Comprehensive Emergency Management Plan
(CEMP)

2023 Version

SEVEN HILLS ASC

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I. INTRODUCTION

Executive Summary

SEVEN HILLS ASC accepts the responsibility to establish a plan to ensure the prompt, effective actions necessary to protect patients, visitors and staff of the surgery center in the event of an internal and/or external disaster.

Teamwork is essential when a disaster occurs; therefore, each employee needs to be familiar with the tasks and responsibilities that will be implemented in the event of a disaster. During their initial orientation to the facility, each employee will be introduced to the plan, and subsequently required to know how to react in the event of an internal and/or external disaster. Knowledge of the plan will be part of the required annual competencies of all employees.

This plan is implemented effective May 18, 2020. The goals of the plan are to safely and efficiently care for the patients, visitors and staff of SEVEN HILLS ASC and to provide support to any individuals referred to the center from outside Emergency Management sources.

The Board of Managers is responsible for the development and ongoing implementation of the Emergency Plan and is responsible for assigning responsibility to the Administrative Director for:
1. Implementing the plan;
2. Documenting the education of staff regarding the plan including drills to carry out understanding and actionable conduct;
3. Submitting the plan to State/Local authorities as required;
4. Contacting local, tribal, regional or state emergency preparedness officials to participate in community wide planning and training efforts, if applicable; and
5. Conducting an annual evaluation of the plan and its components.

An **Internal Disaster** is a situation that occurs within the surgery center interfering with the normal operations, producing actual or potential casualties and requires emergency action from within or from outside to minimize damage. Internal disasters include fire, bomb threats, and storm damage.

An **External Disaster** is defined as any incident occurring in the geographical area surrounding the surgery center, producing actual or potential multiple casualties, and/or causing damage or danger to the center itself. External disasters include major storms, tornadoes, hurricanes, explosions, acts of terrorism, etc.

The plan shall be coordinated with the State and local authorities to the extent applicable and has written documentation of its attempts to cooperate and collaborate with community organizations, even a response is never received from the community organizations.

Coordination with a local Emergency Management Planning Committee, if applicable
The Surgery Center is not staffed or equipped to provide unplanned medical care. The Surgery Center has notified the local organization and/or committee that manages local disaster planning that it is recommended the Center will not participate in disasters that are community wide.

Coordination between and among hospitals
The Surgery Center is not a hospital and is not staffed or equipped to provide unplanned medical care. The Administrative Director will provide the Center's Plan to the hospital's emergency management department for review and coordination. The surgery center is located near St Rose Siena Hospital. In the event of an evacuation of the surgery center, patients who cannot be sent to their homes for recovery from outpatient surgery will be transferred to the hospital for recovery care.

Coordination with community health clinics
The Surgery Center will not have coordination with community health clinics. Patients will not be transferred to or received from a community health clinic.

Coordination with federal health facilities (VA, Military, etc.)
The Surgery Center will not have coordination with federal health facilities. Patients will not be transferred to or received from federal health facilities.

Coordination with local and regional Emergency Medical Service (EMS)
The Surgery Center is located near St Rose Siena Hospital. In the event of the need to evacuate patients who need immediate surgical recovery care, the patient can be transferred by ambulance service, if that service is available, or by private care, wheelchair or stretcher if necessary, during a community-wide emergency when ambulance service is not readily available.

Coordination with local, county, and state law enforcement agencies
The Surgery Center will not accept patients from other health care facilities or provide care for the general public. The Surgery Center is not staff or equipped for emergency medical care. Physicians are not employees of the Center and are often required, due to their medical staff status at hospital(s), to report to the hospital for emergency patient care services. Once the center patients are discharged, the Center employees may be asked to volunteer by reporting to the disaster site or the Center may respond by providing bandages or other supplies.

