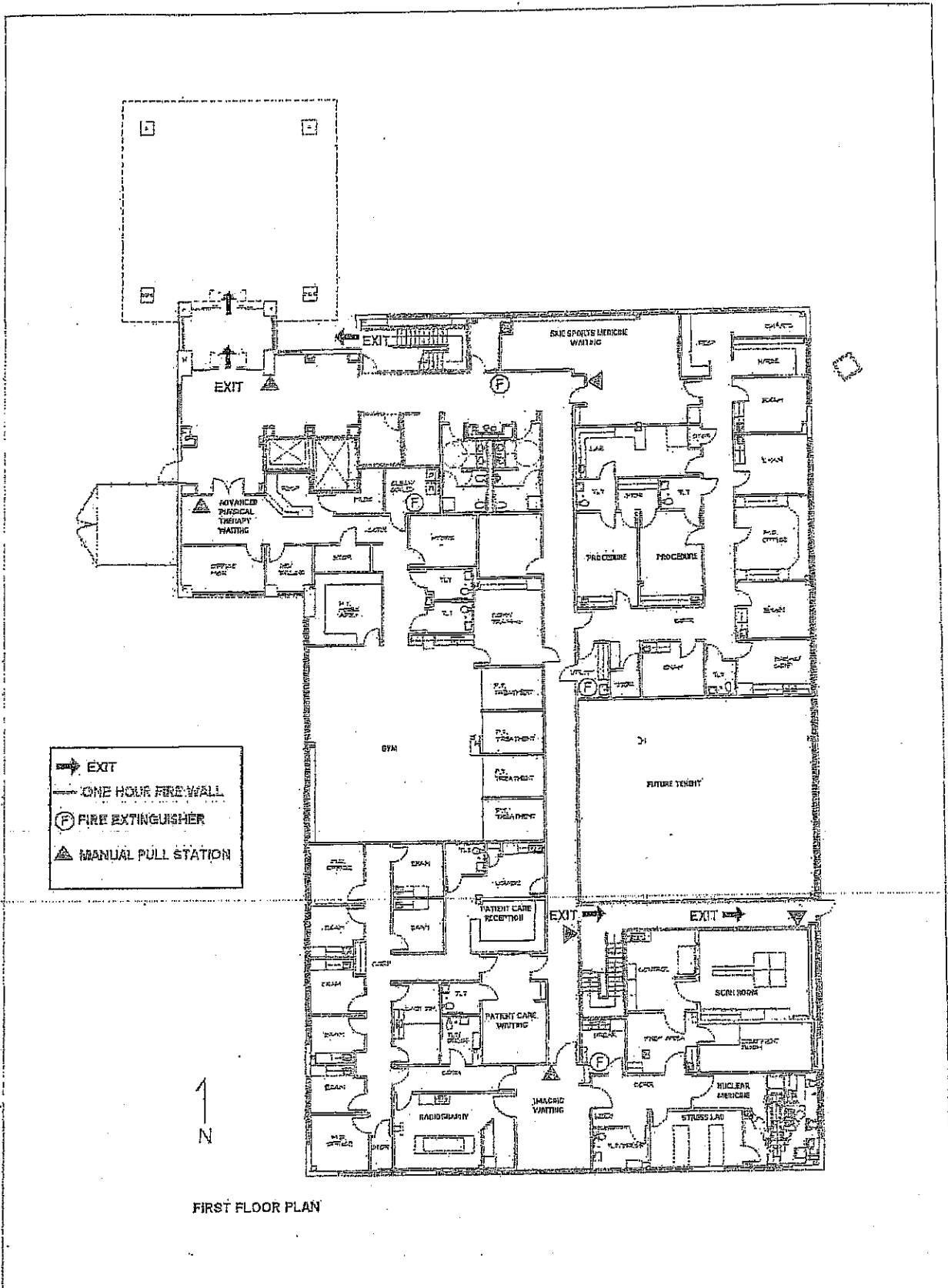
- \* SMOKE DETECTOR
- AV AUDIO/VISUAL CHIME/STROBE
- V VISUAL STROBE
- PS PULL STATION
- FE FIRE EXTINGUISHER



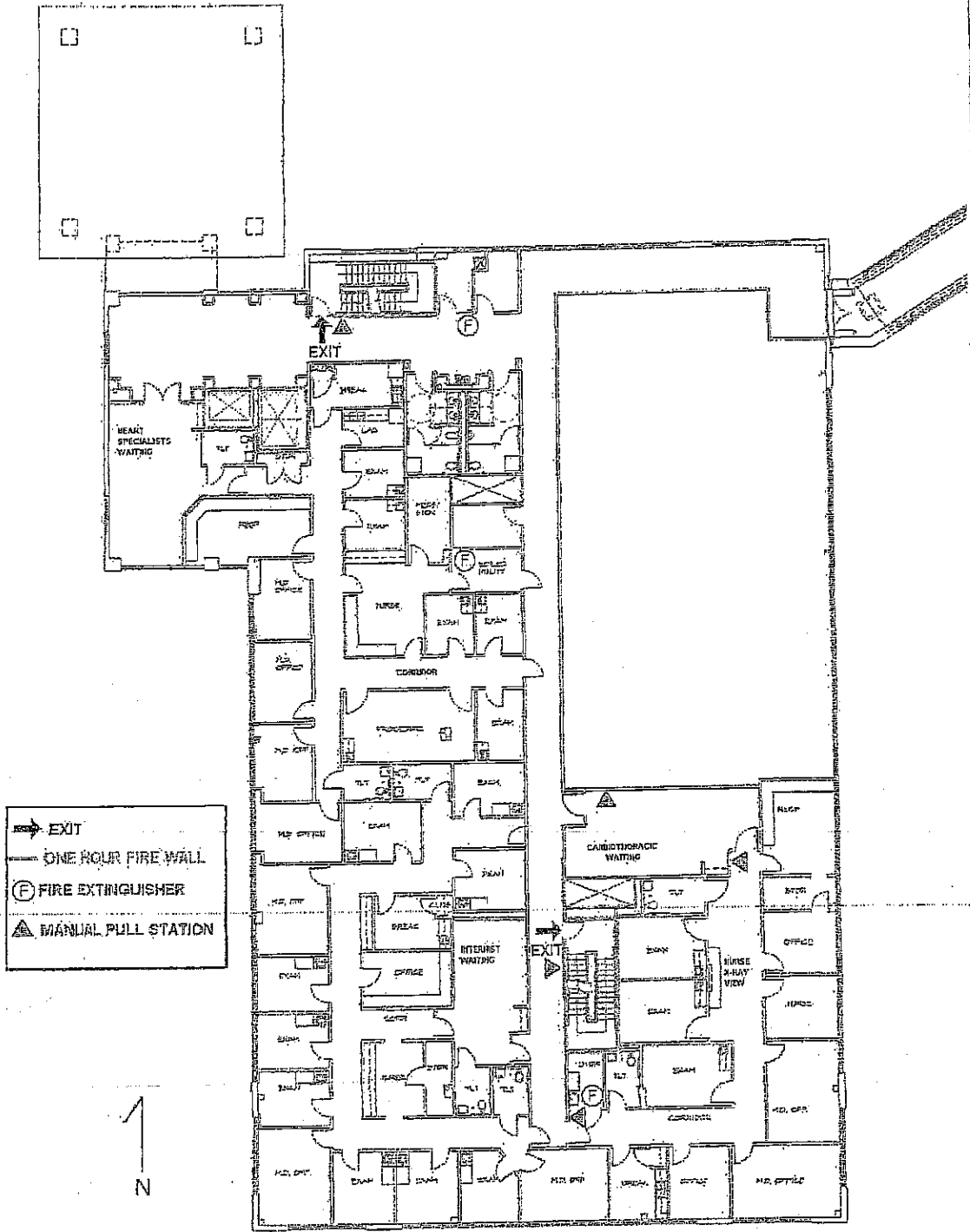


FE = FIRE EXTINGUISHER  
SFA = SPRINKLER FLOW ALARM  
NOTE: There is no fire alarm panel in this building BUT there is a  
sprinkler flow alarm located in the mechanical room and will alarm to  
Blessing Telecommunications Switchboard

