



Partners in Comprehensive Care



EMERGENCY ACTION PLAN (EAP)

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OVERVIEW

Epic Care’s Emergency Action Plan (EAP) was established to facilitate and organize employer and employee actions during workplace emergencies. This EAP applies to all Epic Care sites and employees regardless of job classification and is designed to assist in the coordination of emergency standards, as defined by OSHA.

The Emergency Action Plan is designed to address hazards and natural disasters, provide assistance or conduct operations in the event of actual or potential emergencies or disasters that could adversely affect Epic Care’s operations. It establishes policies, procedures, and organizational structure for response to emergencies or disasters. This plan describes the duties, roles and responsibilities assigned to certain individuals in a disaster or emergency, and outlines the roles of external emergency management individuals, vendors and agencies in the event of a disaster.

Since an emergency may occur with little or no warning, these procedures are designed to be flexible in order to accommodate contingencies of various types and magnitudes. Activation of the plan will reduce the vulnerability of people and property to disaster, and establish a means to respond effectively to actual disasters or threats of disaster.

The Epic Care Emergency Action Plan Safety Committee will be formed by the following:

RESPONSIBILITY

INTERNAL COMMUNICATION		
Program Administrator	Name:	Lily Candelario
	Title:	Quality & Compliance Manager
	Email:	Lily.Candelario@epic-care.com
Administrator on Call	Name:	Denise Hayes
	Title:	Chief Operating Officer (COO)
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John Ganey, MD	Name:	John Ganey
	Title:	Chief Medical Officer (CMO)
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Safety Committee Leader Compliance	Name:	Nicole Hegazy
	Title:	Safety & Compliance Specialist
	Email:	Nicole.Hegazy@epic-care.com
Site Safety Officer	Name:	
	Title:	
	Email:	
Site Manager	Name:	
	Title:	
	Email:	
EXTERNAL COMMUNICATION		
Andrew Balistreri, Facilities Manager	Internet Vendor:	Comcast
	Electric:	PG&E
	Telephone Provider:	ATS
	Gas (if applicable):	N/A
	Water:	EBMUD

Jessica Garcia, Director of Marketing & Communications	Holds an initial briefing of event and status.
Ayo Oliver, Director of Human Resources Vanessa Crawford, Human Resources Manager	Available as consultants for HR/Labor Law matters in the event of an emergency/disaster.

The Program Administrator and Safety Officer have the authority and responsibility for implementing the provisions of this program for Epic Care.

All supervisors are responsible for implementing and maintaining the EAP in their work areas, and for answering employee questions about the EAP. Each site location will have a copy of this EAP available for review.

EVACUATION ROUTES

Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:

1. Emergency exits
2. Primary and secondary evacuation routes
3. Locations of fire extinguishers
4. Fire alarm pull stations' location
5. Emergency Assembly Area (EAA)

All site personnel should know at least two evacuation routes.

EMERGENCY REPORTING & EVACUATION PROCEDURES

Types of emergencies to be reported by site personnel include:

- I. MEDICAL
- II. FIRE
- III. BOMB THREAT
- IV. EXPLOSION
- V. CHEMICAL SPILL
- VI. EXTENDED POWER LOSS
- VII. EARTHQUAKE
- VIII. WORKPLACE VIOLENCE
- IX. DEMONSTRATIONS & CIVIL DISTURBANCES
- X. CRIMINAL OR VIOLENT BEHAVIOR
- XI. OTHER EMERGENCIES

EMERGENCY PROCEDURES

I. MEDICAL EMERGENCY

Call medical emergency phone number (paramedics, ambulance, fire department, etc.).

Provide the following information:

1. Nature of medical emergency;

2. Location of the emergency (address, building, room number); and
3. Your name and phone number from which you are calling.

Do not move the victim unless absolutely necessary. Ask for help by calling personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the first responders.

If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:

1. Stop the bleeding with firm pressure on the wounds (avoid contact with blood or other bodily fluids or wear personal protective equipment).
2. Clear the air passages using the Heimlich maneuver in case of choking.
3. In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.

1. Medical & Rescue Duties for Employees

No employees have been identified to need any special assistance during an emergency, consequently no employees have been assigned medical or rescue duties specific to emergency situations. However Epic Care employees that perform direct patient care are CPR and/or BLS certified, therefore qualified to perform first aid as needed.

2. Emergency First Aid Procedures

First aid is medical attention that is typically administered immediately after an injury or illness occurs. It usually consists of one-time, short-term treatment, such as cleaning minor cuts, treating minor burns, applying bandages, and using non-prescription medicine.

Each Epic Care site will have a designated First Aid Responder. This shall reflect in the daily or weekly schedule as approved by a supervisor. It is the job of a first aid responder to assist in stabilizing an injured or ill person until professional medical help arrives. The First Aid Responders must be BLS/CPR certified.

3. First Aid Kits

Each site shall have a First Aid Kit containing the following:

1. Adhesive Bandages
2. Knuckle Bandages
3. Butterfly Closure
4. Tape Roll
5. Triangular Bandage
6. Eye Pad
7. Eye Wash Fluid
8. Trauma Pad
9. Gauze Pad
10. Gauze Roll
11. Examination Gloves
12. Instant Cold Pack
13. Tweezers
14. Burn Cream
15. Alcohol Pads

16. Antiseptic Towelettes
17. First Aid Booklet Guide
18. Finger Splints/Tongue Depressors
19. Cotton Tip Applicators
20. Poly Material Case
21. Filtration Mask

4. First Aid Goals

1. Keep the victim alive.
2. Prevent the victim's condition from worsening.
3. Give first aid until help arrives.
4. Ensure that the victim receives needed medical care.

5. First Aid Procedures

1. Before administering care to an ill or injured person, take in the whole scene as well as the condition of the person before responding. Answer the following questions:
 - Is the scene safe to enter?
 - What happened?
 - How many people are involved?
 - What is my initial impression about the nature of the person's illness or injury?
 - Does the person have any life-threatening conditions, such as severe, life-threatening bleeding?
 - Is anyone else available to help?
2. If the person is awake and responsive and there is no severe, life-threatening bleeding:
 - Obtain consent: Tell the person your name, describe the type and level of training, state what you think is wrong and what you plan to do, and ask permission to provide care.
 - Tell a bystander to get the AED and first aid kit: point to a bystander and speak out loud.
 - Use appropriate PPE.
 - Interview the person: Use questions to gather more information about signs and symptoms, allergies, medications, pertinent medical history, last food or drink and events leading up to the incident.
 - Conduct a head-to-toe check: Check head and neck, shoulders, chest and abdomen, hips, legs and feet, arms and hands for signs of injury.
 - Provide care consistent with knowledge and training according to the conditions you find.
3. If the person appears unresponsive, shout to get the person's attention, using the person's name if it is known. If there is no response, tap the person's shoulder (if the person is an adult or child) or the bottom of the person's foot (if the person is an infant) and shout again, while checking for normal breathing. Check for responsiveness and breathing for no more than 5-10 seconds.
4. If the person is breathing:

- Send someone to call 911 (or other designated emergency number) and obtain an AED and first aid kit.
- Proceed with gathering information from bystanders.
- Conduct a head-to-toe check.
- Roll the person onto his or her side into a recovery position if there are no obvious signs of injury.

5. If the person is NOT breathing:

- Send someone to call 911 (or other designated emergency number) and obtain an AED and first aid kit.
- Ensure that the person is face-up on a firm, flat surface such as the floor or ground.
- Begin CPR (starting with compressions) or use an AED if one is immediately available, if you are trained in giving CPR and using an AED.
- Continue administering CPR until the person exhibits signs of life, such as breathing, an AED becomes available, or EMS or trained medical responders arrive on scene.

Note: End CPR if the scene becomes unsafe or you cannot continue due to exhaustion.

