



Ambulatory Management Clinical Operations

Joint Commission Preparation Webinar Series:
Environment of Care: 7/14/2020





Zoom Best Practices



- Join the meeting via Zoom first
 - Use of computer audio is highly encouraged
 - If using the phone to connect audio, prompt the meeting to call you
 - Use your webcam (if possible)
- Please remain muted unless invited to speak
- Please send in questions via the Chat
- **This session will be recorded and the recording distributed**



Purpose & Learning Objectives



- **Purpose:** Ensure ambulatory practices are prepared for the upcoming Joint Commission Survey by having structures and processes in place to meet accreditation standards. Participation in the webinar series will familiarize practices with the survey process.
- At the conclusion of today's activity participants will be able to:
 - Identify key safety and compliance issues likely to receive the attention of the Joint Commission's surveyor team relative to the Environment of Care
 - Use this learning to guide safety and compliance improvement prior to, during and post survey
 - Use this learning to interact confidently and competently with surveyors during their unit's survey activities

Contact hours will be available for individuals who participate in the entire session and claim credit through the on-line evaluation form.

This program meets the requirements of the Board of Registration in Nursing, at 244 CMR 5.00, for 1 contact hour of nursing continuing education.



Agenda



- **Environmental Health & Safety, HAZMAT, Fire, Utilities**
 - Robert Castaldo, MS, Director, Environmental Health & Safety
 - Brian Smith, Safety Manager, Environmental Health & Safety
 - Steve Mikula, Compliance & QA Manager, Buildings & Grounds
 - Daniel Dimeglio, Compliance Supervisor, Buildings & Grounds
- **Biomedical Engineering**
 - Patricia Volpe, CCE, Director, Biomedical Engineering
- **Police and Security**
 - Matthew Thomas, Training, Development and Communications Specialist
- **Emergency Management**
 - Robert Krupa, MS, AEM, Senior Program Manager, Emergency Preparedness, Center for Disaster Medicine
- **Q&A**



The Joint Commission's
Environment of Care Standards
Concern Management of :

1. Fire / Life Safety
2. Hazardous Materials
3. General Safety
4. Utilities
5. Biomedical Equipment
6. Security
7. Emergency Management

Robert Castaldo, MS, Director, Environmental Health & Safety
Brian Smith, Safety Manager, Environmental Health & Safety
Steve Mikula, Compliance & QA Manager, Buildings & Grounds
Daniel Dimeglio, Compliance Supervisor, Buildings & Grounds



Fire Plans

Two Types:

- Organization-Level
- Unit-specific



Assure:

- Unit's plan is current
 - Templates on EH&S website
- Staff knowledgeable (plans are an excellent self-training/refresher tool)
- Provide copy of plan to EH&S; consult EH&S whenever needed
- EH&S will provide life safety drawing (ambulatory sites) or floor plan (business occupancies) for inclusion in the unit fire plan

Organization-Level



General
Policy and Information

First Response Plan



Unit-Specific

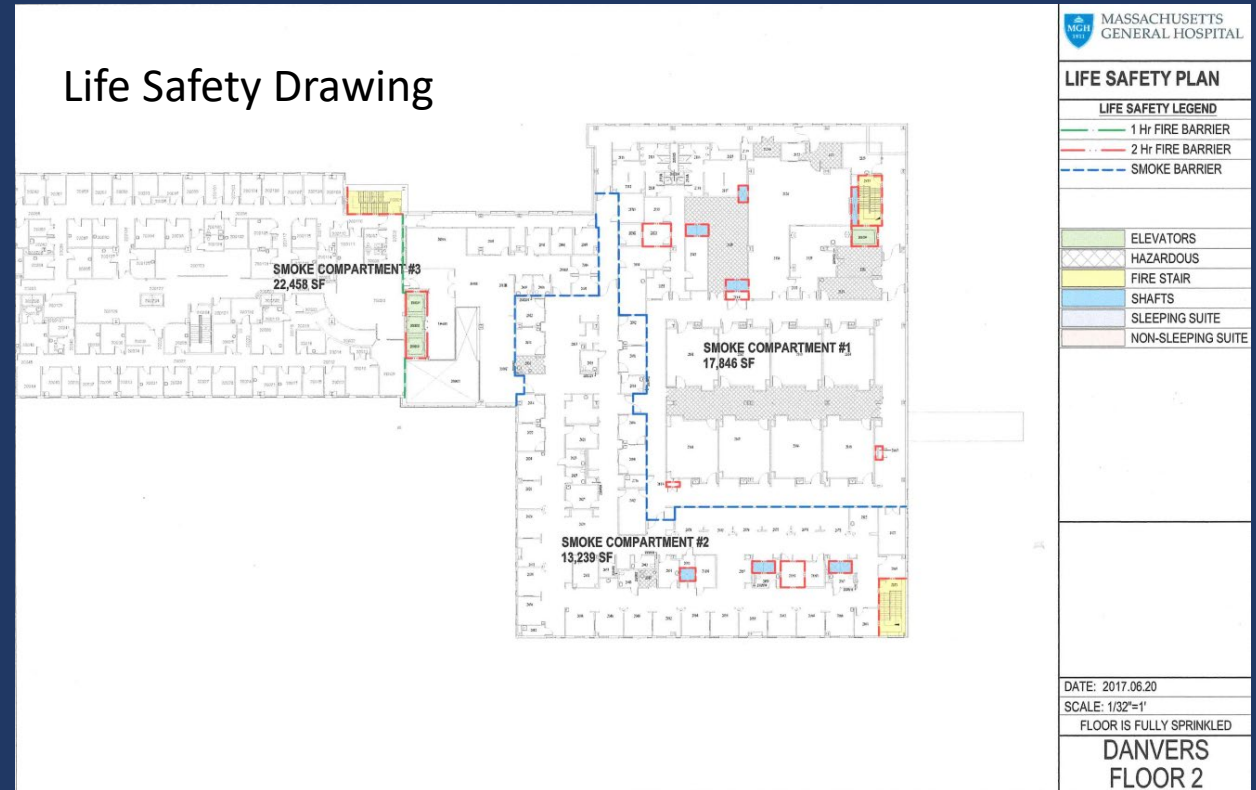


Risk Assessment

Prevention

Preparedness

Response



How will you answer these questions from a Surveyor?

What fire plan do you use?

Answer: R.A.C.E.

How would you use this extinguisher?

Answer: P.A.S.S.

What do these acronyms mean?