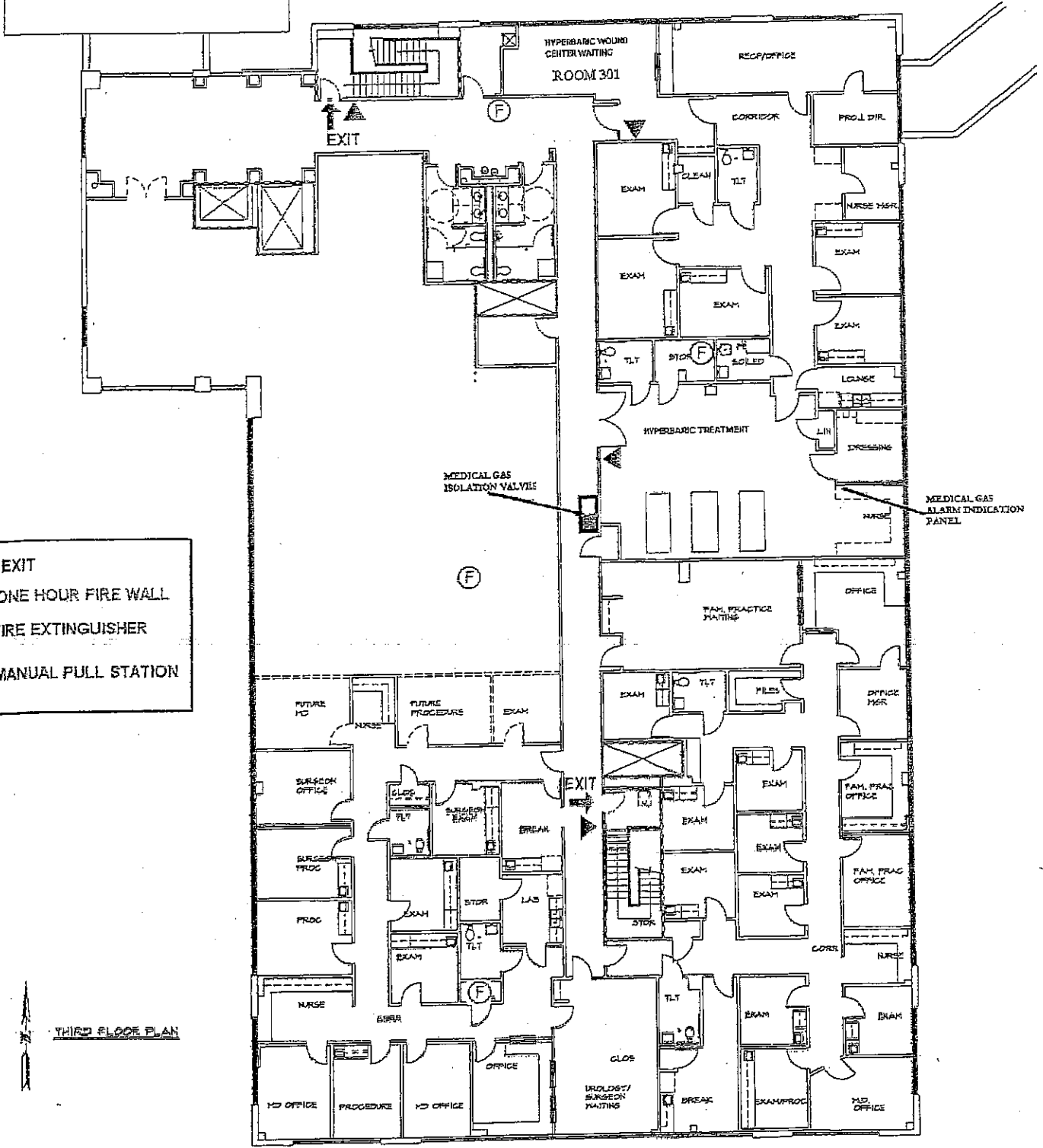
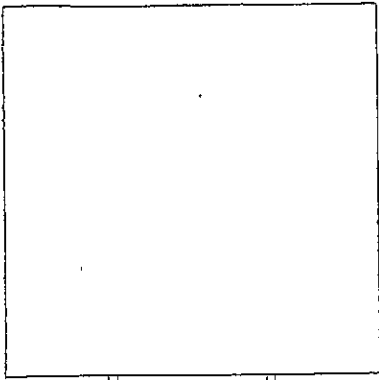
Cancellation:  
/rae



FIRST FLOOR PLAN

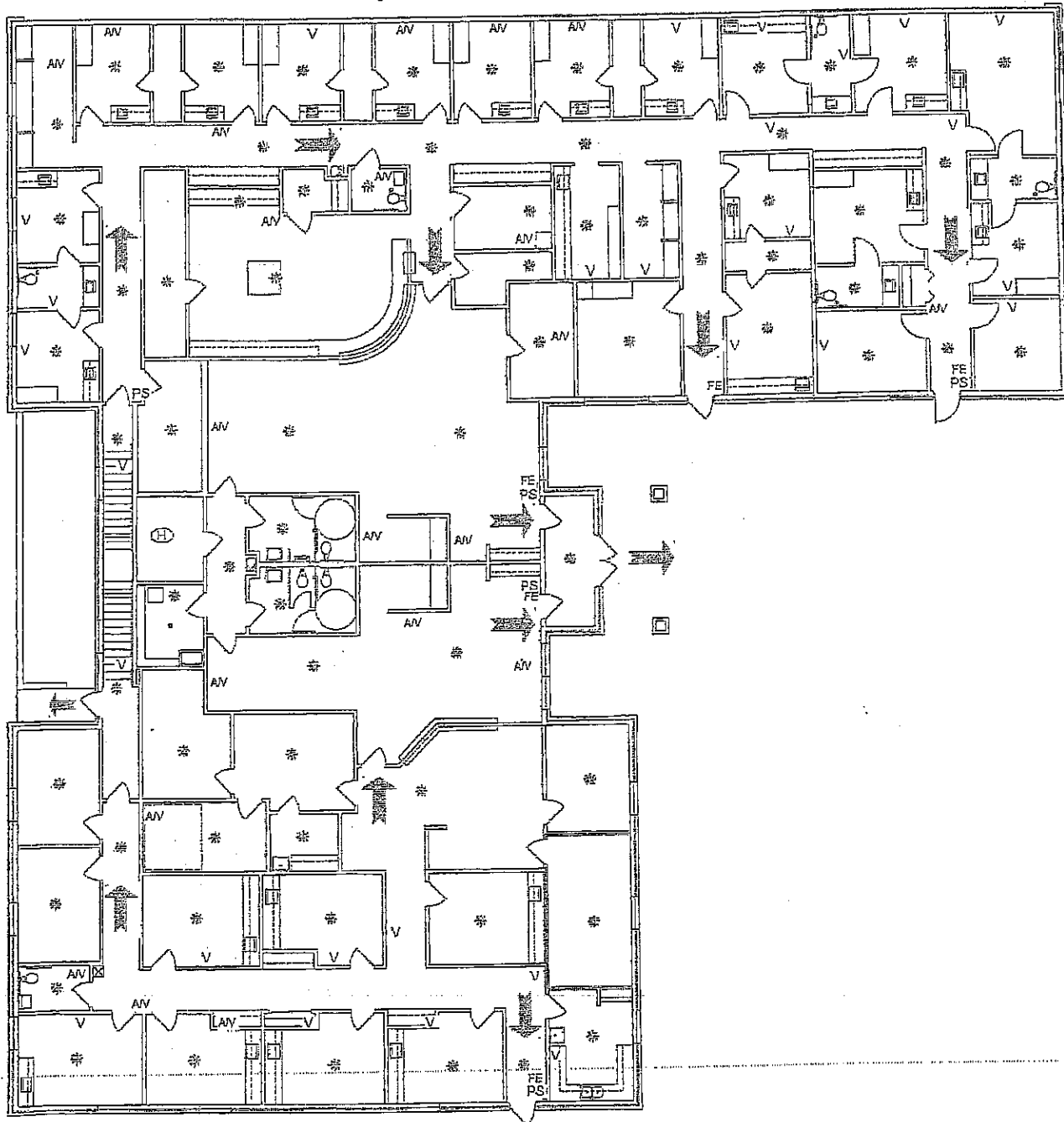


SECOND FLOOR PLAN

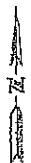


→ EXIT  
 ——— ONE HOUR FIRE WALL  
 (F) FIRE EXTINGUISHER  
 ▲ MANUAL PULL STATION

THIRD FLOOR PLAN



- ⊛ SMOKE DETECTOR
- A/V AUDIOVISUAL CHIME/STROBE
- V VISUAL STROBE
- PS PULL STATION
- FE FIRE EXTINGUISHER



MAIN LEVEL  
FLOOR PLAN

0 4 0 8  
SCALE 1/8" = 1'-0"