II. FIRE PROCEDURES

Building occupants are required by law to evacuate the building when the fire alarm sounds. If there is a fire in your work area:

1. Pull the emergency pull station handle to activate the alarms.
2. Call 911 from a safe distance; providing details of the situation.
3. If the fire alarm is not available, notify the site personnel about the fire emergency via voice communication and phone paging.
4. Fight the fire ONLY if:
 - the Fire Department has been notified
 - the fire is small and is not spreading to other areas
 - the fire extinguisher is in working condition and personnel are trained to use it
5. Evacuate the building using the designated escape routes and encourage others around you to do the same. Use the stairs; do not use the elevator.
6. Proceed to your Emergency Assembly Area (EAA), and report for roll call. All employees must be accounted for.
7. Do not leave your EAA without permission from the person taking roll call.
8. Wait for any instructions from emergency personnel.
9. Under no circumstances should you re-enter the building or work area until it is deemed safe to do so.

1. Fire Hazards & Prevention Procedures

To prevent fires from occurring, all Epic Care facilities and locations maintain a general housekeeping policy to prevent common fire hazards. Epic Care's standard for fire prevention includes:

1. Appropriately storing any flammable and combustible materials.
2. Preventing excess accumulation of flammable and combustible materials on site.
3. Smoking within the building is prohibited. Smoking is only allowed outside, 30 feet away

from combustible or flammable material, or at least 10 feet away from any exterior door or window.

4. Properly extinguish and dispose of smoking waste.
5. Avoiding accumulation of flammable and combustible materials in work areas.
6. Preventing outlets from overloading.
7. Immediately replacing frayed wires and cords.
8. Walkways, evacuation routes, emergency exits, fire-fighting equipment, first-aid stations, and electrical panels are kept clear and accessible.
9. Disposal of trash and other waste is done promptly and properly.
10. Ensuring the timely maintenance and service of fire extinguishers, fire alarms and fire sprinklers.

2. Building Alarms

This building consists of non-combustible construction materials, and is fully equipped with automatic sprinklers, emergency lighting, fire control panel, and communication system.

Audible Alarm: The actuation of any smoke detector or sprinkler flow switches will automatically sound an alarm throughout the building. Additionally, an alarm will sound and visual signals will be activated.

When sprinkler flow switches or smoke detectors activate the audible alarm, exit the building at the appropriate stairwell or exit door and wait for emergency responders. The emergency responders will inform all tenants when it is safe to return to the building. When exiting, remember to:

1. Follow evacuation procedures.
2. Safely stop your work.
3. Stay calm, do not run, and do not panic.
4. Proceed to the nearest exit. Use the stairs; do not use the elevator.
5. Proceed to your Emergency Assembly Area (EAA), and report for roll call. All employees must be accounted for.
6. Do not leave your EAA without permission from the person taking roll call.
7. Wait for any instructions from emergency personnel.
8. Only re-enter the building or work area if you have been instructed to do so by the emergency responders.

3. General Evacuation Procedures

The following procedures are to be followed immediately whenever the emergency alarm sounds, or whenever you have been instructed to evacuate the building.

1. WALK directly to the exit designated for the area you are in at the time evacuation instructions are given.
2. DO NOT collect personal belongings before exiting. You will be advised when it is safe to return to the building to collect your belongings.
3. WALK – DO NOT RUN. Do not use the elevator – if applicable – unless otherwise directed to do so by the fire department.
4. Proceed down the stairway as quickly as possible, but in an orderly manner. DO NOT PUSH OR SHOVE past others on the stairway.
5. People in wheelchairs or using crutches should be escorted to the nearest stairwell to wait

for emergency response personnel. Wheelchairs or crutches should NOT be taken into the stairwell. Never leave a person alone.

6. Comply with fire department instructions completely.
7. Proceed to your Emergency Assembly Area (EAA), and report for roll call. All employees must be accounted for.
8. Do not leave your EAA without permission from the person taking roll call.
9. Wait for any instructions from emergency personnel.
10. Under no circumstances should you re-enter the building or work area until it is deemed safe to do so.
11. If relocation is necessary, stay in the vicinity designated by the fire department.

III. BOMB THREAT PROCEDURES

A suspicious looking box, package, object, or container in or near your work may be a bomb or explosive material. Do not handle or touch the object.

1. Evacuate the building and call 911.
2. Use the stairs; do not use the elevator – if applicable.
3. Proceed to your Emergency Assembly Area (EAA), and report for roll call. All employees must be accounted for.
4. Do not leave your EAA without permission from the person taking roll call.
5. Wait for any instructions from emergency personnel.
6. Avoid all window areas.
7. Do not use open flames, or any device which might cause a spark.
8. Do not operate any power switch, including the fire alarm.
9. Under no circumstances should you re-enter the building or work area until it is deemed safe to do so.

If you receive a bomb threat via telephone, follow the instructions as outlined on the Bomb Threat Checklist (**Appendix A**):

1. Stay calm and keep your voice calm.
2. Pay close attention to details and obtain as much information as possible.
3. Complete the Bomb Threat Checklist – kept near all landline phones.
4. Call 911 and provide the dispatcher with all of the information you can.
5. Follow instructions from emergency personnel.

IV. ACTIVE SHOOTER

If a person enters Epic Care premises attempting to use or actively using a firearm, immediately call 911 if safe to do so. Provide emergency responders with as much information as possible. For example: “we have an active shooter, white female, brown hair, maroon coat, gray hoodie...”.

Law enforcement officers typically respond to an active shooter within 5-6 minutes. In the meantime you may adopt any of the following techniques that have demonstrated to be safe -considering the circumstances:

1. If safe to do so without being seen by the assailant, evacuate the building.
2. Stay calm. Activate lockdown without barricading the door or trying to escape.
3. Run, don't hide. Running may seem counterintuitive, however becoming a moving target greatly increases the chances of surviving an encounter.
4. Fight back: It is possible to survive contact with an armed intruder, especially by disrupting the

physical and mental act of shooting accurately with noise, movement and other distractions. Throwing a coffee cup, a stapler or keyboard could disrupt the shooter's concentration just long enough for you to make an escape.

5. Stay alert: Realize that something bad is happening and prepare to make survival decisions. Decide which reaction to embrace or overcome: fight, flight or freeze.

V. EXPLOSION PROCEDURES

Falling aircraft, chemical accidents, or gas leaks could all be the cause of life-endangering explosions on or near the premises.

In case of explosion in the building:

1. Evacuate the building and call 911.
2. Use the stairs; do not use the elevator – if applicable.
3. Proceed to your Emergency Assembly Area (EAA), and report for roll call. All employees must be accounted for.
4. Do not leave your EAA without permission from the person taking roll call.
5. Wait for any instructions from emergency personnel.
6. Avoid all window areas.
7. Do not use any device which might cause a spark.
8. Do not operate any power switch, including the fire alarm.
9. Under no circumstances should you re-enter the building or work area until it is deemed safe to do so.

VI. CHEMICAL SPILL PROCEDURES

Epic Care compounds and administers chemotherapy at some of its sites, therefore Epic Care is a hazardous material user. All staff that handles hazardous materials (Pharmacy Techs, RNs, etc.) must be trained on the proper use and storage of hazardous materials. The training includes hazard information, proper procedures for preventing spills, and standard operating procedures if a spill should occur.