1) Basic Information

Facility	Seven Hills ASC 876 Seven Hills Drive Henderson, NV 89052
Construction	Freestanding Ambulatory Surgery Center

2) Center History

A Cardiovascular ambulatory surgery center completed in 2019

3) Administrator Contact

Tracy Helmer

Phone:
Cell: 702-285-1503
Email: tracy@sevenhillsasc.com

Alternate

Carl Dvorak

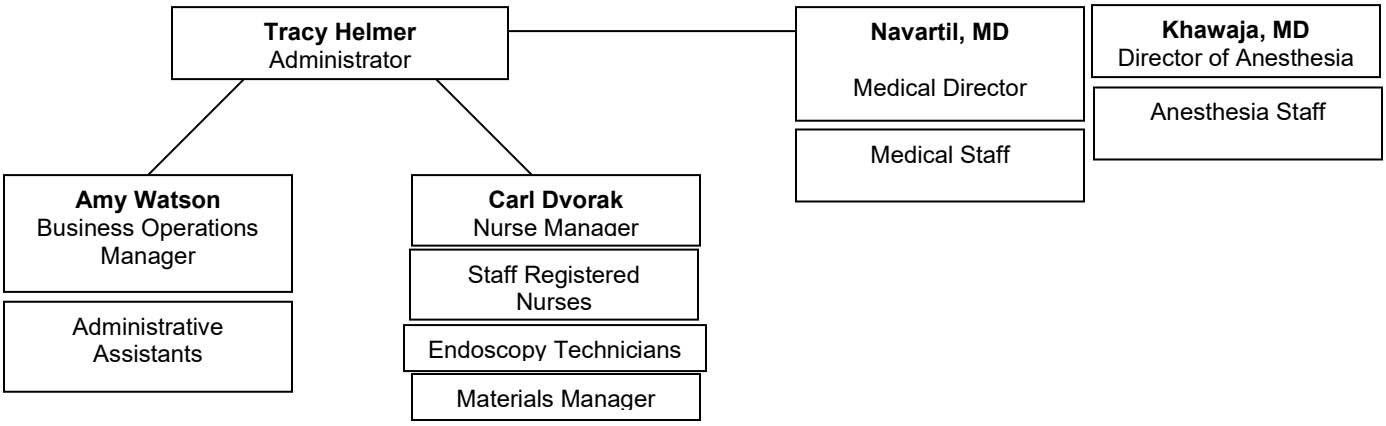
Phone:
Email: Carl@sevenhillsasc.com

4) Organizational Chart – Appendix A

II. AUTHORITY

The Administrative Director has the authority to make decisions during emergencies. The Medical Director, Clinical Director, Material Manager has the authority in the Administrator's absence.

During any emergencies, authority is as follows:



III. HAZARD ANALYSIS

A. The Surgery Center is located approximately 1 mile from the nearest hospital, St Rose Siena Hospital. The surgery center is vulnerable to hazards, natural and manmade that develop with little or no warning. The ambulatory surgery center serves patients who elect to have outpatient surgery and procedures. Only patients that can medically be admitted in the morning, have outpatient surgery or a procedure, recover and be discharged on the same day are candidates for services at the ambulatory surgery center. Patients who require relatively minor surgery but have health conditions that impact the risk of the procedure and of any anesthesia would not be scheduled at the ambulatory surgery center. Due to the nature of the surgery and patients the Center serves, the Center can discontinue operations if a hazardous condition is forecasted or a potential hazardous situation occurs.

B. This plan is based on a facility- and community-based All Hazard Risk Assessment located in Section A of the Emergency Management Binder. Based on the completion of the risk assessment, the following hazards have been identified:

2020-2021

TOP 10 HVA	RANK	OCCURRENCE
Pandemic	1	0
Epidemic	2	0
Infectious Disease Outbreak	3	0
Patient Surge	4	0
Utility Failure	5	0
HVAC Failure	6	0
Supply Chain Shortage / Failure	7	0
Flood, Internal	8	0
Generator Failure	9	0
Active Shooter	10	0