**BLESSING PHYSICIAN SERVICES, INC.  
 QUINCY, ILLINOIS**

<b>Policy Title: Bomb Threat—Condition Black</b>		
<b>Section/Function:</b> Chapter 11 Risk Management	<b>Origination Date:</b>	<b>Policy Type:</b>  <input type="checkbox"/> <i>Administrative</i> <input type="checkbox"/> <i>Clinical</i> <input type="checkbox"/> <i>Personnel</i> <input checked="" type="checkbox"/> <i>Departmental <u>Blessing Physician Services</u></i> <input type="checkbox"/> <i>Blessing Corporate Services</i>
<b>Administrative Responsibility:</b> Nurse Manager	<b>Last Reviewed/Revised Date:</b>	
	<b>Effective Date:</b>	

**Purpose:**

To develop a plan for an organized approach for staff to respond to a bomb threat

**Scope:** Blessing Physician Services

**Policy & Procedure Statement:**

Staff will respond quickly and efficiently in providing a safe environment for patients, staff and visitors during a condition black

When a bomb threat is received, a systematic but low-keyed search may be conducted by the Police Department. This search is designed to protect Blessing Physician Services against real or threatened bomb incidents.

The objectives of this policy are as follows:

- A. To find the bomb, if any, and have it removed by appropriate public safety authorities.
- B. To identify if the threat is a hoax as quickly as possible in order to avoid reoccurrences and minimize wasted time searching.
- C. To prevent panic.
- D. To prevent publicity, since this often results in additional crank calls.

**Definitions:**

**Procedure:**

1. If the bomb threat is received by mail, the employee receiving the threat will notify their office supervisor, who will:
  - a) call 9-911
  - b) call "5555" Hotline
  - c) notify the Administration Department of BPS

2. If the bomb threat is received by phone, the employee receiving the call will:
  - a) Utilize the Bomb Threat Checklist to gather needed information (see attachment)
  - b) notify office supervisor immediately
3. The office supervisor will:
  - a) call 9-911
  - b) call "5555" Hotline
  - c) notify the Administration Department of BPS
4. Any determination to evacuate the building will be made by the Administration Department of BPS **with the input from the Quincy Police Department or Quincy Fire Department.**

Reference(s): BCS Emergency Management Plan BCS\_\_\_\_\_

Originator(s): Nurse Manager

Collaborator(s): Director, Physician Services  
Director of Finance  
Practice Manager

Distribution:

Cross-Reference(s):

Forms: Bomb Threat Checklist (attached)

Approved By:

Cancellation:

/rae

## BOMB THREAT CHECKLIST TELEPHONE PROCEDURE

Instructions regarding obtaining bomb threat: Keep caller talking. If they seem agreeable to further conversation, ask questions like the following:

When will the bomb go off? \_\_\_\_\_ hour(s) Time remaining \_\_\_\_\_

Where is it located? \_\_\_\_\_ What kind of bomb? \_\_\_\_\_

What does it look like? \_\_\_\_\_ Where are they now? \_\_\_\_\_

How do they know so much about the bomb? \_\_\_\_\_

Their name? \_\_\_\_\_ Address? \_\_\_\_\_

Phone Number? \_\_\_\_\_

Special Note: Inform the caller that detonation could cause injury or death!

Time call received: \_\_\_\_\_

Origin of call: Local \_\_\_\_\_ Long Distance \_\_\_\_\_ Booth \_\_\_\_\_ Internal \_\_\_\_\_

Caller's identity: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Approximate Age \_\_\_\_\_

Did caller seem familiar with the plan of building by their description of bomb location? \_\_\_\_\_

Was a specific campus or building named in the threat? \_\_\_\_\_

### Voice Characteristics:

- \_\_\_\_\_ Loud
- \_\_\_\_\_ High Pitched
- \_\_\_\_\_ Raspy
- \_\_\_\_\_ Intoxicated
- \_\_\_\_\_ Soft
- \_\_\_\_\_ Deep
- \_\_\_\_\_ Pleasant
- \_\_\_\_\_ Other

### Accent:

- \_\_\_\_\_ Local
- \_\_\_\_\_ Foreign
- \_\_\_\_\_ Race
- \_\_\_\_\_ Not local
- \_\_\_\_\_ Regional
- \_\_\_\_\_ Other

### Speech:

- \_\_\_\_\_ Fast
- \_\_\_\_\_ Distinct
- \_\_\_\_\_ Stutter
- \_\_\_\_\_ Slurred
- \_\_\_\_\_ Slow
- \_\_\_\_\_ Distorted
- \_\_\_\_\_ Nasal
- \_\_\_\_\_ Lisp
- \_\_\_\_\_ Other

Demeanor:

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

Background Sounds:

- Office Machines
- Factory Machines
- Bedlam
- Animals
- Quiet
- Music
- Mixed
- Trains
- Voices
- Airplanes
- Street Traffic
- Party Atmosphere

Language:

- Excellent
- Fair
- Foul
- Good
- Poor
- Other

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Action to take immediately after call is received:

Call 5555.

Notify Office Supervisor

Notify Administration Department of Blessing Physician Services

Do Not discuss with anyone other than the above or as instructed by one of the above.

Name of person taking call: \_\_\_\_\_

Date and Time: \_\_\_\_\_

**BLESSING PHYSICIAN SERVICES, INC.  
 QUINCY, ILLINOIS**

<b>Policy Title: Resuscitation of Patients/Condition Blue</b>		
<b>Section/Function:</b> Chapter 11 Risk management	<b>Origination Date:</b>	<b>Policy Type:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Clinical <input type="checkbox"/> Personnel <input checked="" type="checkbox"/> Departmental <i>Blessing Physician Services</i> <input type="checkbox"/> Blessing Corporate Services
<b>Administrative Responsibility:</b> Nurse Manager	<b>Last Reviewed/Revised Date:</b>	
	<b>Effective Date:</b>	

**Purpose:**

To provide organized mechanism for providing resuscitation services for persons with cardiac, respiratory or cardiopulmonary arrest.

**Scope:** Blessing Physician Services

**Policy & Procedure Statement:**

Blessing Physician Services and its Medical Staff will respond effectively to situations warranting cardiopulmonary resuscitation efforts and optimize the resuscitation policy.

Cardiopulmonary resuscitation shall be initiated for all patients and / or visitors who have been assessed in a state of cardiac or respiratory arrest.

**Procedure:**

Cardiopulmonary resuscitation may be initiated by all levels of staff that have completed the American Heart Association Healthcare Provider or Heart Saver courses.

Staff at **Blessing Health Center**, located at 927 Broadway:

Cardiopulmonary Resuscitation is started by closest qualified bystander.

1. A staff member will dial 9-911 to activate the EMS
2. A staff member will dial "5555" Hotline to request the Telecommunications Operator to announce a Code Blue in the Blessing Health Center Building and the specific location of the Code Blue, i.e.: **Dr. Be-Well's office, suite 505.**
  - The Announcement of the Code Blue will alert other staff members in the Blessing Health Center building to go to a specific location and assist with the Code Blue until Emergency Medical Service arrives
3. A staff member will obtain the emergency equipment needed to assist with the emergency at hand, i.e.: oxygen / AED
4. A staff member will record the time events that occur during the Code Blue.
5. A staff member will go to the front entrance of the Blessing Health Center to meet the EMS and take them to the specific location of the Code Blue.

Staff at: **Family Medicine Associates**, located at 612 N. 11<sup>th</sup> St., Ste A  
**Blessing Women's Center**, located at 1107 College, Ste 1

Cardiopulmonary Resuscitation is started by closest qualified bystander.