If as a user, you spill hazardous material(s):

1. If the hazardous material is chemotherapy, locate the Chemo Spill Kit and use all items located in it to clean the spill. Follow the Chemotherapy Administration Policy.
2. If the hazardous material that was spilled is non-chemo and the Chemotherapy Administration Policy is not applicable, check the Material Safety Data Sheets (MSDS) for the material and assess if you have the proper training and protective gear to clean up the spill.
3. If you are able to clean up the spill, follow proper cleanup procedures as outlined in the Chemotherapy Administration Policy, Section IX. Manage the generated waste as appropriate. Consult a supervisor if necessary.
4. If the hazardous material that was spilled is non-chemo and the Chemotherapy Administration Policy is not applicable, evacuate the area and call 911. Remember, some hazardous materials, when airborne, can spread quickly and have no detectable odor. Check the wind direction before evacuating to a safe area.
5. If you suspect or witness a release of a hazardous material to the environment (air, water, or ground) immediately alert your supervisor. Your supervisor should contact the U.S. Environmental Protection Agency (EPA).

VII. EXTENDED POWER LOSS

1. Precautionary Measures

In the event of extended power loss to a facility, certain precautionary measures should be taken depending on the geographical location and environment of the facility:

- a. Epic Care Sites that store medications have an alarm that will trigger a text message to all applicable Employees (Site Manager, Facility Manager and Chief Administrative Officer) when/if the refrigerator temperature falls outside of normal range (e.g. 35-46°F for Laboratory and Pharmacy, and 25-30°F for Family Practice Site in Clayton).
- b. Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge effecting sensitive equipment.
- c. Upon restoration of heat and power: Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.

2. Medication Transportation

In the event of a schedule Public Safety Power Shutoff (PSPS) or an abrupt power outage that is suspected or known to last over six (6) hours the following precautions must take place:

- a. The Site Manager of affected clinic and Site Manager of Sister Clinic, will initiate procedures to transport all medications to a Site known to have power, AND refrigerator capacity to store the medications.
- b. All Sites that store medications required to be kept refrigerated, have a cooler which will be utilized for the safe transportation of medications.
- c. Prior to placing medications in the cooler, a few regular ice packs must be placed in the cooler prior to placing medication inside the cooler.
- d. An inventory of Medications from Site A (experiencing outage) and Site B (sister clinic storing medications) must be kept.

VIII. EARTHQUAKE PROCEDURES

If you are indoors, stay indoors:

1. Take cover under a desk, a strong table, or sit/stand against an inside wall, covering your head and face with your arms.
2. Stay inside of the building and remain on the floor you are on.
3. Avoid windows, glass, bookcases, file cabinets, and any objects that may fall.
4. Stay away from doors leading outside.
5. DO NOT be alarmed if the fire alarm or sprinklers go off.
6. DO NOT rush outside.
7. Only exit once the shaking has stopped.
8. DO NOT collect personal belongings before exiting. You will be advised when it is safe to return to the building to collect purses, packages, etc.
9. Proceed to the nearest exit by using the stairs.
10. DO NOT use telephones. Outside lines will become overloaded and prevent necessary emergency communication. Hang phones back on the hook if any have fallen off.
11. If a fire is caused by the earthquake, follow the fire procedures.
12. Proceed to your Emergency Assembly Area (EAA), and report for roll call. All employees must be accounted for.
13. Do not leave your EAA without permission from the person taking roll call.

14. Wait for any instructions from emergency personnel.
15. Under no circumstances should you re-enter the building or work area until it is deemed safe to do so.

If you are outside, stay outside:

1. Move away from buildings, walls, power poles, utility wires, and lamp posts.
2. Watch for and protect yourself from glass, falling building fascia, electrical wires, poles, and other debris.
3. Move cautiously to an open area.
4. Once shaking has stopped, proceed to your Emergency Assembly Area (EAA), and report for roll call. All employees must be accounted for.
5. Do not leave your EAA without permission from the person taking roll call.
6. Wait for any instructions from emergency personnel.
7. Under no circumstances should you re-enter the building or work area until it is deemed safe to do so.

IX. WORKPLACE VIOLENCE

Epic Care maintains a zero tolerance policy for violence in the workplace. These behaviors may be physical in nature, or consist of harassment, bullying, or threats. Workplace violence can be caused by other Epic Care employees, patients, or strangers entering the building.

1. Employees who engage in workplace violence may face disciplinary action, up to and including termination.
2. Under no circumstances are employees or patients allowed to enter the premises (including Epic Care parking lots) with a weapon. This is including, but not limited to, firearms and knives.
3. Employees will immediately report any form of workplace violence to a supervisor.
4. At any time of day, supervisors will arrange an escort for any employee who is uncomfortable walking out to their vehicle alone.
5. If an employee is confronted with a hostile situation, he/she will:
 - Maintain behavior that diffuses anger.
 - Present a calm and caring attitude.
 - Avoid matching any threats.
 - Avoid being officious or giving orders.
 - Practice active listening.
 - Acknowledge feelings.
 - Attempt to come to a resolution.
 - Avoid behavior that may be interpreted as aggressive.
 - Always maintain an open path for exiting.
6. Employees will not interfere in an altercation that they are not a part of; instead he/she will alert a supervisor. If a supervisor is unavailable, the employee may dial 911 for immediate help.
7. Employees are encouraged to be observant of possible warning signs that may lead to workplace violence, including:
 - Strange or erratic behavior.
 - Obvious drug abuse.
 - Apparent emotional instability.
 - Performance or attendance concerns.
 - Interpersonal and/or family issues.

- Violent or threatening behavior or language.
- Posturing.
- Suicidal tendencies.
- Carrying of weapons or firearms.

Please refer to our Workplace Violence Prevention Policy for more information.

X. DEMONSTRATION & CIVIL DISTURBANCE PROCEDURES

Most demonstrations are peaceful, and those not involved should attempt to operate business as usual. Avoid provoking or obstructing demonstrators. For a planned demonstration, Epic Care will make every effort to coordinate possible business disruptions with the police, and keep employees apprised as to all safety concerns.

Civil disturbances are a breach of the peace or public order which could result in a riot or mob action directed against a company or building. One of the chief objectives of a mob is to disrupt the daily work routine.

If a disturbance seems to threaten the employees of the building, report it immediately to the police and take the following actions:

1. Remain in your respective work areas, continuing to perform your duties until otherwise instructed.
2. Lock all doors and close all window coverings.
3. Avoid all window areas.
4. Do not argue or enter into debates with the participants.
5. Do not become a spectator. Leave or avoid the area to prevent injury or possible arrest.
6. Consult with police to coordinate necessary action for protection against the building and personnel.
7. If participants enter your work area, including lobby, or suite, remain calm and be courteous. Immediately alert the police by calling 911 and follow the dispatcher's directions.

If evacuation is required, proceed to your Emergency Assembly Area (EAA), and report for roll call. All employees must be accounted for. Do not leave your EAA without permission from the person taking roll call.

XI. CRIMINAL OR VIOLENT BEHAVIOR

Epic Care requires employees to be alert to suspicious situations or persons, and report those findings as outlined below.

If you are a victim of, or are involved in, any on-site violation of the law such as assault, robbery, theft, vandalism, overt sexual behavior, etc., do not take any unnecessary risk. Remain calm and immediately notify the police as soon as possible. Provide the dispatcher the following information:

1. The nature of the incident.
2. The location of the incident.
3. A description (including names if available) of the person(s) involved.
4. A description of the property or equipment involved -if applicable
5. Any additional information you may have.

XII. OTHER EMERGENCIES

1. Elevator Failure

If you are located in a building with an elevator and you find yourself trapped in an elevator, use the emergency telephone to call for assistance.

If the elevator does not have an emergency telephone, turn on the emergency alarm (located on the control panel) to signal for help.

Stay calm and wait for help to arrive. Do not attempt to force open the elevator doors.

2. Gas Leak

If you smell natural gas:

1. Cease all operations immediately.
2. Do not use open flames, or any device which might cause a spark.
3. Do not operate any power switch, including the fire alarm.
4. Call 911 and alert the police from a safe location.
5. Evacuate as soon as possible.