Rescue

Alarm

Contain Fire

Extinguish / Evacuate

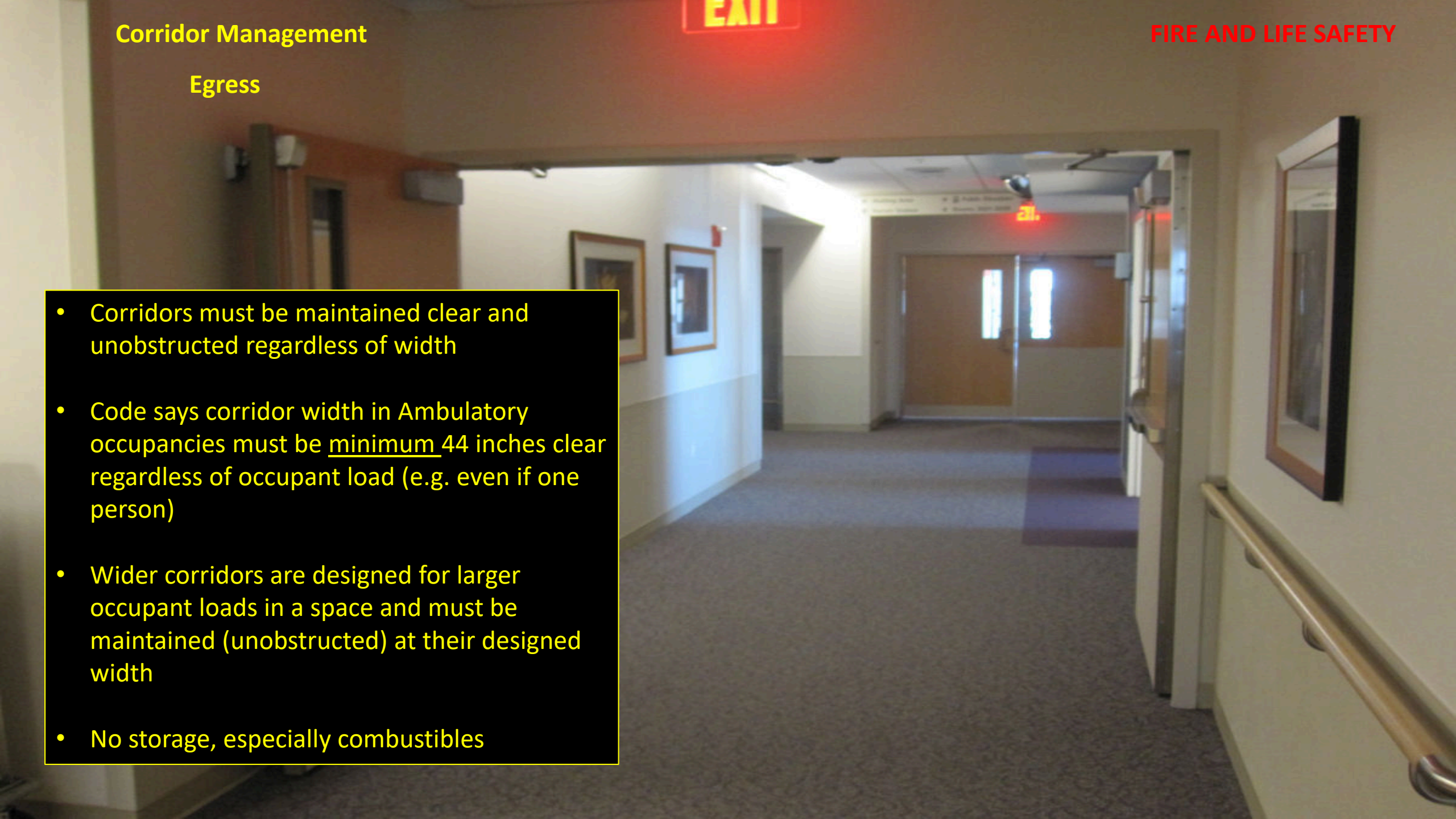


Egress

- Corridors must be maintained clear and unobstructed regardless of width
- Code says corridor width in Ambulatory occupancies must be minimum 44 inches clear regardless of occupant load (e.g. even if one person)
- Wider corridors are designed for larger occupant loads in a space and must be maintained (unobstructed) at their designed width
- No storage, especially combustibles

EXIT

EXIT



Storage

Areas where ordinary combustible materials are stored are considered hazardous areas and require special fire protection measures.

Applies to >50 ft² of ordinary combustible storage

High hazard storage, e.g. flammable chemicals or gases, have much more restrictive rules for storage



Bullet List of What Can Be Stored in Exit Stairwells (e.g.)

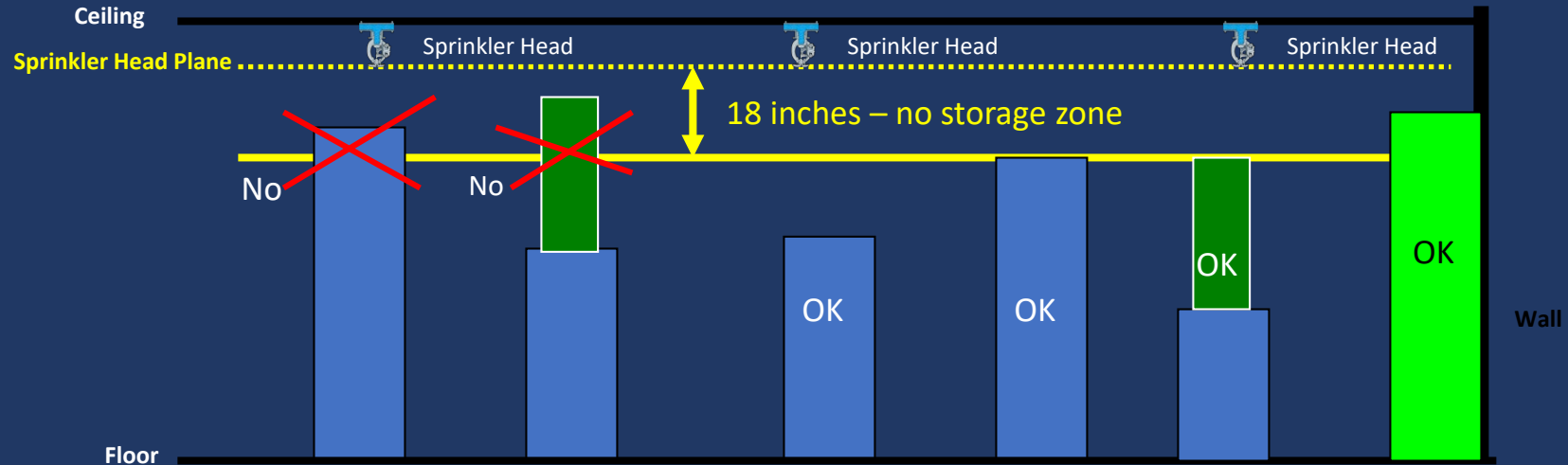
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Storage: The 18" Rule

Avoid storage that is too high.

To assure fire sprinkler system coverage is not blocked, always follow the "the 18 inch rule" for storage per the diagram. Keep all storage items at least 18 inches below the plane at the bottom of the sprinkler heads in your area.



Note that storage against a wall does not need to comply with the 18 inch rule if not directly under a sprinkler head

Escutcheon plate:



Do not block exit stairway access or any equipment, including:

- Fire extinguishers
- Fire extinguisher cabinets
- Medical Gas Zone Valves
- Medical gas alarm boxes
- Fire alarm pull stations
- Fire/smoke doors
- Exit signage
- Electrical closets and panels
- Emergency power shut-offs
- Eyewash stations
- Emergency Safety Showers



Fire Safety Training

Essential Takeaways for All Staff

Surveyor: When was the last time you had a fire drill?











Fire Drills

- These are required quarterly per shift in ambulatory areas, annually in business-outpatient occupancies
- Response to a real alarm event (with or without an actual fire/smoke incident) counts as a drill if properly **evaluated and documented** (forms on EH&S website)
- Unit keeps original copy of drill evaluation and sends copy to EH&S
- Actual evacuation is not required
- Participating at leased spaces in landlord's fire drills counts but again must be evaluated and documented
- Consult EH&S as needed

Chemical Hazard Communication

HAZARDOUS MATERIAL MANAGEMENT

- Chemical Inventories
- **Information from Product Labels**
- Safety Data Sheets (SDS) and How to Access Them
- Chemical Safety Training

| | | | |
|--|--|---|--|
| <p>FLAME</p> <p>Flammables, Self Reactives, Pyrophorics, Self-heating, Emits Flammable Gas, Organic Peroxides</p>  | <p>FLAME OVER CIRCLE</p> <p>Oxidizers</p>  | <p>EXCLAMATION MARK</p> <p>Irritant, Dermal Sensitizer, Acute Toxicity (harmful), Narcotic Effects, or Respiratory Tract Irritation</p>  | <p>EXPLODING BOMB</p> <p>Explosives, Self Reactives, or Organic Peroxides</p>  |
| <p>CORROSION</p> <p>Corrosives</p>  | <p>GAS CYLINDER</p> <p>Gases Under Pressure</p>  | <p>HEALTH HAZARD</p> <p>Carcinogen, Respiratory Sensitizer, Reproductive Toxicity, Target Organ Toxicity, Mutagenicity, or Aspiration Toxicity</p>  | <p>SKULL AND CROSSBONES</p> <p>Acute Toxicity (severe)</p>  |

Online SDS Access

Windows icon ➡ Partners Utilities ➡ MSDS Material Safety Data Sheets ➡ MSDS Source
(User Name: mgh Password: mgh)

Non-Flammable Gas Cylinder Storage

(oxygen, carbon dioxide, nitrous oxide, nitrogen etc.)