1. A staff member will dial 9-911 to activate the Emergency Medical Service (EMS)
2. A staff member will obtain the emergency equipment needed to assist with the emergency at hand, i.e.: oxygen / AED
3. A staff member will record the time of events that occur during the Code Blue.
4. A staff member will go to the front entrance of the building to meet the EMS and take them to the specific location of the Code Blue.

**Emergency Equipment:** at **Blessing Health Center**, located at 927 Broadway

- A portable oxygen tank with nasal cannula and face mask for adult and child will be kept in each office suite for easy access.
- A disposable CPR mask will be kept in each suite.
- An AED will be kept in a central location

**Emergency Equipment:**

**Family Medicine Associates**, Located at 612 N. 11<sup>th</sup> St, Ste A.  
**Blessing Women's Center**, Located at 1107 College, Ste 1

- A portable oxygen tank with a nasal cannula and an adult and child face mask will be kept in each suite.
- A disposable CPR mask will be kept in a central location.
- An AED will be kept in a central location.

**EMERGENCY EQUIPEMENT WILL BE CHECKED MONTHLY BY OFFICE PERSONNEL AND RECORDED (SEE ATTACHMENT)**

**Staff training:**

The Educational Services Department at Blessing Hospital will coordinate the training of all nursing and technical staff of Blessing Physician Services on the technique of administering CPR.

Nursing and technical staff include: registered nurses, licensed practical nurses, medical assistants (certified & non-certified), surgical technicians, ophthalmic technicians, EKG technicians, ultrasound and radiology technicians, cardiology technicians, nurse practitioners and physicians:

Certification of all staff will be annually to remain current on all techniques.

**Reference(s):**

American Heart Association  
Blessing Hospital, Health Education Department  
Blessing Hospital Code Blue Policy

**Originator(s):**

Nurse Manager

**Collaborator(s):**

Director, Physician Services  
Director of Finance

Practice Manager

Distribution:

Cross-Reference(s):

Forms: Emergency Equipment monthly check list

Approved By:

Cancellation:

/rae

# EMERGENCY EQUIPMENT MONTHLY CHECK LIST

March 2006

DATE	OXYGEN	OXYGEN CANNULA & MASKS	CPR MASK	AED BATTERY	EMS MEDS	INITIALS
<b>2006</b>						
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
<b>2007</b>						
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
<b>2008</b>						
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

**PLEASE CALL THE NURSE MANAGER @ 7897 IF ANYTHING NEEDS  
REPLACED - REFILLED  
OR IF YOU HAVE ANY QUESTIONS.**

**BLESSING PHYSICIAN SERVICES, INC.  
QUINCY, ILLINOIS**

<b>Policy Title: Tornado Sighting-Condition Grey</b>		
<b>Section/Function:</b> Chapter 11 Risk Management	<b>Origination Date:</b> 03/22/06	<b>Policy Type:</b>  <input type="checkbox"/> <i>Administrative</i> <input type="checkbox"/> <i>Clinical</i> <input type="checkbox"/> <i>Personnel</i> <input checked="" type="checkbox"/> <i>Departmental <u>Blessing Physician Services</u></i> <input type="checkbox"/> <i>Blessing Corporate Services</i>
<b>Administrative Responsibility:</b> Nurse Manager	<b>Last Reviewed/Revised Date:</b> 03/22/06	
	<b>Effective Date:</b> 03/22/06	

**Purpose:**

To develop a plan for an organized approach for staff to respond to a tornado

**Scope:** Blessing Physician Services

**Policy & Procedure Statement:**

Staff will respond quickly and efficiently in providing a safe environment for patients, staff and visitors during a condition grey.

**Definitions:** Code Grey- indicates that the area is under a tornado warning (a tornado has been sighted).

**Procedure:** If a tornado is sighted in the immediate Quincy area, the cities emergency sirens will be sounded.

**NOTE:** Tornado siren tests are conducted on the first Tuesday of each month at 10:00 am; therefore, if weather is not conducive of a tornado, staff may disregard the test siren

**Once the sirens have been sounded:**

- a) The telecommunications department will notify:
  - i. The Women's Center
  - ii. The Family Medical Associates
  - iii. The Health Center by overhead announcement
  - iv. The Administration Department of BPS
- b) The Administration Department of BPS will follow up with the Office Supervisors of all BPS buildings

**Procedure for Safety:**

1. Upon notification of a tornado sighting (whether announcement or siren) the staff will take immediate precautions:

- a) move all patients into the hall or to an inner room without a window
  - b) offer blankets or towels for face protection
  - c) close any window coverings and doors
2. Office Supervisors will be notified of an "all clear" either by overhead telecommunications center or in person by the administration department of BPS.

**NOTE: PATIENTS SHOULD BE ENCOURAGED TO REMAIN INSIDE AND TO FOLLOW THE ABOVE PROCEDURE; HOWEVER, THEY DO HAVE THE RIGHT TO LEAVE THE BUILDING.**

Reference(s): Blessing Hospital Condition Grey Policy

Originator(s): Nurse Manager

Collaborator(s): Director, Physician Services  
Director of Finance  
Practice Manager

Distribution:

Cross-Reference(s):

Forms:

Approved By:

Cancellation:

/rae

**BLESSING PHYSICIAN SERVICES, INC.  
 QUINCY, ILLINOIS**

<b>Policy Title: Crisis Intervention – Condition Purple</b>		
<b>Section/Function:</b> Chapter 11 Risk Management	<b>Origination Date:</b> 03/22/06	<b>Policy Type:</b>  <input type="checkbox"/> <i>Administrative</i> <input type="checkbox"/> <i>Clinical</i> <input type="checkbox"/> <i>Personnel</i> <input checked="" type="checkbox"/> <i>Departmental <u>Blessing Physician Services</u></i> <input type="checkbox"/> <i>Blessing Corporate Services</i>
<b>Administrative Responsibility:</b> Nurse Manager	<b>Last Reviewed/Revised Date:</b> 03/22/06	
	<b>Effective Date:</b> 03/22/06	

**Purpose:**

To provide additional staff, when needed, in order to provide a safe environment for patients, staff, and visitors.

**Scope:** Blessing Physician Services

**Policy & Procedure Statement:**

A staff alert called Condition Purple is announced indicating the need for additional staff members in a specific area in order to control an unsafe situation involving a patient or visitor.

**Definitions:**

**Procedure:**

**Blessing Health Center at 927 Broadway**

1. The staff who first becomes aware of the need for additional staff will:
  - a. Dial 9-911
  - b. Notify their Office Supervisor immediately, who will:
    - i. Dial "5555" Hotline
    - ii. Contact the Administration Department of BPS
2. The staff member will give the following information to the switchboard:
  - a. Condition Purple
  - b. Location (be as specific as possible)
  - c. Staff member's name
3. The switchboard will:
  - a. Page overhead "Condition Purple and Location" three times.
  - b. Dispatch Security to designated area

**Family Medicine Associates at 612 N. 11<sup>th</sup> St., Ste A**

**Blessing Women's Center at 1107 N. College St., Ste 1**

1. The staff who first becomes aware of the need for additional staff will:
  - a. Dial 9-911
  - b. Notify their Office Supervisor immediately, who will:
    - i. Dial "5555" Hotline
    - ii. Contact the Administrative Department of BPS

2. The staff member will give the following information to the switchboard:
  - a. Condition Purple
  - b. Location (be as specific as possible)
  - c. Staff members name
3. The Switchboard will:
  - a. Dispatch Security to designated area

Reference(s): Blessing Hospital Condition Purple Policy

Originator(s): Nurse Manager

Collaborator(s): Director, Physician Services  
Director of Finance  
Practice Manager

Distribution:

Cross-Reference(s):

Forms:

Approved By:

Cancellation:

/rae



**BLESSING PHYSICIAN SERVICES, INC**  
**CONDITION PURPLE FLOW SHEET**

Date: \_\_\_\_\_

Called By: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

QPD Called: Yes \_\_\_\_\_ No \_\_\_\_\_

Paged Overhead X 3: \_\_\_\_\_

Security notified \_\_\_\_\_

Administration Department of BPS notified \_\_\_\_\_

Further Information Obtained: \_\_\_\_\_

\_\_\_\_\_  
Office Supervisor signature

Completion After Situation Secured: \_\_\_\_\_

Reason For Calling Condition Purple: \_\_\_\_\_

Responders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

QPD Arrival Time: \_\_\_\_\_

What Could Have Prevented Need For Condition Purple:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Administration Department of Blessing Physician Services Signature

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Overall Performance: Good  Fair  Needs Improvement

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was Response Adequate To Control Situation: Yes  No   
Copy to Risk Management/Safety Department

Security \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Environmental Service and Security Director

**BLESSING PHYSICIAN SERVICES, INC.  
 QUINCY, ILLINOIS**

<b>Policy Title: Infant/Child Abduction-Condition Rainbow</b>		
<b>Section/Function:</b> Chapter 11 Risk Management	<b>Origination Date:</b> 03/22/06	<b>Policy Type:</b>  <input type="checkbox"/> <i>Administrative</i> <input type="checkbox"/> <i>Clinical</i> <input type="checkbox"/> <i>Personnel</i> <input checked="" type="checkbox"/> <i>Departmental <u>Blessing Physician Services</u></i> <input type="checkbox"/> <i>Blessing Corporate Services</i>
<b>Administrative Responsibility:</b> Nurse Manager	<b>Last Reviewed/Revised Date:</b> 03/22/06	
	<b>Effective Date:</b> 03/22/06	

**Purpose:**

To develop a plan for an organized approach to locate a missing infant or child.