3. Ventilation Problem

If odors are detected from the ventilation system:

1. Immediately notify a supervisor.
2. If necessary, cease all operations and evacuate the building.
3. If smoke is present, activate the fire alarm system by pulling the pull station; call 911 from a safe location.
4. Remember that odors may be toxic, do not take any unnecessary risks.

4. Shelter-In-Place

There may be a time when Shelter-in-Place is required. If you are told to shelter-in-place, the following will apply:

1. Close all windows.
2. Turn off all fans, heating, and air conditioning systems.
3. Go to an above ground room with the fewest windows and doors.
4. If fumes are coming in, wet towels and jam them in the crack under the doors, tape around doors, windows, exhaust fans, and vents, and use plastic garbage bags to cover outlets and heat registers.
5. If there are patients or visitors in the building, provide for their safety by asking them to stay, and not leave.
6. Unless there is an imminent threat, ask employees, patients and visitors to call their emergency contacts to let them know where they are and that they are safe.
7. Turn on call-forwarding or alternative telephone answering systems or services.
 - If the business has voicemail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise that it is safe to leave.

8. Close and lock all windows, exterior doors, and any other openings to the outside.
9. If you are told there is danger of explosion, close the window shades, blinds, or curtains.
10. Wait to be told to evacuate.

XIII. PREVENTION TECHNIQUES

1. Active Shooter/Intruders: Instead of leaving a door unlocked for people making deliveries, install a doorbell or other alert that would let you respond promptly when a delivery arrives.
2. Phones: If you're dialing 911 from inside an Epic Care Site, you have to dial 9 first. People may forget that during an emergency, thus: put a sticker on every landline reminding people to dial 9 first if they're calling 911.
3. Drills: A building evacuation drill will be held once a quarter. The Site Manager and or/ Safety Committee Leader will work with the Site Safety Officer to conduct the drill and document it accordingly. Preparation is key.

XIV. EMERGENCY RELATED CONTACTS

DIAL "9" BEFORE CALLING AN OUTSIDE LINE

DEPARTMENT	PHONE NUMBER
Police:	9-1-1
Fire:	9-1-1
Ambulance:	9-1-1
Poison Control:	1(800) 222-1222
EPIC CARE'S WORKER'S COMPENSATION CARRIER	
Carrier Name:	MidWest Worker's Compensation
Carrier Phone Number:	1(866) 642-2567
Company Policy Number:	WCMPRO 5164859
Worker's Comp Urgent Care Clinic List Location:	FileStore → Safety & Compliance → Urgent Care Lists - By County
NON-EMERGENCY CONTACTS	
Non-Emergency Fire Department Line:	
Non-Emergency Police Line:	
Building Manager: Andrew Balistreri	(925) 642-1520

XV. EMERGENCY ASSEMBLY AREA (EAA)

Each Site shall have emergency escape procedures and emergency escape route assignments. The Emergency Assembly Area (EAA) will vary based on the building floor plan of the facility.

FACILITY / SITE	EMERGENCY ASSEMBLY AREA (EAA)
Antioch Clinic:	
Antioch Admin:	
Brentwood ENT:	
Castro Valley:	
Clayton:	
Danville – Pediatrics:	
Dublin:	
Emeryville:	

Hayward:	
Oakland FSC:	
Pleasant Hill:	
San Leandro:	
Walnut Creek - CyberKnife:	
Walnut Creek – Family:	

Note: EAA location is to be completed by each Site Manager and/or Safety Officer upon receipt of a copy of this EAP.

XVI. CRITICAL OPERATIONS PERFORMED IN THIS SITE

There are no critical operations in this building for which an employee is required to remain in the building during an emergency.

Patients will be trained on emergency procedures (e.g. to disconnect IV/stop treatment). Vulnerable patients (wheelchair or bed patients) will be assisted by the staff member caring for that patient, or whoever is available/the closest.

XVII. EMERGENCY TRANSPORTATION & INJURY

If an employee experiences a work-related injury on-site, the employee is required to immediately report the injury to a supervisor. If the injury results in a medical emergency, immediately call 911 and wait for emergency personnel and an ambulance to transport.

If it is a minor injury, general first aid can be administered on-site. Once the injury has been addressed, the Site Manager will send the employee to a listed urgent care clinic supported by Epic Care’s Worker’s Compensation Carrier.

After the injury has been managed, Epic Care’s Incident Reporting Policy and process must be followed in order to initiate the worker’s compensation claim, including any follow-up quality measures.

XVIII. EXTERNAL EMERGENCY NOTIFICATION PROCEDURES

When dialing 911 from an Epic Care phone, always dial “9” first in order to call outside of the organization.

When dialing 911 from a cellular phone, you will likely be connected with an emergency dispatcher that is *not* in the jurisdiction that you are calling from.

When calling 911 to request emergency assistance, do so from a safe location, and remember to:

1. Stay calm.
2. Be prepared to answer the following questions:
 - Where is the emergency located?
 - What is the nature of the emergency? (Fire, medical, hazardous material, etc.)
 - How did it happen?
3. Provide the dispatcher any additional information that may be useful to the emergency responders, such as number and severity of injuries, etc.
4. Do not hang up until instructed to do so by the dispatcher.

XIX. INTERNAL EMERGENCY – EMPLOYEE NOTIFICATION PROCEDURES

In the event of an emergency, employees must be immediately notified. If the event occurred outside of business hours, it is the responsibility of the Site Manager or Supervisor to contact the employee and/or emergency contact to notified them of what has happened and to inform him/her to not report to work – if relevant. If the event occurred during business hours, follow the instructions as outlined in the Activation of the Emergency Plan below, under the “Notifications” section.

If the emergency event occurs during business hours, and an employee becomes injured, the Supervisor will notify the employee/s emergency contact of the incident. Supervisors will keep a physical employee directory appended to this EAP containing the employee’s name and their preferred emergency contact for these purposes. This is an established run report provided by Infinity to all managers on a quarterly basis.

1. Employee Activity

Whether the event occurred during or after business hours, it is the Site Manager or Supervisor’s responsibility to inform all employees that are his/her supervisory responsibility of the work schedule changes (as applicable based on job description) using the guidelines shown on Appendix B.

2. Emergency Alert Messaging

In the event of an emergency impacting the entire organization, Epic Care will initiate the Emergency Alert Messaging protocol. The purpose of this alert system is to notify all staff that due to an extreme disaster and/or emergency, employees should not report to one or all of Epic Care’s locations for work. Additionally, the Emergency Alert System can be otherwise initiated in the event of other, unforeseen disasters and/or emergencies at the direction of Epic Care’s CEO/President.

Employees are added to the Emergency Alert System at the point of onboarding, and removed from the system at off-boarding.

Messages from the Emergency Alert System can only be sent from the Chief Administrative Officer, the Director of Human Resources, Director of Marketing and Communications, or other officer as designated by Epic Care’s CEO/President.

XX. EMERGENCY PREPAREDNESS SUPPLIES

Be prepared for emergencies. Every site must keep an emergency kit that is easy to carry out of the office to the Emergency Assembly area (EAA) when evacuating the building. The following supplies are recommended:

1. Clinic’s Crash Cart
2. Flashlight and extra batteries.
3. First aid kit.
4. Sanitary items such as tissue paper, bleach, plastic bags, etc.
5. Duct tape and/or barrier tape.
6. Paper, markers, pens, and pencils.

7. Whistle.
8. Battery operated, hand cranking, solar panel, or wall charged radio and extra batteries.

XXI. CPR REQUIREMENTS

CPR should only be performed by those certified to do so. All Physicians, Nurse Practitioners and Registered Nurses are required to be BLS/CPR certified.

All other staff with patient contact, including Anticoagulation Nurses, Licensed Clinical Social Workers, Patient Flow Coordinators, Lab Assistants, Lab Managers, Medical Receptionists, Imaging Technicians, Medical Assistants, Licensed Vocational Nurses, and Radiation Therapists, are preferred to be BLS/CPR certified.