Note: Cylinders “in-use” (e.g. cylinders in active use or individual cylinders on “stand-by” in treatment rooms or on carts) are not counted here

<300 ft³ per smoke zone

(12 E cylinders or 1 H cylinder)

- No fire-protected storage area required
- Can store in open alcove on unit

≥300 ft³ but <3,000 ft³ per smoke zone

(12 – 120 E or 1 – 10 H cylinders or allowable combination)

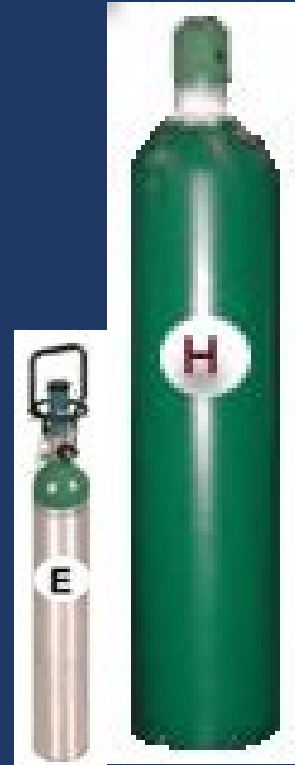
- Must be protected within a room with a securable door (e.g. utility room)
- Oxidizing gases (e.g. oxygen and nitrous oxide) >300 ft³ stored in a room must be at least 5 feet from combustibles or in a 30 minute fire rated cabinet

Quantities >3,000 ft³ require fire-protected storage and EH&S review and approval



Regardless of quantity:

- Store in visible location or securable room to protect from theft and tampering
- Do not block egress with storage in open unit (i.e. use alcoves)
- Segregate full and empty cylinders
- Store upright and secure in cart/rack

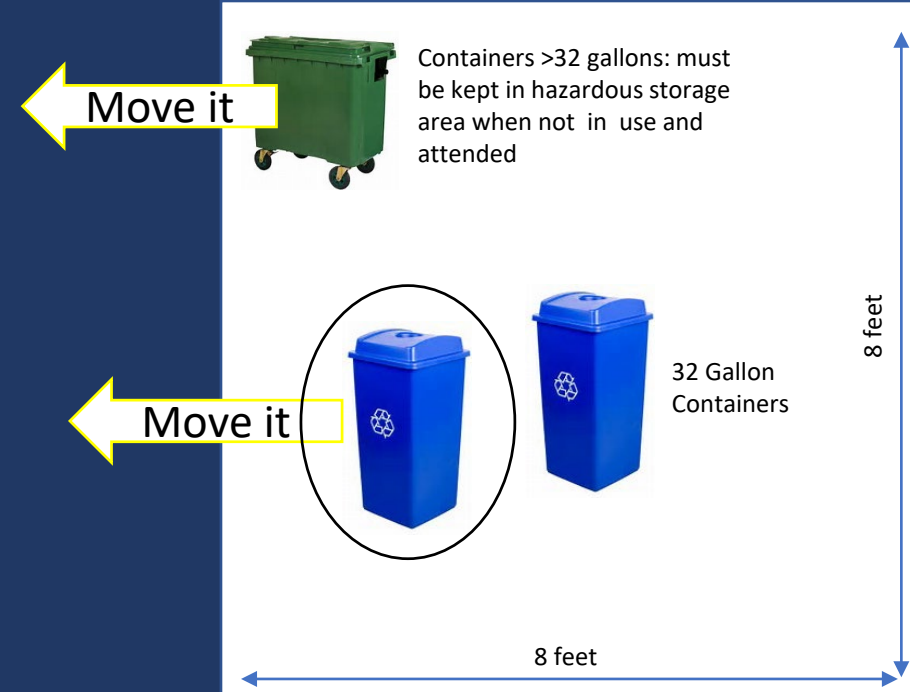


12 E cylinders are about the volume equivalent of 1H cylinder and both are approximately 300 ft³

Waste Management

- Hazardous
- Confusing: multiple waste streams that cannot be co-mingled
- Highly regulated
- Includes recycled materials
- Expensive

32 gallon combustible waste limit per 64 ft² (8'X8') – Applies to trash, recyclable plastic etc.



Environmental Health & Safety

Waste Disposal Tables

MGH WASTE DISPOSAL GUIDANCE TABLES

Household Trash Recyclables Biohazardous/Medical Chemicals Radiological Equipment & Appliances

Physically Hazardous Wastes Pharmaceutical Waste

HOUSEHOLD TRASH

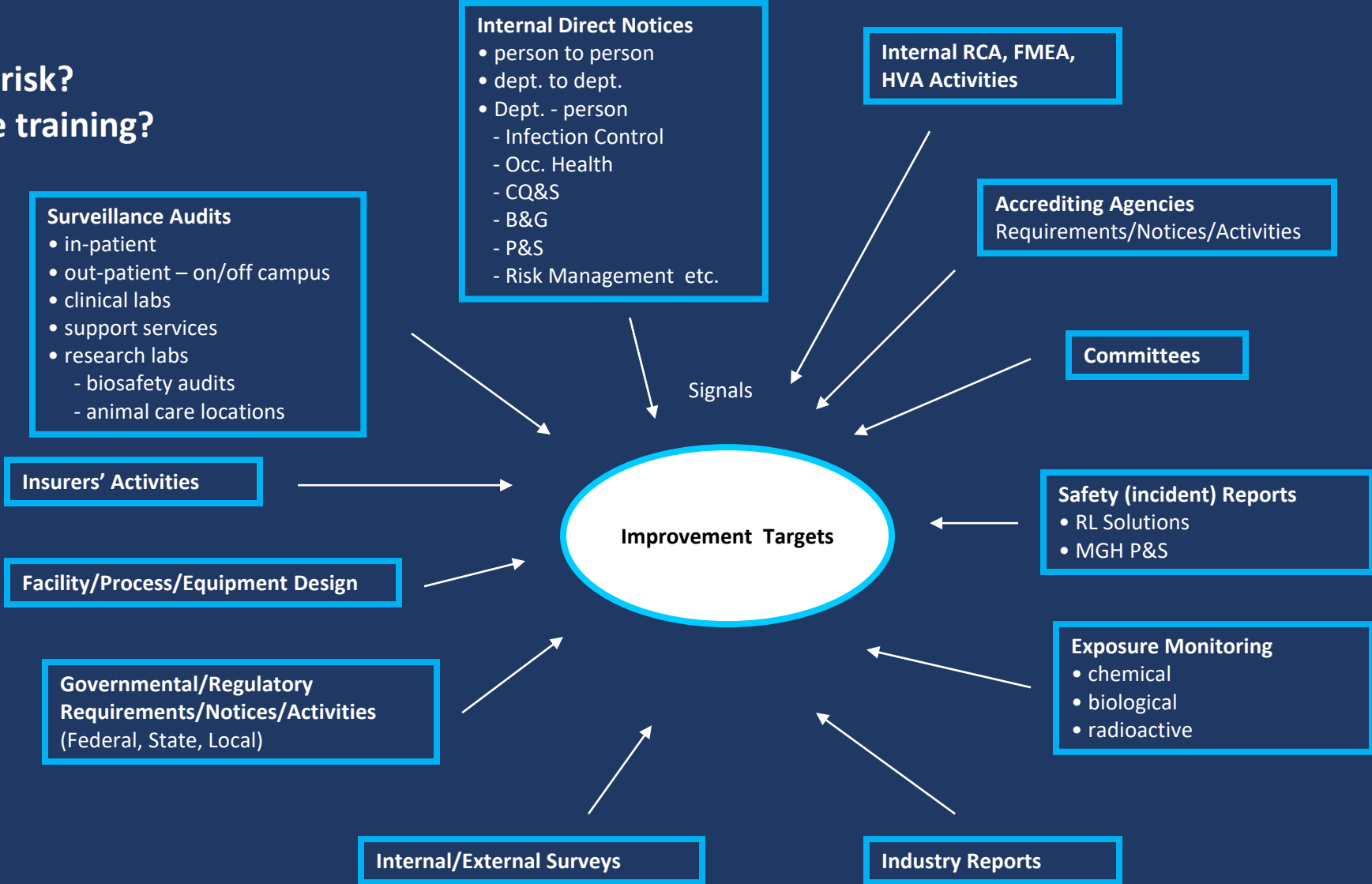
| HOUSEHOLD - TYPE TRASH | EXAMPLES | DISPOSAL | INFORMATION AND SERVICE RESOURCE |
|--|---|--|--|
| Non-hazardous, non-recyclable items; "regular trash" | Everyday, commonly encountered, non-hazardous waste items such as non-recyclable paper, plastic, packaging materials, cellophane wrappings, foodstuffs etc. | Regular waste containers. Do not use regular waste containers for hazardous and recyclable wastes. | Environmental Services Main Campus: 6-2445 DNY: 6-5490 |

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Developed by Partners Healthcare

Hazard Identification and Risk Assessment

How do you assess risk?
How do you receive training?