**Scope:** Blessing Physician Services

**Policy & Procedure Statement:**

Staff will be alerted to institute a traffic control program at entrances/exits in order to locate an abducted infant or child from Blessing Physician Services.

**Definitions:**

**Procedure:**

1. Staff at Blessing Health Center: 927 Broadway
  - a. The staff who first becomes aware of an actual or suspected abduction will:
    - i. Dial 9-911
    - ii. Notify their office supervisor immediately who will:
      - a) Dial "5555" Hotline
      - b) Contact the Administration Department of BPS
  - b. The following information will be given to the switchboard operator:
    - i. Condition Rainbow
    - ii. Location of possible abduction
    - iii. Detailed description of the infant or child (age, race, and sex)
    - iv. Name of staff member
  - c. The switchboard will:
    - a) Page overhead "Condition Rainbow" and "location" three times
    - b) Dispatch security

**Any employee from any department who is near any exit, elevator, stairway, or outside window shall respond to monitor that area until an "all clear" is announced or given other direction.**

Personnel responding to assigned areas will take the following steps if approached by an individual who:

1. Is carrying or escorting an infant/child;
2. Is dressing in clothing that might conceal an infant;
3. Is carrying a package large enough to conceal an infant;

The employee is to inform the individual that an emergency has occurred and the person is requested to remain inside the building until cleared to leave. Have the person be seated in an area visible to the employee and contact the switchboard with the location of the detainee. If the infant or child is found, notify a hospital Security official or the police to determine if the child is the one abducted.

- d. Individuals carrying packages that should be searched, do so with their permission. If no infant is found, release the detainee. If the person refuses to allow the package to be searched, ask him/her to be seated until proper authorities arrive.
  - i. Employees must use good judgment regarding the detained individual. If the person bolts, the employee must make a reasonable attempt to detain the person without use of forcible, physical contact. The employee should follow the suspect, remember as much of the physical description of the individual(s), and summon help immediately. If the suspect flees in a car, take down the license number and a description of the car, noting which direction the car last headed.
  - ii. In all cases, make mental notes on clothing, physical characteristics, mannerisms, etc., and write them down as soon as possible.
  - iii. Any physical evidence, such as discarded baby linen, an empty bassinet, hospital pajamas, or ID bracelets should be reported to Security, but DO NOT TOUCH. STAY WITH THE EVIDENCE and send another individual to call Security.
  - iv. Upon direction of the Director, a command post could be set up with the following suggested people: CNO, CMO, Risk Manager, Public Relations Director, and other individuals as requested.

Upon location of the infant or child, or by authorization of Administration, the telecommunications department will announce "Condition Rainbow-All Clear."

2. Staff at Family Medicine Associates:  
Staff at Blessing Women's Center:

- a. The staff who first becomes aware of an actual or suspected abduction will:
  - i. Dial 9-911
  - ii. Notify their office supervisor immediately
- b. The office supervisor will:
  - i. Dial "5555" Hotline
  - ii. Contact the Administration Department of Blessing Physician Services

- c. The following information will be given to the switchboard operator
  - i. Condition Rainbow
  - ii. Location of possible abduction
  - iii. Detailed description of the infant or child (age, race and sex)
  - iv. Name of staff member
- d. The switchboard will:
  - i. Dispatch security-via radio with the location and description of the infant/child. Security will respond to the facility or will circle the campus according to their department policy.

**Any employee from any department who is near any exit, stairway, or outside window shall respond to monitor that area until an "all clear" is announced or given other direction.**

Personnel responding to assigned areas will take the following steps if approached by an individual who:

1. Is carrying or escorting an infant/child;
2. Is dressed in clothing that might conceal an infant;
3. Is carrying a package large enough to conceal an infant;

The employee is to inform the individual that an emergency has occurred and the person is requested to remain inside the building until cleared to leave. Have the person be seated in an area visible to the employee and contact the switchboard with the location of the detainee. If infant or child is found, notify hospital Security official or police to determine if the child is the one abducted.

- f. Individuals carrying packages that should be searched, do so with their permission. If no infant is found, release the detainee. If the person refuses to allow the package to be searched, ask him/her to be seated until the proper authorities arrive.
  - a. Employees must use good judgment regarding the detained individual. If the person bolts, the employee must make a reasonable attempt to detain the person without use of forcible, physical contact. The employee should follow the suspect, remember as much of the physical description of the individual(s), and summon help immediately. If the suspect flees in a car, take down the license number and a description of the car, noting which direction the car last headed.
  - b. In all cases make mental notes on clothing, physical characteristics, mannerisms, etc., and write them down as soon as possible.
  - c. Any physical evidence, such as discarded baby linen, an empty bassinet, hospital pajamas, or ID bracelets should be reported to Security, but DO NOT TOUCH. STAY WITH THE EVIDENCE and send another individual to call Security.
  - d. Upon direction of the Director, a command post could be set up with the following suggested people: CNO, CMO, Risk Manager, Public Relations Director, and other individuals as requested.

Upon location of the infant or child, or by authorization of Administration an "All Clear" will be announced.

Reference(s): Blessing Hospital Policy EOC.019

Originator(s): Nurse Manager

Collaborator(s): Director, Physician Services  
Director of Finance  
Practice Manager

Distribution:

Cross-Reference(s):

Forms:

Approved By:

Cancellation:

/rae

**BLESSING PHYSICIAN SERVICES, INC.**  
**QUINCY, ILLINOIS**

<b>Policy Title: Detection of a Fire—Condition Red</b>		
<b>Section/Function:</b> Chapter 11 Risk Management	<b>Origination Date:</b> 03/22/06	<b>Policy Type:</b> <input type="checkbox"/> Administrative <input type="checkbox"/> Clinical <input type="checkbox"/> Personnel <input checked="" type="checkbox"/> Departmental <i>Blessing Physician Services</i> <input type="checkbox"/> Blessing Corporate Services
<b>Administrative Responsibility:</b> Nurse Manager	<b>Last Reviewed/Revised Date:</b> 03/22/06	
	<b>Effective Date:</b> 03/22/06	

**Purpose:**

To develop a plan for an organized approach for staff to respond to a fire

**Scope:** Blessing Physician Services

**Policy & Procedure Statement:**

Staff will respond quickly and efficiently in providing a safe environment for patients, staff and visitors during a condition red.