Any staff member, known to be BLS/CPR certified, may perform CPR in the event of an emergency and while first responders arrive.

XXII. SECURING BUILDING CONTENTS

Experts claim that more than 90 percent of earthquake related injuries do not come from collapsing building, but from objects inside the building falling on people, or from windows shattering and causing lacerations. Additionally, falling objects lead to expensive replacement costs after the quake. For these reasons, it is important that all shelves, computers, wall hangings, equipment, etc. are physically secured when installed.

The main things to look for are:

1. Shelves or cabinets that are not bolted to the wall.
2. Heavy objects on high shelves.
3. Table or seating areas directly under plate glass windows.
4. Heavy hanging pictures, mirrors, or plants that are not properly secured to the wall.
5. Objects on wheels which are not locked in position.
6. Water heaters not strapped to the wall.
7. Heavier equipment such as copiers, printers, tools, and power equipment on unsecure surfaces.
8. Doorways that might be blocked by falling objects.

XXIII. BUILDING FLOOR PLANS

Floor plans for each site are located in Epic Care's FileStore, or by following the link below:
[\\ad01\filestore\\$\Managers\Managers Resources\Epic Care Site Floor Plans](\\ad01\filestore$\Managers\Managers Resources\Epic Care Site Floor Plans)

XXIV. ACTIVATION OF THE EMERGENCY ACTION PLAN

1. Activation

1. Initiate policy and procedure as outlined on this Plan and as applicable to the disaster type.
2. Provide Job Action Sheet to each activated position.
3. Activate the Safety Committee: Based on their responsibilities in the event of an emergency, they shall immediately proceed to carry on with such.

2. Assessment

1. The Emergency Coordinator completes an incident briefing containing basic information regarding the incident, current situation and resources allocated to the response. If the Emergency Coordinator does not complete, then the Safety Officer will.
2. The Program Coordinator completes Incident Objectives which shall describes basic incident objectives and safety considerations. These objectives are applicable to and used throughout the response.
3. The Site Safety Officer is responsible for ensuring that the health and safety of patients, visitors, and staff is the highest priority during any emergency response. The Site Safety Officer will complete an Incident Action Plan Safety Analysis.
4. The Emergency Coordinator and the Program Administrator will complete an Operational Risk Assessment to prioritize hazards, safety, and health issues, and assigns mitigating actions.
5. The Site Safety Officer completes a Facility System Status Report to determine the facility operating status.
6. When air quality is compromised, be sure to review supply levels of the N-95 respirators, HRPAs, filters, epinephrine, air scrubbers, etc. (Be aware of facility impacts such as exhaustive cleaning, water mitigation, pharmaceutical and nutritional supply damage, etc.)

3. Response Plan

1. On Site Verification: When safe and necessary to do, authorized Epic Care Staff will personally transport him or herself to the affected Site to inspect the following:
 - a. Confirm if there is indeed a power or internet outage,
 - b. Assess the magnitude of the damage caused by a particular disaster

The following Epic Care Sites have a lock box containing a key to the building so it can be accessed after hours.

EPIC SITE	ADDRESS	LOCK BOX LOCATION
Emeryville	1480 64th St.	Top of stairs for roof access
Dublin	6380 Clark Avenue	Electrical room door on back side
San Leandro Imaging	15035 East 14th Street	Back door on the street side has keypad
CyberKnife - WC	3003 Oak Road	To the left of the front door
EPIC SITE	ADDRESS	LOCK BOX LOCATION
Antioch Clinic	4721 Dallas Ranch Rd.	By glass door on side of building
Administration	2345 Country Hills Dr.	By electrical room door on east side
Castro Valley	20400 Lake Chabot Rd	Right side of building on fence. This is temporary until permanent box to be mounted
Pleasant Hill	400 Taylor Blvd	Next to the door in the back of the building

2. Command center: A command center (often called a war room) is any place that is used to provide centralized command for some purpose. Is a source of leadership and guidance to ensure that service and order is maintained. Its tasks are achieved by monitoring the environment and reacting to events, from the relatively harmless to a major crisis.

In the event of an emergency, the Safety Committee will meet in the following command center. The command centers listed below are in order, meaning that, if the command center is located in an area where the/an emergency occurred, the second option will be the designated command center:

- a. "Pleasant Hill": 400 Taylor Blvd. Pleasant Hill, CA 94523 Suite 302
- b. "Admin" 2345 Country Hills, Antioch, CA 94509. Large Conference Room

Depending on the event, the Safety Committee members are expected to attend in person. If electrical, phones and internet are available, a LifeSize teleconference will be an option. You would be able to join via LifeSize by using the following:

- 1. Join the meeting: <https://call.lifesizecloud.com/452925>
 - 2. From Mobile (audio only): United States: +1 (312) 584-2401, 452925#
 - 3. Call in by Phone (audio only): United States: +1 (312) 584-2401. Meeting extension: 452925#
 - 4. Additional numbers: <https://call.lifesize.com/pstn/numbers>
 - 5. Calling from a Lifesize conference room system? Just dial 452925 with the keypad.
 - 6. Other ways to call: <https://call.lifesize.com/otherways/452925>
3. An Incident Action Plan (IAP) is to be completed. (Refer to Appendix G). If the emergency occurred at a site level, the Safety Officer will complete the Incident Report and Action Plan with the support and guidance of the Program Administrator and the Safety Committee Leader. The Program Administrator conducts the planning meeting attended by all members of the Safety Committee to finalize the minimum components of the IAP.
4. Activate additional or relevant plans, for example:
- Airborne Transmissible Disease Program (ATD)
 - Electronic Medical Record (EMR) downtime
 - Evacuation Plan

4. Notifications

- 1. Activate redundant communication modalities as needed and appropriate:
 - Voice systems (landline, cellular, etc.)
 - Radio (amateur, walkie-talkies, etc.)
 - Email, telephone, and pager –if available
- 2. Utilize internal systems to declare Emergency Codes: paging all staff.

EPIC CARE "PAGE ALL" INSTRUCTIONS

PAGING TYPE: PAGE ALL	INSTRUCTIONS	USE TO:
Will send a page over <i>all</i> digital phones and the overhead public address system.	1 Press <i>SYSTEM PAGE, OR *11</i> . 2 Begin speaking, then hang up to end the page.	Announce emergency drills, emergency evacuations, and alert staff of danger.

- 3. Internal Notification: The Director of Marketing and Communication will notify staff, patients and visitors. This information will provide insight on what happened, what is being done, and offer reassurance.
- 4. External Communication: The Program Administrator (if an org-wide emergency) or the Safety Officer and Site Manager (if a site level emergency) will prepare a Situation Report. The Situation

Report will include relevant information to create a common operating picture. The Director of Marketing and Communication will notify external agencies as appropriate.

5. For a Site specific emergency, the Safety Officer or Site Manager will contact other area response partners as needed. For an org-wide emergency, it will be the Program Emergency Coordinator. The following may need to be contacted as well:
 - Fire Department
 - Police Department
 - EMS
 - Coroner/Medical Examiner
 - Utilities Suppliers (see Appendix E)
 - Other emergency response partners
6. If evacuation occurs, The Site Manager(s) are responsible of providing patient families with relocation information.