Safety Equipment

Eyewash Stations

Stand Alone



Faucet –Attached



Combo with Shower



Where needed

- corrosive chemicals – potential for splashes / sprays

Maintenance

- Unit flushes weekly – 3 minutes
- Keep record of weekly test**
 - **Log or Tag**
- Signage required



Drench Hose

- not an eyewash
- Supplemental device to flush face/body areas

Emergency Showers

- Stand Alone
- Combo with Eyewash

B&G Only to Test Showers



No Self-Testing of Showers Please

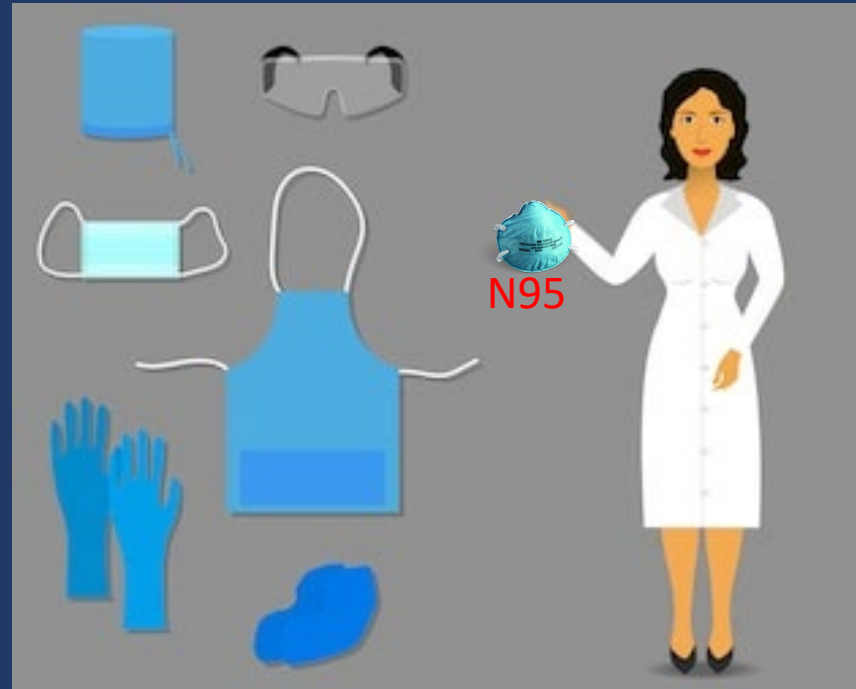
Eyewash Units Test Weekly



Personal Protective Equipment (PPE)

When assigned the use of PPE, employee responsibilities include:

- Using all assigned PPE in accordance with all applicable unit policies and procedures
- Maintaining all PPE in sanitary condition and stored properly
- Reporting defective equipment to your supervisor for repair or replacement
- Avoiding sharing PPE unless authorized and where approved, following all procedures provided

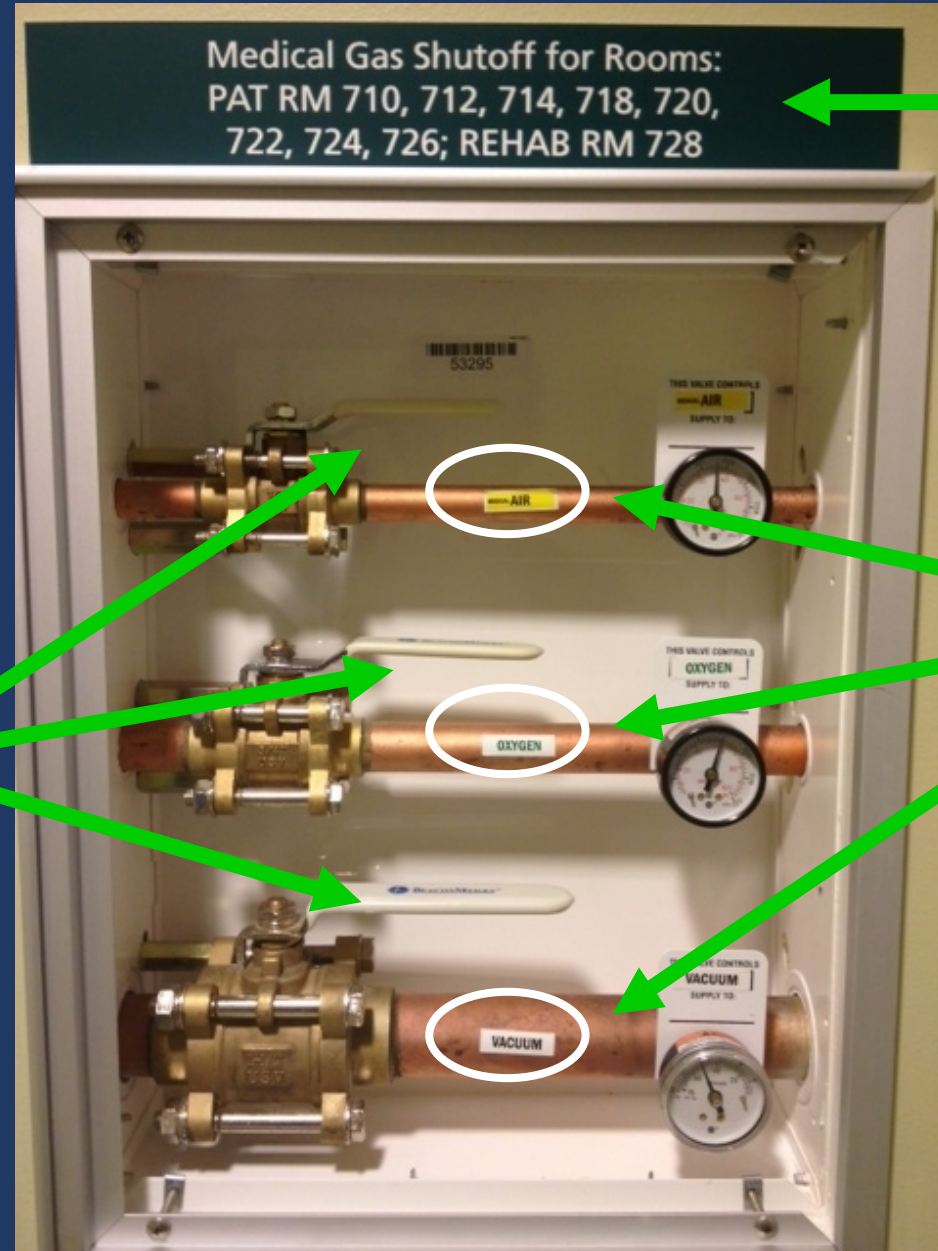


UTILITIES MANAGEMENT

| MGH UTILITIES SYSTEMS CONTACT INFORMATION | | |
|--|---------------------|--|
| SYSTEM(S) | CONTACT DEPARTMENT | NUMBER |
| Electrical, Elevators, Nurse Call, Pneumatic Tube, Plumbing, Steam, Heating, Ventilation, Air Conditioning, Water Loss or Leak | Buildings & Grounds | (617) 726-2422 |
| Medical Gases | Respiratory Care | (617) 724-4480 or Page: 24225 |
| Network Computers | IS Service Desk | (617) 726-5085 |
| Telephones (cell) | Telecommunications | (617) 726-4357 |
| Telephones (land lines) | Telecommunications | (617) 723-3332 or teledesk@partners.org |
| Security System | Police & Security | (617) 726-2121 |

UTILITIES MANAGEMENT

Medical Gas Zone Valves



Sign indicating locations controlled by these valves

To access valves, first remove plastic box cover.