****NOTE** The 2021 Hazard & Vulnerability Assessment indicates significant change revolving around the COVID-19 Pandemic status. This Plan has been RE-written as of early 2021 to direct activity toward planning for hazards pertaining to the COVID Pandemic Crisis. Please see the amended Emergency Management Plan, dated January 18 2021 to see evaluated elements of concern related to COVID. See Also, COVID Policy for further info regarding the public health crisis.**

C. 1. Site-Specific Information is located in Appendix C and contains the following information:

1) FloorPlan See Appendix

   a. evacuation routes, Fire Extinguisher locations, Eye Wash, & Fire Pulls

2) the hospital(s) to which patients would be transferred if needed for care after surgery or to continue a surgery that had to be aborted due to immediate evacuation,

3) Agreements with hospitals(s), ambulance services, and handicap passenger transports. Any other information involving location and evacuation is also located in Appendix C.

2. 8 Recovery Beds
   8 Preoperative Beds
   4 Procedure Rooms
   Maximum number of patients on site: 20
   Average number of patients on site: 10
   IV Fluids
   Dressings, Bandages, Splints
   Antibiotics, Narcotics and other topical, injectable and oral medications

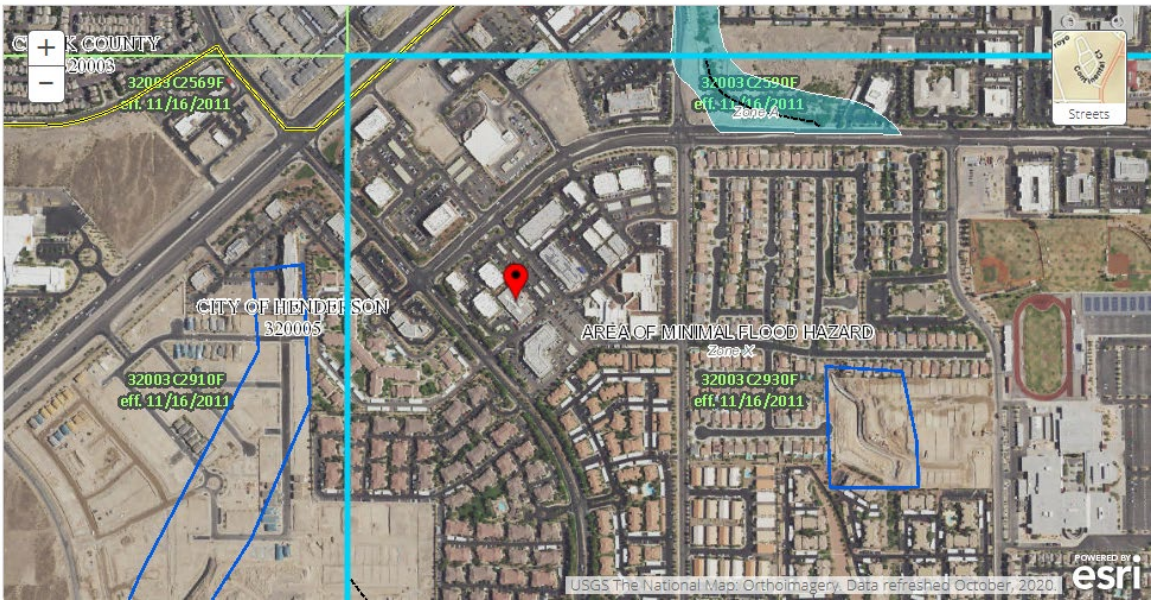
The emergency power supply for the Facility is provided by an emergency generator that will provide power and light for a minimum period of 90 minutes. The emergency generator supplies power to, at a minimum, the following:

- Emergency Exit Lights
- Fire Alarm System
- Nurse Call System
- Operating Room Lights
- Preoperative Holding Lights
- Post-Anesthesia Care Unit (PACU) Lights
- Electrical Patient Monitoring Equipment

Selected power receptacles in the OR and PACU areas

3. Elective Outpatient services provided at the surgery center are: Cardiovascular procedures & Multi-Specialty Surgeries

4. **Flood Zone**:
The FEMA flood map for the facility is number: **32003C2930F**