5. Resource Requests

1. If resource requests are necessary (utility providers, relocation of services (sister clinic), etc.) a directory listing methods of contacts must be consulted (See Appendix C).
2. Resource Accounting Record: If resources need to be lent in order to be allocated to the response, whether internal or externally, the Emergency Program Coordinator will record the request, distribution, return, and condition of equipment. The request for resources needs to include:
 - If the resource is not available from internal or regular supply chain.
 - If the resource, or an acceptable alternative is unavailable from any other Epic Care Site, vendors or providers.
 - Payment/reimbursement issues must be addressed – if it is external resource.
 - Provider Resource Request is specific and descriptive and asks for:
 - Priority (immediate and significant or low and insignificant)
 - Item Description
 - Kind (size, strength, specialty, etc.)
 - Type (number of cases, concentration, etc.)
 - Quantity
 - Duration of Use
 - Delivery Information

6. Tracking (Patient/Staff/Volunteers) Resources

1. Site Manager completes a Master Disaster Victim/Patient Tracking log. The log records the triage, treatment, and disposition of victims/patients of the event seeking medical attention.
2. If under evacuation, Site Manager will complete a Master Patient Evacuation Tracking log.
3. Each Site Manager ensures completion of a Personnel Time Sheet for each position activated at their site.
4. The Procurement Department completes a Procurement Summary Report. The report summarizes and tracks procurements either by Operational Period, or entire incident duration.
5. Resource Accounting Record: The Program Administrator or Site Manager (depending on the level and extension of the emergency) records the resource request, distribution, return, and condition upon receipt and ensures return of equipment and resources.
6. For casualty and fatality tracking, the Program Administrator or Site Manager (depending on the level and extension of the emergency) will record the following:
 - Fatalities
 - Patients transferred to another Epic Care facility

- Patients transferred to receive critical care
 - Patients transferred to receive wound care
 - Patients transferred to receive Medical/Surgical care
 - Other
7. If under evacuation, Human Resources will track staff being assigned and sent to another site, as well as those being sent home until the situation is handled and operations are back to normal.
 8. Staff who become ill or injured as a result of their participation in the emergency response will be tracked by the Safety Committee Leader and cared for immediately under Epic Care's Worker's Compensation policy. Worker's compensation issues associated with illness or injury incurred as a part of the emergency response activities are tracked and addressed under Epic Care's Incident Reporting Policy.
 9. The Chief Financial Officer (CFO) tracks expenses from the beginning of the incident activation including personnel, patient care, resources, equipment repair or replacement and operations in order to identify expenses (potentially) eligible for reimbursement and other forms of assistance.

XXV. TRAINING & DOCUMENTATION

Training is an integral part of Epic Care's safety and emergency preparedness program. It is the responsibility of each Site Manager to ensure that all of the employees are trained on the Emergency Action Plan and Hazard Communication Standards for the areas that they occupy. It is the responsibility of the employee to become familiar with the Emergency Action Plan and Material Safety Data Sheets (MSDS), to know evacuation routes and assembly areas, and to attend training(s) given by their department. As a supplement to the training, the Site Safety Manager will post information in the building to ensure all occupants and guests can safely exit during an emergency.

Safety training is provided upon work assignment. Employee training is required and provided so that all employees know how to determine what chemicals they are potentially exposed to and what precautions need to be taken. All employees will receive refresher training on the contents of the Emergency Action Plan for areas they work in on a bi-annual basis.

XXVI. REFERENCES

This program was written in accordance with:

1. OSHA Standards, 29 CFR 1910.38(a)

XXVII. RELATED SAFETY POLICIES & RESOURCES

1. Incident Reporting Policy
2. Incident Reporting Form
3. Incident Reporting Workflow
4. Exposure Control Plan for Bloodborne Pathogens
5. Sharps Safety Policy
6. Injury & Illness Prevention Program (IIPP)
7. Workplace Violence Prevention Policy
8. Hazard Communication Plan

BOMB THREAT CHECKLIST

Date: _____ **Time:** _____

Time Caller Hung Up: _____ **Phone Number Where Call Received:** _____

ASK CALLER:

- Where is the bomb located? (Building, floor, room, etc.)
- When will it go off?
- What does it look like?
- What kind of bomb is it?
- What will make it explode?
- Did you place the bomb? Yes No
- Why?
- What is your name?

EXACT WORDS OF THREAT:

INFORMATION ABOUT CALLER:

- Where is the caller located?
- Estimated age:
- Is the voice familiar?

CALLER'S VOICE	BACKGROUND SOUNDS	THREAT LANGUAGE
----------------	-------------------	-----------------

- Female
- Male
- Accent
- Angry
- Calm
- Coughing
- Cracking voice
- Crying
- Deep
- Heavy breathing
- Disguised
- Excited
- Laughter
- Lisp
- Loud
- Nasal
- Ragged
- Rapid
- Raspy
- Slow
- Slurred
- Soft
- Stutter

- Animal noises
- Kitchen noises
- Street noises
- Background Conversation
- Music
- Clear
- Static
- Machinery

- Incoherent
- Message read
- Taped message
- Irrational
- Profane
- Well-spoken

OTHER INFORMATION:



XXIX. APPENDIX B - HUMAN RESOURCE'S REPORTING TIME PAY FOR EPIC CARE EMPLOYEES

“Reporting Time Pay” fits under California applicable wage order. This means that an employee who is required to work, reports to work and does not have work to do due to a number of circumstances. Here are the requirements:

1. If the employee works less than half of a “usual” or scheduled days’ work, the employee would be paid for half the day.
2. The reporting pay must not be less than two (2) hours nor more than four (4) hours.
3. The reporting pay must be paid at the employee’s regular rate of pay, which cannot be less than minimum wage.
4. If an employee is required to report to work for a SECOND time in the same workday, and is furnished less than two (2) hours of work on the second reporting, they must be paid a minimum of two (2) hours at their regular rate of pay.

Employers are not required to pay reporting time pay if the employee voluntarily leaves work early. For example: if the employee becomes sick or must tend to personal business outside of work and leaves early, then the employer is not obligated to pay.

Exceptions to reporting time requirements are when operations cannot begin or continue due to:

1. Threats to employees or property.
2. Civil authorities recommending that work not begin or continue.
3. Public utilities failing to supply electricity, water or gas.
4. A failure in public utilities or sewer system.
5. An interruption of work caused by an Act of God or other cause not within the employer’s control (such as an earthquake).

EE TYPE	SYSTEMS OUTAGE	ACT OF GOD	POWER OUTAGE	WATER OUTAGE
Exempt	PAID	PAID	PAID	PAID
Non-Exempt	PAID	UNPAID	UNPAID	UNPAID

XXX. APPENDIX C - PPE SELECTION & CERTIFICATION FORM

TASK Example: administering chemotherapy	HAZARD Example: Hazardous Drugs	PPE Example: Gloves, gown and face mask if accessing through port

ACKNOWLEDGMENT

This is to certify that I have performed an assessment of our workplace tasks and procedures, and that the hazards found are listed above along with the PPE to be used.