**Definitions:**

**Procedure:**

**Staff at Blessing Health Center: 927 Broadway**

1. The staff that first becomes aware of a fire will:
  - a) Remove victim(s) from immediate danger
  - b) Alert others:
    - i. By pulling the closest fire alarm
    - ii. Dial 9-911
    - iii. Dial "5555" Hotline
  - c) Contain fire by closing doors
  - d) Extinguish fire through the use of a hand extinguisher
  - e) Relocate patients and visitors to a safe location by following evacuation routes

**Staff at Blessing Women's Center: 1107 N College St., Suite 1**

1. The staff that first becomes aware of a fire will:
  - a) Remove victim(s) from immediate danger
  - b) Alert others:
    - i. By pulling the closest fire alarm
    - ii. Dial 9-911
    - iii. Dial "5555" Hotline
  - c) Contain fire by closing doors
  - d) Extinguish fire through the use of a hand extinguisher

- e) Relocate patients and visitors to a safe location by following evacuation routes

Staff at Family Medicine Associates: 612 N. 11<sup>th</sup> St., Suite A

1. The staff that first becomes aware of a fire will:
  - a) Remove victim(s) from immediate danger
  - b) Alert others:
    - i. Activate their emergency horn, located with their emergency equipment
    - ii. Dial 9-911
    - iii. Dial "5555" Hotline
  - c) Contain fire by closing doors
  - d) Extinguish fire through the use of a hand extinguisher
  - e) Relocate patients and visitors to a safe location by following evacuation routes

**DO NOT USE ELEVATORS DURING A CONDITION RED**

If patients are in wheelchairs, stretchers or unable to take steps, get them into the stairwell and wait for help.

Reference(s): Blessing Hospital Condition Red Policy

Originator(s): Nurse Manager

Collaborator(s): Director, Physician Services  
Director of Finance  
Practice Manager

Distribution:

Cross-Reference(s): BPS Evacuation Policy BPS RM 200

Forms:

Approved By:

Cancellation:

/rae

**BLESSING PHYSICIAN SERVICES, INC.  
 QUINCY, ILLINOIS**

<b>Policy Title: Security Management Plan</b>		
<b>Section/Function:</b>	<b>Origination Date:</b> 03/22/06	<b>Policy Type:</b>  <input type="checkbox"/> Administrative <input type="checkbox"/> Clinical <input type="checkbox"/> Personnel <input checked="" type="checkbox"/> Departmental <u>Blessing Physician Services</u> <input type="checkbox"/> Blessing Corporate Services
<b>Administrative Responsibility:</b> Nurse Manager	<b>Last Reviewed/Revised Date:</b> 03/22/06	
	<b>Effective Date:</b> 03/22/06	

Blessing Physician Services are under the umbrella of Blessing Corporate Services; therefore, they will comply with the same policy and procedure for Security Management Plan as Blessing Corporate Services. (See policy BCS\_\_\_)

**Purpose:**

The objective of the Security Management Program is to develop and maintain a process, which effectively manages safety and security for all patients, visitors, personnel and property of this Hospital.

**Scope:**

This Hospital's Security Management Program's scope is to provide a program that shall protect employees, patients and visitors from harm, protection of physical assets is included. A risk assessment is conducted to determine the elements of the plan and include all off-site locations. Recommendations and actions are taken as a result of the assessment. Security acts as the liaison with local and federal law enforcement agencies.

Location	Full Accountability	Over-Sight	Landlord Only
11 <sup>th</sup> Street Campus	X		
14 <sup>th</sup> Street Campus	X		
QHCM		X	
Denman Adaptive Mobility	X		
Denman Medical	X		
Conference Center	X		
Hannibal Renal Unit			X
Blessing Child Care	X		
East Adams Clinic			X
Hamilton-Warsaw Clinic			X
Palmyra Clinic			X
Mt. Sterling Clinic	N/A		
Hannibal Ambulatory Care	N/A		
Family Medicine Associates	X		
Hospitality House	X		
Dr. Shatz Clinic		X	

Pittsfield Clinic	N/A		
Winchester Clinic	N/A		
Helicopter Hanger & Quarters	X		
Blessing Health Center	X		
Blessing Women's Center	x		
Ruth		X	

**Policy & Procedure Statement:**

**Definitions:**

**Procedure:**

**RESPONSIBILITY:**

The Director of Security, Safety Officer and Safety Committee are responsible for developing, implementing, monitoring and managing the Security Management Program.

**SECURITY ISSUES WHICH CONCERN PATIENTS, VISITORS, EMPLOYEES AND PROPERTY ARE ADDRESSED:**

- Proactive risk assessments will be conducted to evaluate the potential for adverse impact and risks our services or facilities may cause to patients, staff, and visitors. These assessments will be used to identify and implement procedures to control the impact on security.

**ALL PATIENTS, VISITORS AND PERSONNEL WILL HAVE APPROPRIATE IDENTIFICATION:**

- Staff will display hospital identification badges.
- Patients will wear wristbands.
- Vendors and contractors will wear identifying name tags and/or company logo shirts.

**SENSITIVE AREAS WILL HAVE CONTROLLED ACCESS AS DETERMINED BY THE FACILITY:**

- A security risk assessment will be completed and those areas determined to be sensitive areas will have restricted access to and egress from. Additional policies will be written defining the special precautions to be taken in the following areas: Newborn Nursery, Pharmacies, Behavioral Health Units and Psych, Medical Records. All personnel assigned or working in these areas will receive orientation and education to the area specific security practices to be utilized.
- In addition, areas needing distress alarms are:
  - Tea Room
  - Emergency Room – Three Activators
  - Pharmacy – Two Activators

- Cashier at 11<sup>th</sup> Street
- Patient Registration
- Cat Scan
- Ultrasound – Three Activators
- Cashier at 14<sup>th</sup> Street
- Garden Room at 14<sup>th</sup> Street
- Information Systems Data Center
- MRI
- Extrusion alarms are used in the following areas:
  - 6<sup>th</sup> Floor North Hall
  - 4<sup>th</sup> Floor North Hall
  - Pharmacy at 14<sup>th</sup> Street
  - Fitness Center at 14<sup>th</sup> Street
- See Security Policy and Procedure Manual, Administrative Policy – Organizational Functions, and Departmental Policies and Procedures for additional policies, procedures and forms.

DESIGNATION OF EMPLOYEES RESPONSIBLE FOR DEVELOPING, IMPLEMENTING AND MONITORING THE SECURITY MANAGEMENT PLAN:

- The Chief Executive Officer shall appoint a qualified individual to develop, implement, maintain and monitor the Security Management Program. The Director of Security is responsible for maintaining a Security Management Program that prepares for and prevents future security incidents by establishing security procedures, in-service orientation and continuing education of all personnel, and monitoring and evaluation of security incidents for opportunities to improve care.
- See Security Authority Policy and Job Description Director of Security.

EMERGENCY SECURITY PROCEDURES:

- There are provisions made for the security of the physical plant, property, patients, visitors and personnel of this Hospital during disaster situations.
- Personnel are trained in the actions to be taken in the event of a security incident; i.e., infant abduction, attempted robbery, workplace violence, civil disturbance.

- All VIPs entering the hospital will enter through the Emergency Department and be met by a Triage Team. If the patient is to be admitted, he/she will be admitted to ICU. Any inquiry from the news media will be directed to the Director of Public Relations. Additional security measures will be implemented for the physical protection of high profile patients or those needing additional physical protection (i.e., politicians and entertainers).
- The Hospital shall seek to maintain a cooperative relationship with the news media, which balances the public need for information with the responsibility to safeguard the patient's right to privacy.
- The release of information to the media will be by authorized personnel only.
- Additional staff will be assigned from the Environmental Services Department to assist the Security Department in controlling vehicular and foot traffic in the event of a disaster.
- See Administrative – Patients and Organization Ethics HIPAA, Security Policy and Procedure Manual, and Emergency Preparedness Manual.

VEHICULAR ACCESS TO URGENT CARE AREAS IS PROVIDED:

- Security will keep the limited Emergency Department parking clear for authorized vehicles only. Security will be on hand for traffic control and will attempt to clear Emergency Department parking areas of infractions.
- See Emergency Preparedness Plan.

AN ORIENTATION AND EDUCATION PROGRAM FOR EMPLOYEES REGARDING SECURITY IS IN PLACE:

- The Educational Services Department will provide security related education to all employees at orientation and annually thereafter. Education programs shall include:
  - Staff responsibility under the Security Management Plan;
  - Reporting security incidents involving patients, personnel, visitors and property;
  - Emergency procedures to follow in the event of a security incident;
  - Security measures in place at the facility (i.e., access control and alarms);
  - Infant/child abduction;
  - Identification badges;
  - Workplace violence;

- Department-specific security measures.

PERFORMANCE STANDARDS:

The following are suggested performance measures:

- Number of detex points covered by Security officers each round per shift, per week.
- Number of incident reports submitted.
- All intrusion and panic alarm systems tested annually on each shift.
- See Security Policy and Procedure Manual for additional policies, procedures and forms.