To close a valve, turn the handle outward toward you until it stops

Labels showing which gas service each valve controls



Medical Equipment Management

Joint Commission Preparedness

MGH Biomedical Engineering

Patricia Volpe, CCE

Director, Biomedical Engineering



Medical Equipment Management Program (MEMP) Scope



- Patient Care Medical Equipment at all MGH licensed facilities
- All Ownership Statuses
 - Includes devices used in research – human subjects studies
- Responsible for more than 42,000 devices
 - > 3,000 different device models
 - > 24,000 devices requiring preventive maintenance
 - > 4,200 high risk devices (~1,000 life support devices)
- On average 3-4 new device models introduced per week



Activities to support compliance with Joint Commission Standards

- **All Medical Equipment must be included in the Inventory**
 - Biomedical Engineering control number/asset ID label
 - Inspection label
- **Incoming/New Equipment**
 - Must be inspected by Biomedical Engineering prior to being used with patients
 - Must be added to the medical equipment inventory
- **Scheduled Maintenance**
 - Must have 100% completion rate
 - Must follow manufacturers' recommendation or an approved Alternate Equipment Maintenance (AEM) program



Activities to support compliance with Joint Commission Standards

- **Equipment repair or upgrade**
 - Safety, operational and functional checks must be performed prior to return to clinical use
- **Medical Equipment Vendors**
 - Must dock in to Biomedical Engineering
 - Required to send all service reports to MGH Biomedical Engineering at the time of service completion
- **Instructions For Use (IFUs) and Operator Maintenance Activities**
 - Know your responsibilities as the owner/user of the medical equipment
 - Ensure required documentation is maintained
- **Know your role in achieving compliance with JC standards for Medical Equipment!**



Biomedical Engineering Labels - What You Need to Know

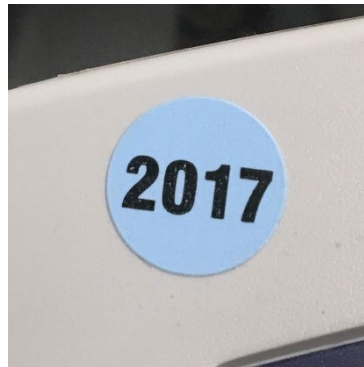
Control Number Label:

Biomedical Engineering assigned control number or asset ID number is the device identifier for reporting service requests (service calls, repairs, maintenance).



Inventory Label:

Used for inventory tracking purposes, not an indication of inspection or due date.

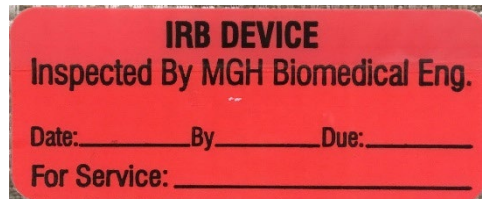




Biomedical Engineering Labels - What You Need to Know

Inspection Label:

- Informs users that the device has been approved for use with patients.
- Indicates the date the device is due for its next inspection, if required.
- Includes the phone number to call for service or maintenance.
- Comes in a variety of colors; text on the label provides the user with relevant information.





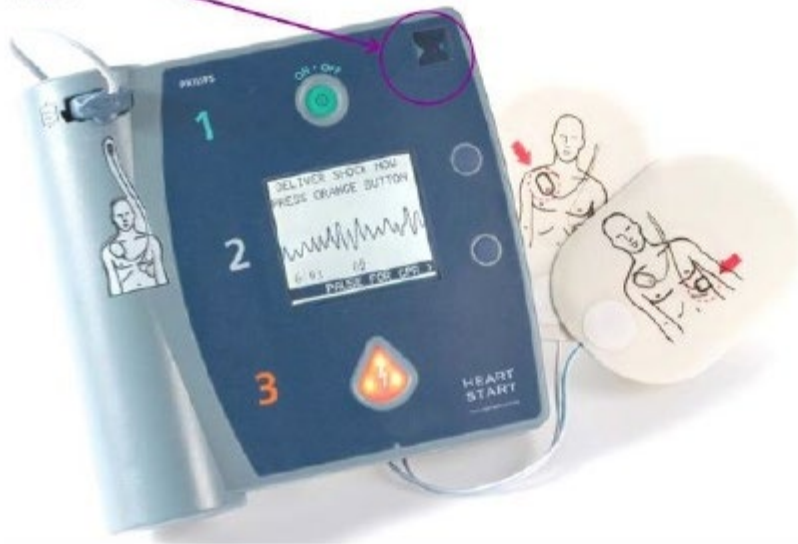
AED / Defibrillator Weekly Checks and Code Readiness



MGH AED Weekly Checks Philips FR2+ and FRx Weekly Testing Procedure

Weekly AED Self-Test Check

Status Indicator Light:
Shows the user the readiness status of the FR2+.



Hourglass Indicator:

When the hourglass indicator is present, the FR2+ has passed all self-tests and is ready for use.



Red "X" Indicator:

When the red "X" indicator is present, the FR2+ has failed at least one self-test and is not ready for use.

Call MGH Biomedical Engineering at **617-724-1333**.



Status Indicator Light
Green blinking light indicator present indicates the FRx has passed all self-tests and is ready for use

Be sure to check expiration dates on pads every week. AED pads can be ordered via PeopleSoft using the ordering information below.

| Description | Manufacturer | Vendor | PeopleSoft ID |
|--|-----------------|-----------------|---------------|
| Pad Defib Adult Multifunction (CS/10 ea) | Philips Medical | Owens & Minor | 45368 |
| Ped Defib Pediatric for FR2 AED | Philips Medical | Philips Medical | 115983 |

Please contact Biomedical Engineering with any concerns regarding your defibrillator.
Biomedical Engineering: 617-724-1333



AED / Defibrillator Weekly Checks and Code Readiness



PRACTICE ALERT

Zoll Defibrillator Code Readiness Test

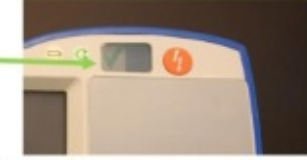
A Code Readiness test is automatically performed every night at 2am on all Zoll defibrillators at MGH

Paddles or *One Step* Pads must always be connected to ensure:

1. Better response time in an emergency
2. Device is set up for the Code Readiness test



How does staff know that the Code Readiness test was successful?
Success is designated by display of a green check mark



A failed test is designated by:



1. Display of a **red X**
2. A *failed* message on the defibrillator screen
3. A paper printout displaying the time of the test and the reason for the failure

When a red X is displayed call Biomed (x41333) to check the device

Reasons that the Code Readiness test may **fail**

1. Pads or paddles are NOT connected
2. The translucent *Propadz* are attached
3. The power cable is not plugged in
4. There may be a system problem

- * When the machine is in use, the Code Readiness test will be deferred until the next 2am test
- * **Turn device off and plug into power source when not in use**



Use of Multi-Outlet Power Strips for Patient Care Equipment

- Special Purpose Relocatable Power Strips (SPRPT)
- Must be UL 1363A Compliant
- Medical-Grade Power Strip
- Must have sufficient capacity for intended use
- Must be tagged and tested by Biomedical Engineering
- Please contact Biomedical Engineering to order new or replacement power strips

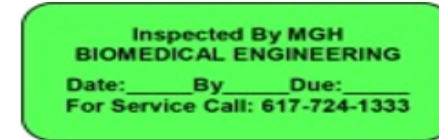




What you need to know:



1. **All medical equipment**, regardless of risk, ownership and service arrangement, is part of the MGH Medical Equipment Program
2. All equipment must have an inspection sticker that indicates when it was last inspected and when it is next due.
 - a. If you have **new equipment, or a device that is past due**, contact Biomedical Engineering at x 4-1333.
 - b. If you are unsure if your device should be included, please call to verify.



3. **Tag it!** For faster service and to improve patient safety:
 - a. Complete and attach a yellow repair tag for devices requiring service.