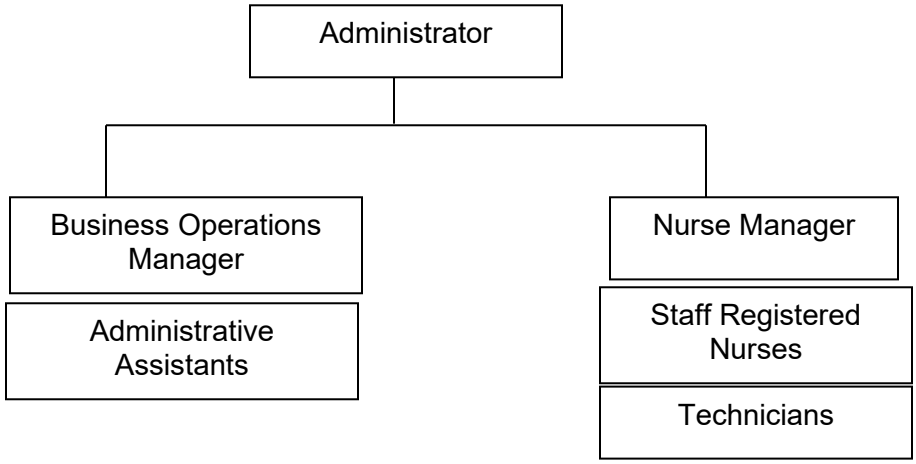
5. SEVEN HILLS ASC is not located near any facilities that may be a threat such as nuclear power plants.

IV. CONCEPT OF OPERATIONS

A. Direction, Control, and Mitigation

1. The Administrative Director is in charge during an emergency. The alternate person in charge is the Clinical Director should the Administrator be unable to serve in this capacity.

2. To ensure continuous leadership and authority during an emergency, the following is the chain of command that will be used:



3. The Administrative Director or alternate person is responsible for deciding to close the center, shut down services, shelter in place or evacuate during an emergency situation.

4. The operational and support roles for all ASC staff are described in the Emergency Plan with additional policies and procedures found in Appendix B. These policies and procedures detail their duties in specific Internal/External disasters, medical and utility emergencies.

5. The ASC is staffed and equipped to handle routine, non-emergency care. The Center will not be additionally staffed in case of emergencies. The Center will not be open in the event of an impending disaster. In the event of a community disaster with limited water, food and supplies, the ASC would remain closed until normal water service and conditions occur. The ASC recognizes that there may be an emergency that would require the sheltering in place or evacuation in the case of eminent danger.

a. Should an emergency shelter in place or evacuation become necessary, activation of the Shelter in Place or Evacuation policy would be made by the Administrative Director or designee.

b. There is a diesel fuel powered generator, which will provide emergency power.

c. If a shelter in place order is activated, staff will continue to care for the patients and visitors as outlined in Shelter in Place policy.

6. The Surgery Center is not staffed or equipped for emergency medical care. Once the center patients are discharged, the Center staff may be asked to volunteer by reporting to the disaster site or the Center may respond by providing bandages or other supplies. This action is entirely voluntary and is based upon the extent of the emergency, availability of resources, and decision of the Center management.

7. Patients being treated at the Center during an external or internal emergency will be stabilized and cared for as outlined in our emergency preparedness policies and procedures. No new procedures will be started and all procedures occurring at the time of the emergency will be completed as safely as possible. Staff will remain on-site until patients are either discharged to their own homes or transferred for post-operative care to a hospital.

8. The Center will contact local, tribal, regional, state, and federal emergency preparedness officials to determine, what role, if any, the Center can participate in any collaborative and cooperative planning efforts and/or exercises in the county's Emergency Management Plan. Seven Hills ASC is not included in the Emergency Management Plan for CLARK County due to our limited scope of services.

9. Volunteers will not be utilized by the Center during an emergency.
The Center will not serve as a receiving facility and will not move patients to an alternative site nor require its staff to provide care at an alternative site. Since the Center serves patients who are medically able to undergo an outpatient procedure and be discharge without the need for extensive monitoring or medical care, only patients in surgery at the time of an emergency or those just out of surgery at the time of an emergency may need transfer to a hospital for recovery care. All other patients would be discharged to their homes.