ANNUAL EVALUATION OF THE SECURITY MANAGEMENT PLAN'S OBJECTIVES, SCOPE,

PERFORMANCE AND EFFECTIVENESS:

- The annual evaluation of the Security Management Program will include a review of the scope according to the current JCAHO standards to evaluate the degree in which the program meets accreditation standards and the current risk assessment of the hospital. A comparison of the expectations and actual results of the program will be evaluated to determine if the goals and objectives of the program were met. The overall performance of the program will be reviewed by evaluating the results of performance improvement outcomes. The overall effectiveness of the program will be evaluated by determining the degree that expectations were met.
- The performance and effectiveness of the Security Management Program shall be reviewed by the Safety Committee.
- See Annual Evaluation of Environment of Care Program Policy and Annual Evaluation of the Security Management Program.

Reference(s):

Originator(s): Nurse Manager

Collaborator(s): Director, Physician Services  
Director of Finance  
Practice Manager

Distribution:

Cross-Reference(s):

Forms:

Approved By:

Cancellation:

/rae

**BLESSING PHYSICIAN SERVICES, INC.  
 QUINCY, ILLINOIS**

<b>Policy Title: Life Safety Management Plan</b>		
<b>Section/Function:</b>	<b>Origination Date:</b> 03/22/06	<b>Policy Type:</b>  <input type="checkbox"/> <i>Administrative</i> <input type="checkbox"/> <i>Clinical</i> <input type="checkbox"/> <i>Personnel</i> <input checked="" type="checkbox"/> <i>Departmental <u>Blessing Physician Services</u></i> <input type="checkbox"/> <i>Blessing Corporate Services</i>
<b>Administrative Responsibility:</b> Nurse Manager	<b>Last Reviewed/Revised Date:</b> 03/22/06	
	<b>Effective Date:</b> 03/22/06	

Blessing Physician Services are under the umbrella of Blessing Corporate Services; therefore, they will comply with the same policy and procedure for Life Safety Management Plan as written by Blessing Hospital.

**Purpose:**

The purpose of the Life Safety Management Plan is to provide a programmatic framework to reduce the risk to Blessing Hospital. The plan includes processes that are designed to evaluate risks that may adversely affect the life or health of patients, staff, and visitors.

Blessing Hospital is committed to providing a safe, secure, and therapeutic environment at its main facility and off-facility program sites for all patients, staff, and visitors. The fire prevention program is designed to support safe, effective patient care by providing reliable information that allows facility management and staff to make better decisions and to evaluate key issues and opportunities for improvement of fire prevention performance.

**Scope:**

The facility has an Environment of Care Committee (EOCC) consisting of a cross representation of the facility's staff. The EOCC monitors training and competence of staff and assesses conditions of the physical plant, grounds, and equipment through building inspections, environmental rounds, safety inspections, and various performance improvement initiatives. Through review of reliable information, management is able to make the best decisions regarding safety concerns and to evaluate fire prevention performance related to key issues with opportunities for improvement. The EOCC monitors and evaluates all fire prevention issues. It takes action and makes recommendations to the facility leadership, including the President, who is a member of the Board of Trustees. The EOCC may issue assignments to committee members and non-committee staff for follow-up actions / improvements and completion of reports.

Location	Full Accountability	Over-Sight	Landlord Only
11 <sup>th</sup> Street Campus	✓		
14 <sup>th</sup> Street Campus	✓		
QHCM	✓		
Denman Adaptive Mobility	✓		
Denman Medical	✓		
Conference Center	✓		
Hannibal Renal Unit	✓		
Blessing Child Care	✓		
East Adams Clinic	✓		
Hamilton-Warsaw Clinic	✓		
Palmyra Clinic	✓		
Mt. Sterling Clinic			✓
Hannibal Ambulatory Care			✓
Family Medicine Associates	✓		
Hospitality House	✓		
Dr. Shatz Clinic	✓		
Pittsfield Clinic			
Winchester Clinic			
Helicopter Hanger & Quarters			
Blessing Health Center	✓		
Blessing Women's Center	✓		
Ruth			

**Policy & Procedure Statement:**

**Definitions:**

**Procedure:**

**RESPONSIBILITY:**

- A. The Director of Plant Operations, the Safety Officer, and the Safety Committee are responsible for developing, implementing, monitoring, and managing the Life Safety Management Plan.
- B. The Safety Director has responsibility for identification, collection, and analysis of information regarding safety deficiencies; development of Plans for Improvement; accident and injury prevention and investigation; and emergency response. Training of staff and volunteers is facilitated by the Educational Services Department.
- C. Department directors, program, and site managers are responsible for orienting new staff members to the department, programs, site, and job specific fire.
- D. Individual staff members are responsible for learning and following job and task specific procedures for safe operations. Individual staff members are also responsible for learning and using reporting procedures.

FUNDAMENTALS:

- A. Blessing Hospital buildings are inspected for compliance with law and regulation, including the Life Safety Code 2000 and State of Illinois fire and building codes for hospitals. Deficiencies with these codes are corrected as quickly as practical. Plans for improvement are developed and tracked to completion when deficiencies cannot be corrected within a short period of time. Interim Life Safety Measures (ILSM) are considered whenever patients, staff, and visitors are exposed to an increased risk.
- B. The fire protection and fire/life safety systems, equipment, and components are maintained in a high state of readiness, and are tested periodically to assure that the systems will perform as designed. These tests are organized to assure inclusion of all areas and devices as required, and are documented, and the results reviewed by the EOCC.
- C. Staff readiness is maintained by staff training, and by fire drills as required. These drills are observed and the resulting reports evaluated. Where issues are identified they are corrected, or reported to the EOCC for further action.
- D. Fire Protection
- The Safety Director reviews changes to regulation; assesses needed changes to fire protection and life safety equipment, and performs activities essential to implement the fire prevention program. The Safety Director shares responsibility (for associated activities) with Risk Management, Infection Control, Plant Operations, and Patient Care Services.
- E. Inspection, Testing, and Maintenance
- The Director of Plant Operations or his designee is responsible for the inspection, testing, and maintenance of fire protection and life safety systems, equipment, and components on a regular basis in accordance with NFPA and JCAHO Standard EC. 2.10.2.
- F. New Acquisitions
- The Director(s) Biomedical and/or Plant Operations is responsible for managing the program to determine if new products meet code requirements. Staff who need to purchase products must coordinate with the Director Material Management who is responsible for ensuring that each product complies with facility policy. The Director of Materials Management maintains documentation on products purchased.
  - The Plant Operations Department or Project Manager is responsible for assuring products installed during construction/renovation projects meet applicable Life Safety Code regulations.
- G. Annual Evaluation

- The Safety Director has overall responsibility for coordinating the annual evaluation of each of the seven functions associated with Management of the Environment of Care. The Safety Director or Director of Environmental Services is responsible for completing the annual evaluation of the fire prevention program. An evaluation of the program's objectives, scope, performance, effectiveness, and the Fire Prevention Plan is included in each annual evaluation.
- In the completion of the annual evaluation, the Safety Director or Director of Environmental Services utilizes a variety of source documents such as policy review and evaluation, incident report summaries, risk assessment activities, meeting minutes, and statistical information summaries. In addition, other relevant sources of information are used for the annual evaluation, such as results of monitoring studies, reports from accrediting and certification agencies, and goals and objectives. The annual evaluation of the fire prevention program is used to further develop educational programs, policies, and performance monitoring and performance improvement.
- The annual evaluation is reviewed and approved by the EOCC. The annual evaluation is then presented to the Executive Committee, the President, and the Board of Trustees. Approved minutes or other means of communications are received and reviewed from the Board of Trustees by the EOCC and recommendations are acted upon.

#### H. Performance Improvement Monitoring

- The Safety Director through the EOCC has overall responsibility for coordinating the ongoing performance monitoring and the performance improvement monitoring for each of the seven functions associated with Management of the Environment of Care. The Safety Director is responsible for all monitoring associated with the fire prevention program.
- The intent of establishing performance monitoring is to improve the fire prevention program through objective measures of demonstrated performance. Performance improvement is an important aspect of the Fire Prevention Plan. Ongoing performance monitoring serves as an indicator of continued effectiveness of the fire prevention program and is a mechanism to identify performance improvement opportunities.