4. Automated External Defibrillators (AED)
 - a. Must be ready to use when needed
 - b. Ensure that checks are up to date



5. For more information about medical devices at MGH, the **Biomed website** is a just a click away
 - a. Under Partners Applications:

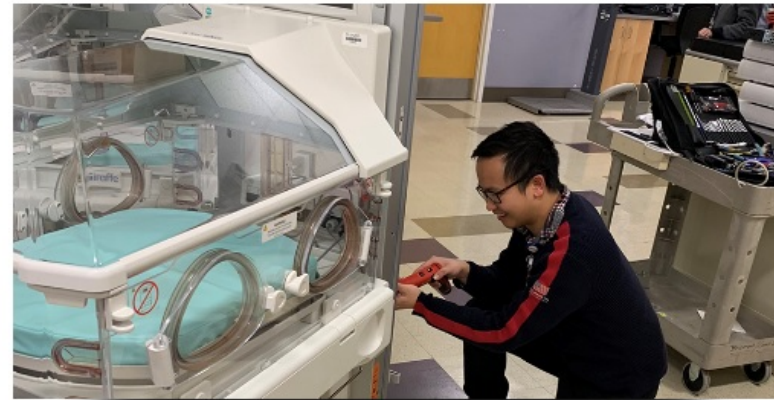




Biomedical Engineering Resources

- Medical Equipment Management Program
- Online Web Based Service Request
- Equipment Labeling
- Yellow Tag Process
- Recommended Equipment List
- Who to Call for What List

Your Patient Care Technology Connection



Patient Safety Comes First



For Clinicians

This site is intended for clinical users of medical equipment and offers information such as quick reference guides, troubleshooting tips, FAQs, operators manuals and accessory ordering information for all the major device types that we support. Select "Devices" from the top menu to see links to device pages. The home page also provides Technology News, Safety Tips, and an "Ask Biomed a Question" feature for non-urgent questions. Have a suggestion? [Let us know!](#)



For Model Shop Customers

We in Biomedical Engineering were all saddened by the news that Bob Ribeiro of the MGH Model Shop passed away on May 2nd. [Click here](#) to view a tribute to Bob's many years at MGH. To view the Model Shop section of the website, intended for researchers and clinicians in need of the services of our highly specialized facilities, see "Model Shop" in the main menu above. We provide information about our services, a project request form, and examples of projects.

DEPARTMENT NEWS



MGH Main Biomedical Engineering Office has moved.
June 29, 2020

TECHNOLOGY NEWS



Track It - MGH
March 18, 2020



Daylight Saving Reminder - Spring 2020
March 06, 2020



New Bladder Scanners
June 19, 2018

SAFETY ALERTS AND TIPS



Risk Alert: GE and Philips Fetal Transducers (Status: Active)
September 30, 2019



Final Update: GE ECG Cables and Leadwires (Status: Complete)
September 27, 2019



Baxter Sigma Spectrum Infusion Pump Risk Bulletin - UPDATE, 3/23/18
July 06, 2018

FREQUENTLY ASKED QUESTIONS



Ordering New Equipment
January 30, 2020



Zoll R Series Defib Red X displayed
October 29, 2018



Biomedical Engineering Resources

- Operators' Manuals
- Tip Sheets
- Training Material
- Accessory Order Info

GE MAC 5500/5500 HD ECG Machine



Overview

- Mac 5500 and 5500HD ECG machines are used throughout MGH inpatient areas and outpatient facilities.
- The ECG machines have the capability to transmit ECG records to the MUSE ECG archiving system via a telephone line.
- The Mac 5500 has an internal modem with the phone jack located on the right-hand side of the machine (the smaller of the two jacks).
- On the Mac 5500 ECG records can be saved to a removeable SD (secure data) card in the back of the machine.
- For service, call Biomedical Engineering at x 41333.

Useful Links

- [MGH Nursing Policy](#)
- [Manufacturer's Website](#)

Accessories



ADULT 3M Red Dot ECG Ta...



GE Color ECG Leadwires for...



PEDI/NEONATAL Baby Mac...

MAC 5500 ECG Resources



MAC 5500 ECG Resources

Thank You!

MGH Biomedical Engineering

One-Call: 617-724-1333

Email: MGHBiomedicalEngineering@partners.org

<http://biomed.massgeneral.org>

... to improve the health and well-being of the diverse communities we serve



Police, Security & Outside Services

CONTACT

TRAINING

PHOTO ID

**SECURITY
SYSTEMS**

SMOKING

Matthew Thomas, Training, Development and
Communications Specialist

Revised: 07/06/2020



**Main Campus (24/7)
617-726-2121**

**Charlestown Navy Yard (24/7)
617-726-5400**

**Charlestown Health Center
617-724-8151**

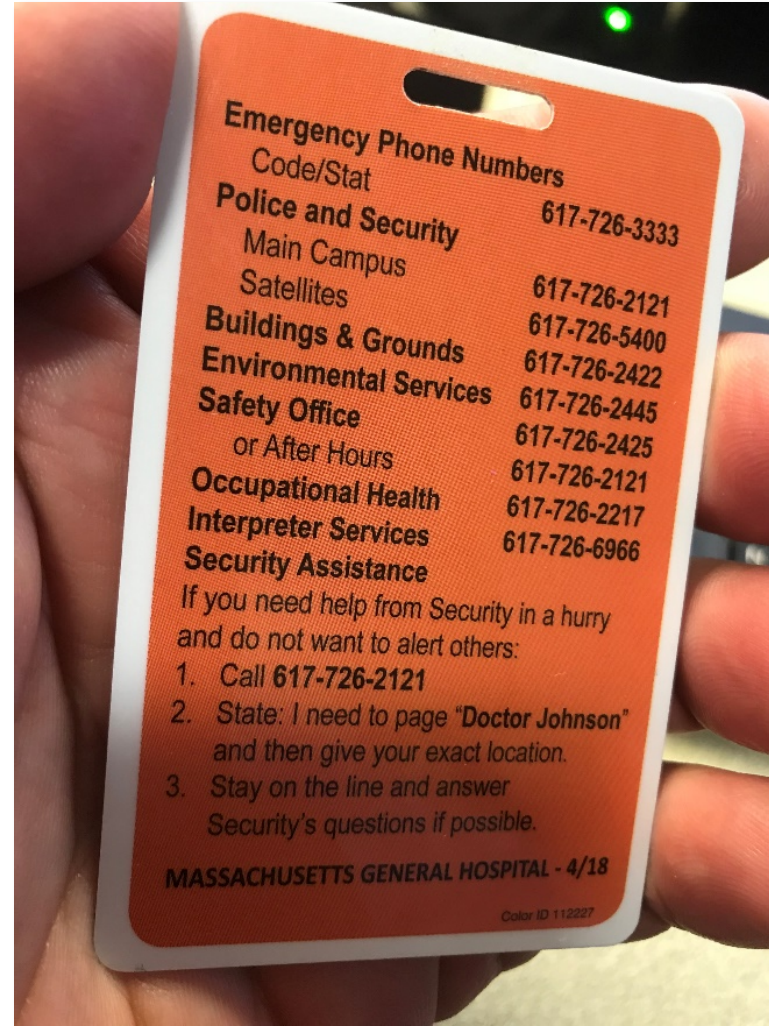
**Chelsea Health Center
617-887-4300**

**Revere Health Center
781-485-6464**

**MG/NS Danvers
978-882-6444**

**Mass General Waltham
781-487-6999**

- Panic Buttons/Alarms**
- “Doctor Johnson”**



**Timely
reporting of
incidents**

CONTACT



MOAB

(Management of Aggressive Behavior)

SAVE

(Security Awareness and Vigilance for Everyone)

Active Shooter

(Run. Hide. Fight.)

Patient Care Staff Security Training

(Hybrid Training)



- Animal Rights Activism**
- Child and Adult Internet Safety**
- Cyber Crime**
- Domestic Violence Awareness**
- Emergency Preparedness**
- First Responder/CPR**
- Healthcare Conflict and Violence**
- Identity Theft**
- Personal Safety**
- Security Awareness and Services**
- Security Technology**
- Sexual Assault Prevention**
- Suspicious Packages**
- Suspicious Persons**
- Workplace Safety**

Training programs are no cost and can be delivered in-person and/or via video production



PHOTO ID

What?

- Dual technology identification badge

Why?

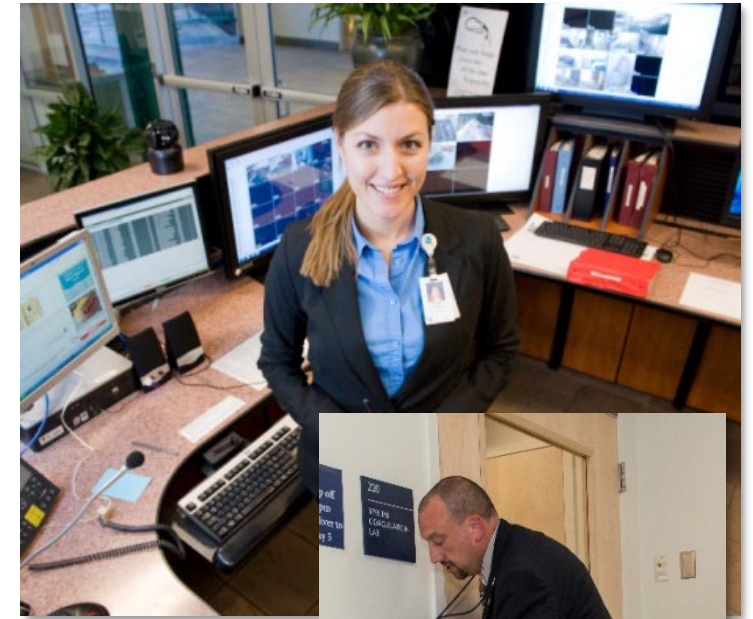
- MGH and Joint Commission requirement
- Distinguishes employees from patient and visitors
- Controls access to secured areas

When/Where?