Name _____
Signature _____
Date _____

XXXI. APPENDIX D - SISTER CLINICS

LOCATION	PHYSICIANS CREDENTIALLED FOR LOCATION	SISTER SITE FOR LOCATION
ANTIOCH CLINIC	Nicola Ally Kenneth Chao Jane Choi Salvador Guevara Bimal Patel Prasad Pillai Meg Seaver Nikki Singh (only goes to CCRMC) Wilson Tong	PLEASANT HILL
BERKELEY (S)	Rupert Horoupian Rockson Liu	EMERYVILLE
BRENTWOOD (S)	Prasad Pillai Wilson Tong	ANTIOCH
BRENTWOOD ENT	Bassem Said	ANTIOCH
CASTRO VALLEY	Anthony Chan Suguna Chirla Bao Dao Deepak Dhawan Neha DeSouza Teresa Kim Qaiser Niaz Srikanth Reddy Sara Reinganum Uma Swamy Jane Wardzinska	SAN LEANDRO / DUBLIN
CLAYTON	Steven Kaplan Jana Tomsky	WALNUT CREEK – FAMILY MED
CONCORD (S)	Eugenia Kang Diane Kwan Irene Lo	WALNUT CREEK – SURGERY
Danville – Pediatrics	Marianne Borden Andrew Nash	WALNUT CREEK – PEDIATRICS
DUBLIN	Shoko Abe Kenneth Chao Suguna Chirla Bao Dao Shoba Kankipati Mariam Korah Vivian Le-Tran Uma Swamy Valery Uhl	PLEASANT HILL / CASTRO VALLEY
EMERYVILLE	Lisa Bailey John Ganey Natalie Marshall Ostap Melnyk Bimal Patel Srikanth Reddy Gopal Sachdeva Madhu Shetti Valery Uhl Min Yan	CASTRO VALLEY / DUBLIN / PLEASANT HILL

LOCATION	PHYSICIANS CREDENTIALLED FOR LOCATION	SISTER SITE FOR LOCATION
HAYWARD	Gregory Broderick-Villa Anthony Chan Neha DeSouza Rockson Liu Qaiser Niaz Ajay Upadhyay	SAN LEANDRO / CASTRO VALLEY
LIVERMORE (S)	Suguna Chirla	DUBLIN
OAKLAND – CHINATOWN (S)	Rupert Horoupian Steven Stanten Min Yan	EMERYVILLE
OAKLAND – SURGERY	Azure Adkins Gregory Broderick-Villa Teresa Kim Rockson Liu Ryan Nolan Steven Stanten Ajay Upadhyay	EMERYVILLE
PINOLE (S)	N/A	PLEASANT HILL
PLEASANT HILL	Nicola Ally Kenneth Chao Teera Chentanez Aye Khyne Mariam Korah Nimisha Mishra-Shukla Valery Uhl Sudhathi Chichili Jane Choi Shoba Kankipati Ernest Lo	ANTIOCH
SAN LEANDRO	Shwetha Anand Neha DeSouza Susan Eile Qaiser Niaz Srikanth Reddy Sara Reinganum	CASTRO VALLEY
SAN LEANDRO – IMAGING (S)	John Ganey	PLEASANT HILL / ANTIOCH
SAN RAMON (S)	N/A	CASTRO VALLEY
WALNUT CREEK – CYBERKNIFE	Salvador Guevara Eugenia Kang Diane Kwan Aileen Murphy Carolyn Parma Gautam Prasad	OAKLAND – SURGERY
WALNUT CREEK – FAMILY MED	Tighe O’Hanrahan	CLAYTON – FAMILY
WALNUT CREEK – PEDIATRICS	Marian Birdsall Debra Weiss-Ishai	DANVILLE – PEDIATRICS

XXXII. APPENDIX E - UTILITIES SUPPLIERS

Varies by Site, please visit the following location for more information:

[\\ad01\filestore\\$\Managers\Managers Resources\Manager Resource List\Manager Resource List.xlsx](\\ad01\filestore$\Managers\Managers Resources\Manager Resource List\Manager Resource List.xlsx)

XXXIII. APPENDIX F - CALLS FAILOVER GRID

CALLED SITE	1 ST FAILOVER	2 ND FAILOVER	3 RD FAILOVER	NOTES:
Antioch Clinic (925) 778-0679	Pleasant Hill MO (Suite 302) MO (Suite 302)	Disaster Recovery (DR) Answering Service (new perfect serve # Jennifer Hensley)		
Berkeley (S) (510) 486-0818	Emeryville (510) 629-6682	Pleasant Hill MO (Suite 302) MO (Suite 302)	Disaster Recovery (DR) Answering Service	
Brentwood MO (S) JMH (925) 634-8128	Antioch Clinic (925) 778-0679	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service	
Brentwood ENT (925) 516-4368	Antioch Clinic (925) 778-0679	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service	
Castro Valley (510) 247-9227	Pleasant Hill MO (Suite 302) MO (Suite 302)	Answering Service PH line: 855-862-8194		
Clayton (925) 672-6744	Walnut Creek CK (925) 391-2220	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service	
Concord (S) (925) 338-8511	Walnut Creek – CK (925) 391-2220	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service	
Danville - Pediatrics				OUTSIDE OF PURVIEW
Dublin (925) 875-1677	Emeryville (510) 629-6682	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service	
Emeryville (510) 629-6682	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service		
Hayward (510) 264-0300	Castro Valley (510) 247-9227	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service	
Livermore (S) (925) 371-1822	Dublin (925) 875-1677	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service	
Oakland – Chinatown (S) (510) 379-4991	Emeryville (510) 629-6682	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service	
Oakland – Surgery (510) 465-5523	Emeryville (510) 629-6682	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service	

CALLED SITE	1 ST FAILOVER	2 ND FAILOVER	3 RD FAILOVER	NOTES:
Pinole (S) (510) 275-7670	Emeryville (510) 629-6682	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service	
Pleasant Hill MO (Suite 302) MO (Suite 302) MO (suite 302) (925) 687-2570	Answering service PH line: 855-862-8194			
San Leandro (Suite 305) (510) 351-1193	Emeryville (510) 629-6682	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering service	
San Leandro (Suite 308) (510) 483-2555				
San Leandro – Imaging	Emeryville (510) 629-6682	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service	
San Ramon (S) (MO) (925) 875-1677	Dublin (925) 875-1677	Emeryville (510) 629-6682	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service
Walnut Creek – CK (925) 391-2220	Oakland – Surgery (510) 465-5523	Emeryville (510) 629-6682	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service
Walnut Creek – FAM OHAN (925) 934-5380	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service		
Walnut Creek – Pediatrics (925) 937-6000	Oakland – Surgery (510) 465-5523	Emeryville	Pleasant Hill MO (Suite 302) MO (Suite 302)	DR Answering Service
Walnut Creek – General Surgery (925) 338-8511	Oakland – Surgery (510) 465-5523	Emeryville	Pleasant Hill MO (Suite 302) MO (Suite 302)	
Walnut Creek (Plastic Surgery) (925) 344-8008	DR Answering Service			

PLAN	Define the problem
	Define the goal
	Root Cause Analysis
	Identify solutions
DO	Implement Action Plan
CHECK	Evaluate Results
	Analysis of Gaps
ADJUST/ACT	Standardize
	Monitor Results