#### I. Emergency Procedures

- Emergency procedures for Blessing Hospital address facility-wide fire response needs, area specific needs and fire evacuation routes, specific roles and responsibilities of staff at and away from the fire's point of origin, and specific roles and responsibilities of staff to prepare for evacuation. The Director of Plant Operations has overall responsibility for coordinating activities related to establishing and maintaining emergency procedures for the fire prevention program. The manager of each department, program and site is responsible for coordinating activities to establish and maintaining emergency fire and life safety procedures. Each manager is responsible for

developing emergency fire procedures in conjunction with the needs of their patients and with the needs of other departments, programs and sites, especially clinical areas.

- The Director of Environmental Services and the EOCC each have responsibility for reviewing emergency fire safety procedures related to the operations of high-risk areas.
- Emergency fire safety procedures contain specific information related to actions to be taken in the event of a fire and provisions for providing additional personnel to assist in containment of and evacuation from affected areas.
- Each manager is required to structure their department, program, and site fire emergency procedures to ensure staff has essential information during an emergency.
- Each manager is responsible for maintaining copies of departmental, program, or site emergency procedures in a location accessible to their staff for reference during an emergency. Managers are responsible for providing their staff with orientation to emergency procedures that relate to their jobs. Additional department level training is provided on an annual basis as part of the continuing education program and when emergency procedures are revised.
- Managers are responsible for maintaining the fire emergency procedures. Each manager is responsible for reviewing emergency fire procedures and updating as necessary. The EOCC is responsible for coordinating the review program for emergency procedures and for communicating information related to the findings of the review to the EOCC.

#### J. Orientation and Education

- The facility Educational Services Department and appropriate Department Director has responsibility for organizing the orientation and education program for each of the seven functions associated with Management of the Environment of Care. Department, Educational Services Department, and managers are responsible for assuring the fire prevention program orientation and education is implemented.
- The facility Educational Services Department is responsible for conducting the general orientation program with current information on general safety processes to new staff members. Every new staff member participates in a general orientation program that includes information related to the fire prevention program. Critical Environment of Care information is provided prior to staff being allowed to work independently. The Educational Services Department records attendance for each new staff member who completes the general orientation program. Attendance records are maintained in the Educational Services Department.

- Each department, Educational Services Department, and manager is responsible for providing their new staff members with fire prevention orientation specific to their department, program, and site. The goal of these orientation programs is to provide new staff members with current job specific safety and hazard information.
- All staff members of the facility must participate in mandatory continuing education at least once each year, which includes information specific to the fire prevention program. This requirement may be satisfied through completion of a self-learning packet or attendance at a regularly scheduled facility-wide continuing education program. The Educational Services Department maintains records of all completed training.
- Various Departments collaborate with the Educational Services Department and individual managers, as appropriate, for developing content and supporting material for general, department, program, and site specific orientation and continuing education programs. The content and supporting materials utilized are reviewed and revised as necessary.
- The Educational Services Department reports information on orientation and continuing education data during the reporting period to the EOCC.

#### Specific Training

- The general and site specific orientation and education programs address: 1) specific roles and responsibilities of staff, physicians, and other licensed independent practitioners at the fire's point of origin, 2) specific roles and responsibilities of staff, physicians, and other licensed independent practitioners away from the fire's point of origin, 3) specific roles and responsibilities of other staff who must participate in the fire plan, 4) use and functioning of the fire alarm systems, 5) specific roles and responsibilities for building evacuation, 6) location and proper use of equipment for evacuating or transporting patients to areas of refuge, and 7) building compartmentalization procedures for containing smoke and fire.

#### INTERIM LIFE SAFETY MEASURES

The Plant Operations Manager and the Compliance Specialist are responsible for developing the policies and procedures for the use of Interim Life Safety Measures (ILSM). ILSM are developed to include written criteria for evaluation of various fire code violations and construction hazards to determine when and to what extent the required eleven (11) administrative measures are to be implemented.

#### LIFE SAFETY CODE COMPLIANCE

The Plant Operations Manager and the Compliance Specialist are responsible for compliance with the Life Safety Code and the New York State Uniform Fire Prevention and Building Code.

Building that are classified as Health Care Occupancies must have a JCAHO Statement of Conditions (SOC). The SOC will be completed by the Plant Operations Manager and Compliance Specialist and identified code deficiencies will be recorded on a SOC Form 4.

Reference(s):

Originator(s): Nurse Manager

Collaborator(s): Director, Physician Services  
Director of Finance  
Practice Manager

Distribution:

Cross-Reference(s):

Forms:

Approved By:

Cancellation:

/rae

**BLESSING PHYSICIAN SERVICES, INC.  
 QUINCY, ILLINOIS**

<b>Policy Title: Responding to emergency situations occurring within or adjacent to Blessing Corporate Services Entities</b>		
<b>Section/Function:</b>	<b>Origination Date:</b> 03/24/2009	<b>Policy Type:</b>
<b>Administrative Responsibility:</b> Clinical Services Manager	<b>Last Reviewed/Revised Date:</b>	<input type="checkbox"/> <i>Administrative</i> <input type="checkbox"/> <i>Clinical</i> <input type="checkbox"/> <i>Personnel</i> <input checked="" type="checkbox"/> <i>Blessing Physician Services</i> <input type="checkbox"/> <i>Blessing Corporate Services</i>
	<b>Effective Date:</b> 04/07/2009	

**Purpose:**

To evaluate and provide needed medical treatment to persons within or adjacent to the property of Blessing Corporate Services (BCS) entities/clinics, whether or not they are established patients.

**Definition:**

BCS entities/clinics: Hamilton/Warsaw, Palmyra, East Adams and Blessing Health Center

**Scope:**

Employees affiliated with BCS entities/clinics

**Policy & Procedure Statement:**

The staff of BCS entities/clinics will respond to emergency situations that may warrant medical evaluation and / or treatment that occur within or adjacent to BCS property. Staff will utilize protective equipment and follow universal precautions when evaluating and treating such situations.

**Procedure:**

All clinical staff employed by BCS is trained to administer Basic Life Support. Cardiopulmonary resuscitation (CPR) may be initiated by any staff that has completed the American Heart Association Healthcare Provider or Heart Saver course. Any employee of BCS may activate 911 or call the nearest Emergency Medical System (EMS) if needed.

In the event that an employee is summoned to evaluate a possible medical situation that occurs within or adjacent to BCS property the following process is to take place:

- Alert the closest clinical staff member (i.e. nurse or physician/provider)
- The clinical staff member will check the person for responsiveness by utilizing the "shake and shout" method.
- If the person is unresponsive
  - > A delegated employee will activate the EMS (Emergency Medical System)
  - > The clinical staff member will stay with the person and check for a pulse
    - > If no pulse, begin CPR
    - > If there is a pulse, assess breathing.
    - > If no breathing, begin rescue breathing
    - > If there is a pulse and breathing, position person on their side and wait

for the arrival of the EMS

- If the person is responsive
  - > The clinical staff member will ask the person if we may provide them with help.
    - > If permission is granted, the clinical staff member will evaluate the situation and offer appropriate care options.
    - > If the person refuses help, the staff member will return to the clinic and complete an occurrence report.
  
- If the situation can be treated by one of the clinic providers and the person consents to the treatment:
  - > The person will be assisted into the clinic or exam room
  - > The clinic physician/provider will examine the person and provide the appropriate treatment.
  - > The appropriate employee will gather patient demographics and insurance information
  - > The physician/provider will document the encounter in the patient's medical record.
  - > The physician/provider or nurse will notify the patient's primary care provider of the encounter.
  
- If the situation is not life threatening but requires transferring the person to the nearest Emergency Department for further evaluation and / or treatment:
  - > The clinical staff at **(Hamilton/Warsaw, Palmyra, and East Adams)** will call for an ambulance.
  - > The clinical staff at **(Blessing Health Center)** will escort the patient to the ED via wheelchair and hand off the patient to the ED triage nurse.

Reference(s):

Originator(s): Clinical Services Manager  
BCS Risk Management

Collaborator(s): Administrative Director, Physician Services  
Administrative Director or Finance  
Support Services Manager

Distribution:

Cross-Reference(s):

Forms:

Approved By:

Cancellation:

/rae