- At all times while conducting MGH business
- In plain view, above your waist, picture facing out

Lost or Stolen?

- Replacement needed immediately
- Main Campus Photo ID: Wang 232 (M-F 730a-5p)
- CNY Photo ID: Building 149, West Lobby (M & Th 11a-1p)



ALL CONTRACTORS, VENDORS, VOLUNTEERS and STUDENTS ARE ALSO REQUIRED TO WEAR THEIR MGH ID AT ALL TIMES



State-of-the-Art Integrated Security Technology

- CCTV Cameras (interior and exterior)
- Panic Buttons/Alarms
- Card Readers/Access Control
- Special Locking Devices
- Voice/Video Intercoms
- Infant Protection





Smoking is only allowed in designated smoking areas

- ❑ North Grove Street Smoking Booth
- ❑ Blossom Street Smoking Booth
- ❑ CRP Upper Deck Smoking Booth
- ❑ CNY 199 13th Street Smoking Booth

It is everyone's responsibility to ensure that smokers are only smoking in these designated areas

If you observe someone with an oxygen tank smoking, contact Police and Security immediately

SMOKING



For more information on what you've seen here today, you may do one of the following:

Visit our websites:

- www.massgeneral.org/police
- <http://apollo.massgeneral.org/policeandsecurity/>

Contact us by calling the main security number at your location

For training inquiries:

- tdmahoney@partners.org
- mdthomas@partners.org



QUESTIONS





MASSACHUSETTS
GENERAL HOSPITAL

CENTER FOR
DISASTER MEDICINE

MGH Emergency Preparedness and Response Overview



Summer 2020

Robert Krupa, MS, AEM, Senior Program Manager, Emergency
Preparedness, Center for Disaster Medicine

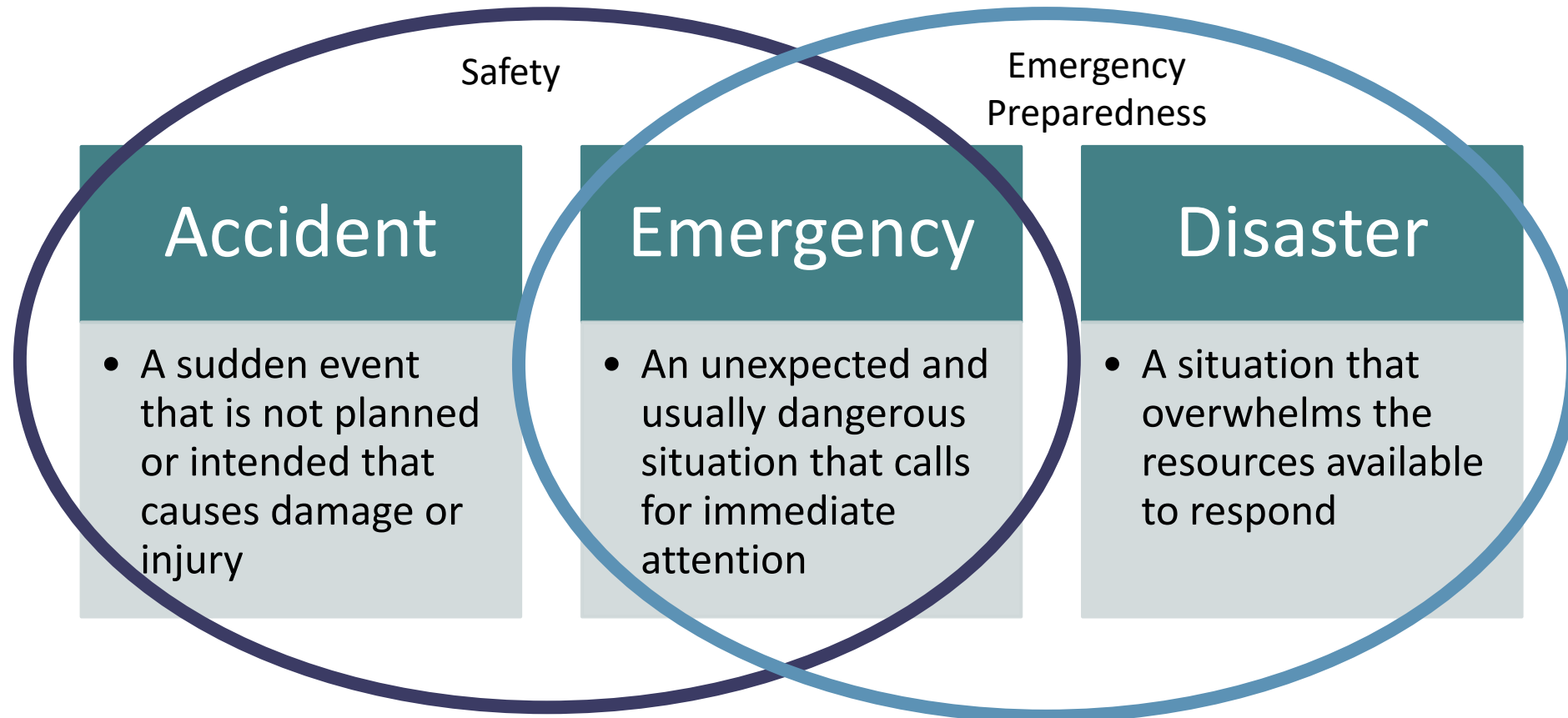


@MGHDisasterMed

Agenda

- MGH Emergency Preparedness overview
- The Hospital Incident Command System (HICS)
- Your role in emergency preparedness
- How to stay informed during emergencies

Accidents, Emergencies, and Disasters



Emergency Preparedness

- While we do not know when the next disaster will occur, we do know that our ability to maintain operations and continue to provide excellent care depends on MGH maintaining a unified, organized, well informed response.
- MGH completes an annual **Hazard Vulnerability Analysis (HVA)** to help us assess the type of events we need to plan for



Emergency Operations Plan

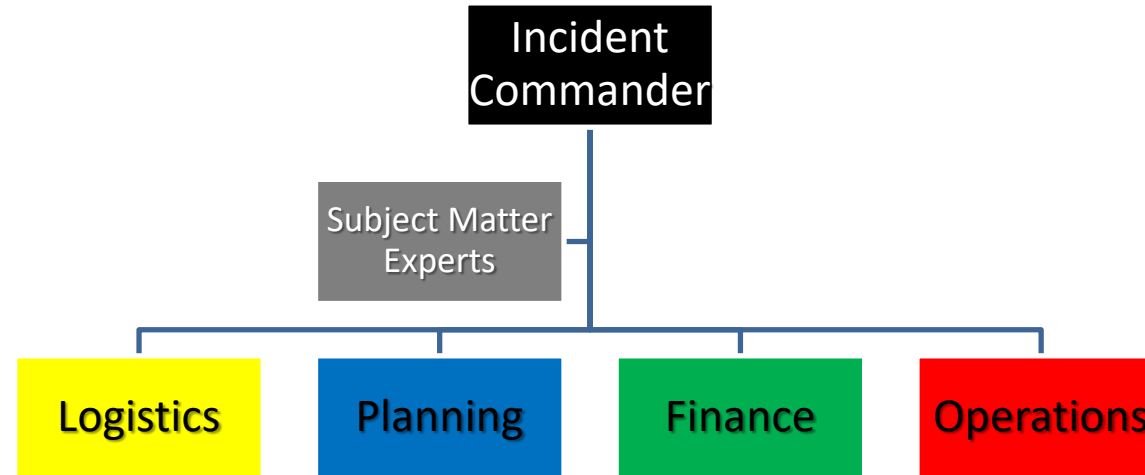
- The MGH **Emergency Operations Plan** describes steps for MGH to be able to respond to emergencies:
 - Describes conditions for activating a **CODE DISASTER** at the hospital
 - Authorizes an Incident Commander to direct/control incident operations
 - Assigns responsibilities to staff
- Includes specialty plans to respond to unique situations:
 - Infectious Disease
 - Mass Casualty Incidents
 - Hazardous Materials events
 - Hospital Evacuation
 - Severe Weather