Therefore, the Center would not have a role under a waiver declared by the U.S. Secretary of Health and Human Services

B. Notification - Communication Plan

1. An emergency radio will be turned on and placed in an area that is staffed whenever there is a patient in the facility. Warnings will be received through the emergency radio. Facility will continually monitor radio and television broadcasts in addition to notifications from the Clark County Department of Emergency Management. If Clark County Department of Emergency Management determines that it is necessary to cease operations of the County School Systems, SEVEN HILLS ASC will close the surgery center.

2. The Administrator (Tracy Helmer) can be contacted at (702)-285-1503 The Alternate (Carl Dvorak) can be contacted at 409-256-4654

3. During normal business hours, notification of an impending disaster would be made using the internal intercom and paging system or face to face communication. If the disaster occurs while the Center is closed the Administrator and designee maintains a list of all personnel, physicians, allied health personnel, along with their emails and phone numbers at her/his place of residence this list may be electronic. The staff would be notified that the center will be closed due to an emergency. The emergency contact information is reviewed and updated at least annually.

4. No staff will be expected to report to work during an emergency. The Center will not be open in the event of an imminent disaster. In the event of a community disaster, the ASC would remain closed until normal water service and conditions occur. The Center would not provide services in an alternative care location.

5. Patients will be notified by telephone or in person in the event the Center will be closed or is closing due to an impending disaster. During an emergency, any procedure underway would be completed and the patients would be discharged or evacuated to a local hospital. Should the decision to not open the center occur when the center has all patients will be notified by phone, email or any other alternate contact information. A notice will be place on the Center's patient entrance when possible. Two way radios are utilized at SHASC & can be used as a means of communication if necessary.

6. If primary means of communication is not functional, cellular phones, text messages or personal emails will be utilized. The decision to use social media will be made by the Administrative Director or his/her designee. Employees, patients, and providers are located throughout the area and attempts to contact them at their home addresses by traveling in a car may endanger the messenger.

7. Should the need to transfer a patient for post-surgical care become necessary, the hospital will be notified of the impending arrival of the patient as outlined in EMERGENT AND NON EMERGENT TRANSFERS. Patient information, for continuity of care, would be sent with the patient to the hospital and would include, at a minimum, patient name, age, DOB, allergies, medical history, current medications,

preoperative diagnoses, surgical procedure performed, reason for admission, advance directives and next of kin/emergency contacts.

8. Responsible adults and/or family members waiting at the center for patients to be discharged will be notified in person if the patient is being transferred to a hospital. If the responsible adult and/or family member(s) of the patient is not at the center, they will be contacted by telephone to advise of the transfer. The hospital will be notified if the responsible adults and/or family member(s) have been contacted. The Center will document the specific name and location of the receiving facility according to the policy TRANSFER OF PT FOR NON EMERGENT OR EMERGENT CARE – Transfers. If a staff member accompanies a patient to a receiving hospital, documentation of this will be maintained by the Administrative Director or designee. Should the staff, patients and visitors require sheltering in place, a list of all people at the Center will be maintained by the Administrative Director or designee.

9. The management of patient records during disasters or emergencies will be the responsibility of the Front Office Team Lead. Medical records will be maintained and protected according to the Center's PATIENT PRIVACY and DATA SECURITY policies and procedures. Information provided to outside agencies, media, and others not involved in the care of the patient, during a disaster or emergency, regarding the general condition and location of patients will be provided as permitted under patient privacy laws for locating family members and disaster relief purposes.

10. The Center maintains an updated list and contact information for local, state, tribal, regional and federal emergency management officials, as well as the Health Department, Red Cross, and Salvation Army, should the Center require assistance during a disaster.

C. Evacuation for external and internal disaster

1. The Emergency Plan along with the plans policies and procedures provides information about the roles, and responsibilities and procedures for the discharge or transfer of patients. These policies are located in Appendix B.