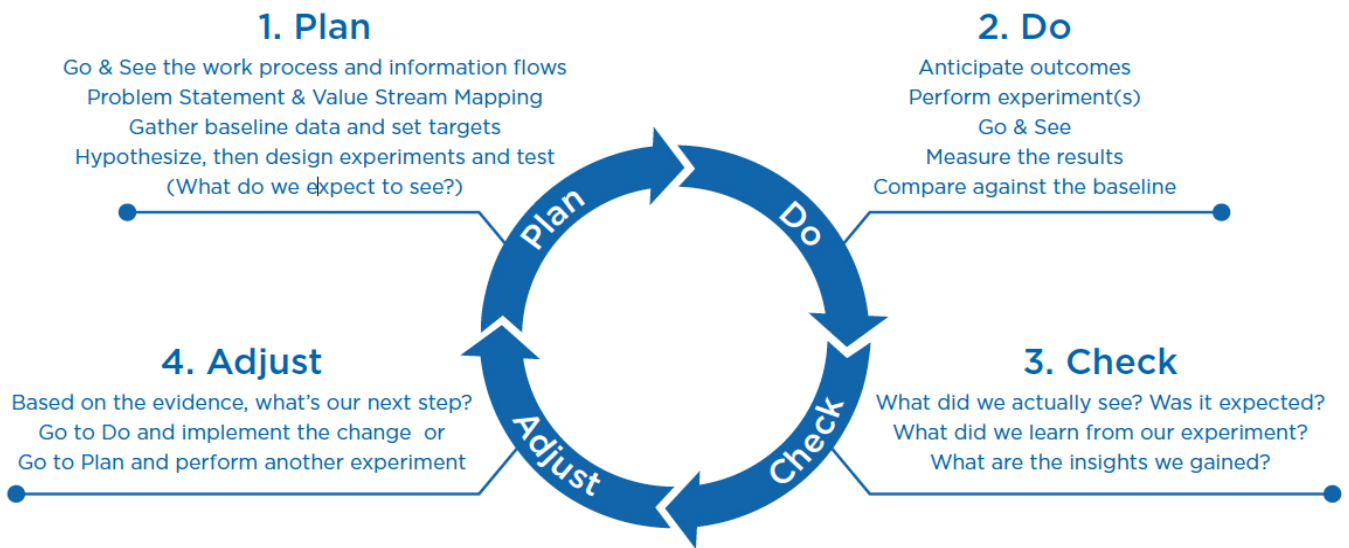


Figure 1. The Plan-Do-Check-Adjust-Cycle - Lean Problem Solving

POWER OUTAGE – ALL SERVICE LINES		
ACTION TAKEN	COMPLETION DATE	COMPLETED BY
<input type="checkbox"/> Site Managers and/or Pharmacy to coordinate Medication transportation to Sister Clinic.		
<input type="checkbox"/> Site Managers to partner with Patient Coordinator Lead and Physicians to re-schedule a/or relocate patients using the Sister Clinic & Credentialing Grid.		
<input type="checkbox"/> Supervisor to contact Staff on PTO to confirm their safety		
INTERNET OUTAGE – ALL SERVICE LINES		
ACTION TAKEN	COMPLETION DATE	COMPLETED BY
<input type="checkbox"/> Site Managers to Activate EMR Downtime Procedures		
<input type="checkbox"/> Follow Earthquake Evacuation Procedures –as applicable		
<input type="checkbox"/> Follow Fire Evacuation Procedures –as applicable		
<input type="checkbox"/> Check in with your team on PTO and on Site. Use the Emergency Contact directory if needed		
WILDFIRES/EVACUATION – ALL SERVICE LINES		
ACTION TAKEN	COMPLETION DATE	COMPLETED BY
<input type="checkbox"/> Follow Fire Evacuation Procedures as outlined in the EAP		
<input type="checkbox"/> Check in a/o contact your team – as applicable		
<input type="checkbox"/> Work with Physicians to notify/ reschedule patients as needed		
MEDICAL ONCOLOGY- SITES WITH INFUSION SERVICES		
ACTION TAKEN PRE/DURING POWER OUTAGE	COMPLETION DATE	COMPLETED BY
<input type="checkbox"/> COO/Administrator on Call to contact Service Line Director, Marketing Director, Quality Manager, Safety & Compliance Specialist and Facilities Manager.		
<input type="checkbox"/> Site Manager of affected clinic and Site Manager of Sister Clinic, to initiate medication transportation procedures (cooler & ice packs. Coolers need to have regular ice or blue packs in them prior to placing medication in the cooler).		
<input type="checkbox"/> Site Manager to contact RN Manager to provide update.		

<input type="checkbox"/> Pharmacy to contact McKesson and other vendors to reroute medication delivery if/as needed.		
<input type="checkbox"/> Site Manager to initiate downtime procedures (print schedules if possible, reschedule patients as necessary).		
ACTION TAKEN POST POWER OUTAGE	COMPLETION DATE	COMPLETED BY
<input type="checkbox"/> Confirming refrigerator is working appropriately at a temperature of 35-48 F		
<input type="checkbox"/> Confirming that medication is returned to its original site following inventory protocol		
RADIATION ONCOLOGY- SITES WITH RADIATION THERAPY SERVICES		
ACTION TAKEN PRE/DURING POWER OUTAGE	COMPLETION DATE	COMPLETED BY
<input type="checkbox"/> Reschedule Radiation Simulation and RO Treatments		
<input type="checkbox"/> Activate downtime procedures		
<input type="checkbox"/> Medical Director of Radiation Services to notify RTTs. Confirm All RTTs expected to report to work as usual.		
<input type="checkbox"/> Director of Medical Physics and RSO to notify Physics and Dosimetry team		
<input type="checkbox"/> Turn off CyberKnife: RTTs to turn off CyberKnife following Accuray instructions		
<input type="checkbox"/> For the Elekta machines that are down the Physicists will need to turn off the ion pumps (which will make it easier to restart the machines once power returns)		
ACTION TAKEN POST POWER OUTAGE	COMPLETION DATE	COMPLETED BY
<input type="checkbox"/> Allow Director of Medical Physics and RSO 24 hours post outage to make a decision regarding next steps		
<input type="checkbox"/> After power is restored, the Physicist to contact the Elekta call center (1800 number) to obtain instructions regarding how to turn on the breaker and machine. Elekta engineer will be standby and come on site if the machine does not turn on.		
<input type="checkbox"/> Turn on CyberKnife. RTTs will obtain instructions from Accuray.		
INTERNET OUTAGE & TECHNICAL DIFFICULTIES	COMPLETION DATE	COMPLETED BY
Contact Elekta at 855-693-5358		
<input type="checkbox"/> Engineering: David.wunder@elekta.com at (470) 219-0692, Ryan.nicolino@elekta.com at (404) 323-4630 and/or Juan.Gutierrez@elekta.com (408) 507-2721		
<input type="checkbox"/> Contact Ziad Osiris at (415) 810-2546 Ziad@osirismedical.net		
<input type="checkbox"/> For Cyberknife contact Accuray at 1(877)668 8667 OR Michael Shade (707) 867-6770 mschade@accuray.com		

<input type="checkbox"/>	For CT Sim, contact Ziad at (415) 810-2546, OR Ziad@osirismedical.net		
<input type="checkbox"/>	Staff to Notify Medical Director of Radiation Services and Director of Medical Physics and RSO		
<input type="checkbox"/>	Director of Radiation Services and Director of Medical Physics and RSO to notify Staff		

IMAGING – SITES WITH IMAGING SERVICES

ACTION TAKEN PRE/DURING POWER OUTAGE	COMPLETION DATE	COMPLETED BY
<input type="checkbox"/> Ensure daily shut down procedures where conducted appropriately. Do not un-plug equipment but power down appropriately (if power outage is scheduled).		
<input type="checkbox"/> Contact PG&E to obtain an estimate on duration of outage. If outage is expected to be more than 4 hours, all patients would be contacted and re-scheduled.		

LABORATORY – SITES WITH LABORATORY SERVICES

ACTION TAKEN PRE/DURING POWER OUTAGE	COMPLETION DATE	COMPLETED BY
<input type="checkbox"/> Mail samples that are expected to be at room temperature for over 30 minutes to LabCorp or Quest.		
<input type="checkbox"/> Verify Lab refrigerator temperature is within 35F-48F.		
<input type="checkbox"/> Reagents/controls in the freezer. Controls are stored in the refrigerators. They need to be refrigerated 35-48. They should not remain at room temperature for longer than 30 minutes.		
<input type="checkbox"/> Contact vendors for troubleshooting and support.		
<input type="checkbox"/> Bone Marrow and Peripheral Blood for Flow Cytometry to be send to InformDx same day the sample is stable for only 72 hours.		
<input type="checkbox"/> Contact Diagnostics Client Services (InformDx) at (855) 856-0656 for Pick-Up CBC Samples stable for up to 8 hrs after collection.		
<input type="checkbox"/> Blood Chemistry (Serum/Plasma)/Tumor Markers stable for up to 24 hours after collection –without preservation.		
ACTION TAKEN POST POWER OUTAGE	COMPLETION DATE	COMPLETED BY
<input type="checkbox"/> Initiate LabDAQ Post Down Time Protocol as outlined in SOP S.LAB.307 located in the <i>File Store > Safety & Compliance > Emergency Action Plan</i>		