Hospital Incident Command System (HICS)

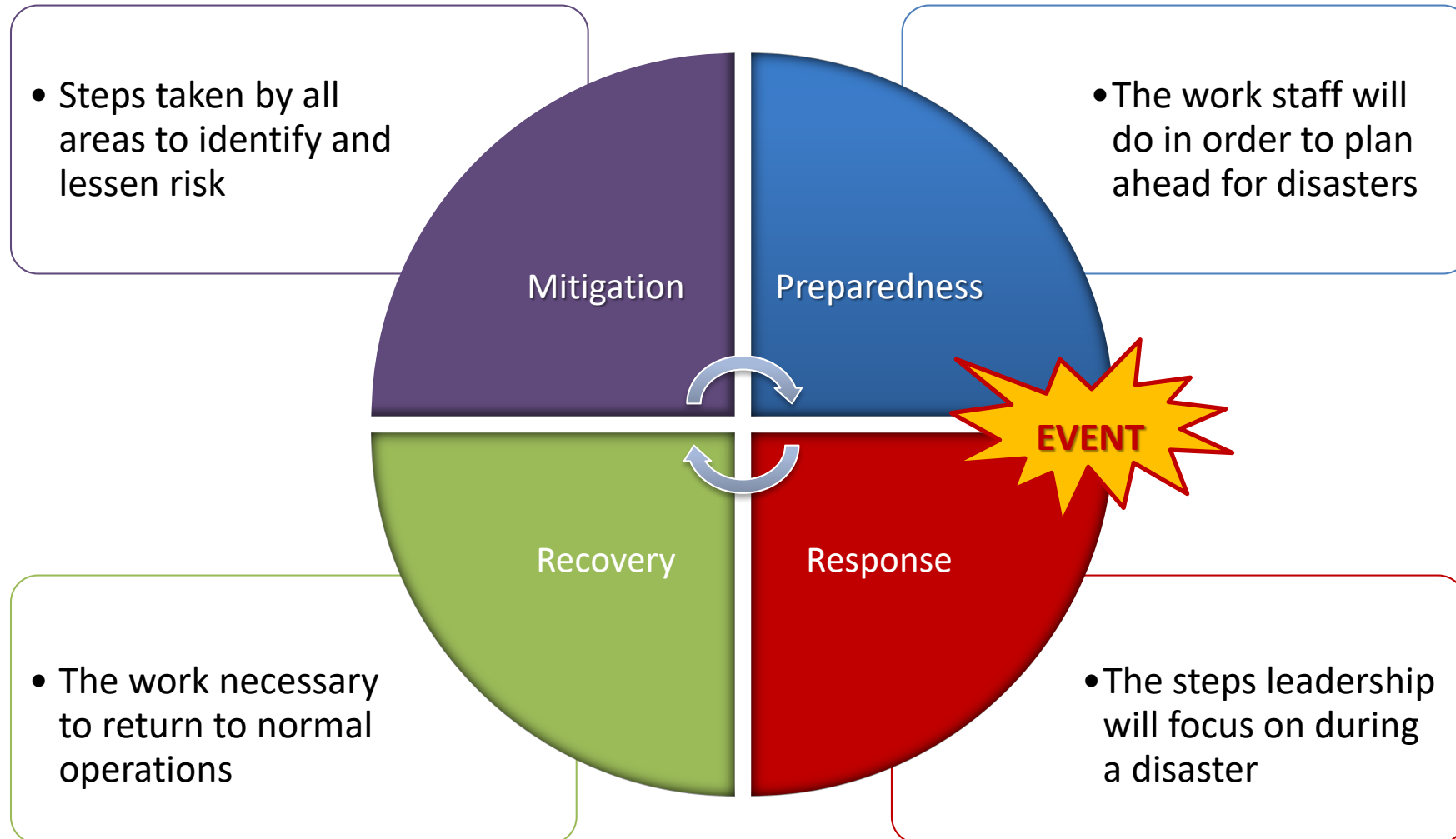
- The **Hospital Incident Command System (HICS)** is used to streamline communications and response efforts during a disaster by temporarily altering the command structure of the institution
- It is important that all employees look for communications from the HICS **Incident Commander** to ensure the MGH is able to respond to a disaster quickly and effectively

Hospital Incident Command System (HICS)



- Your supervisor will act as your liaison to address needs such as staffing, supplies, security, equipment and situational awareness in an emergency

The Department Role at MGH



Your Role At MGH

- All employees are **ESSENTIAL STAFF!** - What can you do to help?
 - If on site when a disaster occurs, immediately check in with your supervisor or manager - stay on site unless told to leave; you may be asked to assist in another area
 - Remain flexible - normal roles and responsibilities may change based upon the nature of the event. You may be assigned to a “labor pool” to assist as needed
 - Know different ways to get to work in case normal routes are unavailable
 - Have a plan in place for your family in case you need to report to the hospital. Make back up arrangements in advance for care of children, elders, and pets



Stay Informed

- When a disaster occurs, you may hear that the hospital has declared a **CODE DISASTER** - this indicates our Emergency Operations Plan (EOP) has been activated
- You may also receive both the initial alert, and updates through:
 - Broadcast MGH emails
 - The MGH Intranet <http://apollo.massgeneral.org/>
 - Calling into the MGH Severe Weather and Emergency Conditions Hotline
(866-798-8402)

Employee Alert System

**We also encourage all staff to sign up for text alerts
via the **Employee Alert System****

- Sign up to receive notifications via:
 - Text message
 - Email
 - Cell phone app
- Users create and maintain account information – your contact information stays private – even we can't see it!

Summary: Key Points

1. Understand the MGH Emergency Operations Plan and your potential role
2. All employees are essential staff – be prepared to respond
3. Stay informed using resources made available

Resources & Contact Info

- Emergency Preparedness Apollo Site
 - <http://apollo.massgeneral.org/emergencypreparedness/>

- Employee Alert System:
 - <http://pulse.massgeneralbrigham.org/eas>

- Contact:
 - **Robert Krupa** – Senior Program Manager, Emergency Preparedness, Center for Disaster Medicine
 - Phone: 617-724-7687
 - Email: rkrupa@partners.org



- Q. BioMed Question: While the offsite locations, such as the Danvers Medical Office Building, aren't subject to a JC visit, we still follow the MGH/MGB JC guidelines. Can someone help the MGH practices at offsite locations with better oversight and assessment of devices?
- A. BioMed is engaged in trying to bring all practices under the same umbrella as MGH. Please contact Tricia Volpe or email MGHBiomedicalEngineering@partners.org.
- Q. BioMed Question: Are devices that are managed via contract with outside company also required to have a sticker placed on them?
- A. Yes. If you have equipment that only has a vendor sticker on it, it will also need a BioMed asset ID label.



2020 Joint Commission Preparation Webinar Series



| Date/Time | | Topic |
|-----------------------------|--------------------------------|---|
| July 7 th | 12:00-1:00pm | Joint Commission 101 |
| July 14 th | 12:00-1:00pm | Environment of Care, BioMed, Police & Security and Emergency Management |
| July 23rd | 12:00-1:00pm (Thursday) | Human Resources |
| July 28 th | 12:00-1:00pm | Safeguard High Risk Patients Falls, Suicide |
| August 4 th | 12:00-1:00pm | Infection Control |
| August 11 th | 12:00-1:00pm | Provider Oriented Overview of Key Standards |
| August 18 th | 12:00-1:00pm | Lab and Point of Care Testing (POCT) |
| September 1 st | 12:00-1:00pm | Pharmacy |



Contact Hours



- We will be offering CEUs for participation. Each session will be equivalent to one contact hour. To receive credit, you must complete all steps below:
- After participating in the Webinar, complete the evaluation* using this Link:
 - <https://www.surveygizmo.com/s3/5724676/JC-Prep-Webinar-2-Environment-of-Care>

*Only individuals who fully attend and complete the evaluation will be eligible to claim the Contact Hours.

This program meets the requirements of the Board of Registration in Nursing, at 244 CMR 5.00, for 1 contact hour of nursing continuing education.