2. The individual responsible for implementing the discharge and evacuation procedures is the Administrative Director or designee. In most cases the patient is ambulatory or can be moved about via wheelchair or by walking. If the patient can be discharged to home, that discharge will occur as quickly as possible. If the patient needs further observation and nursing care, the patient will be transferred to St Rose Siena by ambulance or by car, or if nearby, by wheelchair or stretcher, if ambulance services is not available due to extensive community needs. If St Rose Siena Hospital is impacted by the disaster and cannot accept the Center's patient(s) the alternate hospital would be Southern Hills Hospital, or Henderson Hospital.

3. An agreement is in effect between The Facility and Community Ambulance. If a problem arises where patients cannot be immediately transported, the surgery center will provide care and management until a transfer to or any area hospital can be initiated. of a transportation shortfall, the patient will be transported by personal car, or if nearby, by wheelchair or stretcher, if ambulance services is not available due to extensive community needs.

4. In the event of an internal disaster, the patients and employees will be evacuated, if necessary. There will not be an attempt to save records or supplies since doing so could hamper the duties of fire and safety professionals. In the event of an external disaster, the center will not remain open. Medical records for the patients being transferred to a hospital will be transported with the patients. All other supplies and records will remain in the surgery center.

5. St Rose Siena Hospital will be the primary hospital to receive patients. Southern Hills Hospital will be the alternate location. A copy of the transfer agreement with St Rose Siena is located in the Administration Office. However, it is most likely that all patients can be discharged to their homes.

6. Primary and secondary evacuation routes have been identified. Location maps and evacuation routes are located in Appendix C.

7. Some hazardous situations are forecasted, and warning systems enable ample time to determine that the ambulatory surgery center business should cease. Therefore, in case of a tornado, ice storm or other early warning system, no patients will be in the center. For other emergencies, a patient can be transferred to the closest hospital within 15 minutes. If the center is completely full, with all operating rooms and all pre-and post-operative beds full, there is a maximum of fourteen patients that would need to be transferred. It is highly unlikely that all fourteen patients would require transfer since a significant number of cases at the surgery center will be procedures in which the patients leave the center by walking to outside transportation. However, even if all fourteen patients needed to be evacuated, the complete evacuation of the building would take less than 30 minutes. 8. The ambulatory surgery center staff will not accompany patients transferred unless there as a “transportation shortfall”. Only those patients who are not fully recovered from their procedure, who are in need of professional medical monitoring and patient care, would be transported to a receiving facility and the ambulance staff would be responsible for any care during transport. In case of a community-wide disaster and there is a “transportation shortfall” and transporting is emergent, a personal car will be used with a physician or nurse accompanying the patient.

9. Family members/or responsible adult in the waiting room will be notified of any patient transfer and the location of the receiving facility. Family members/or responsible adult not present will be telephoned and provided with that information. The Administrative Director or designee will maintain the list of where and how patients were discharged and information about staff departure to provide information, as needed, after the center has closed.

10. At the order to evacuate, the registration clerk will take the list of patients admitted and in the building. The clerk will check off the names of the patients when each is

discharged/removed from the building and will note their disposition to home or transfer to a hospital. Patients will be considered discharged at the time of relocation. The employee roster will be utilized to document employee departures. All patients and staff will be accounted for. Copies of these lists will be provided to the Administrative Director or designee.

11. Immediately after evacuation is determined to be necessary, the hospital and ambulance service will be notified. The Administrative Director will designate a lead RN and any physician available to determine the patients' priority for evacuation.

12. The Center does not stock excessive medical supplies or provisions. In the event of a County wide disaster, the Center will cooperate as determined by the local emergency management.

13. Notification of the transportation needs to Community Ambulance and the receiving hospital will begin once it has been determined that evacuation of the surgery center is eminent. Upon evacuation of the surgery center, the Administrator will contact Nevada State Department of Health within 24-hours to notify them of the surgery center's evacuation.

D. Re-entry

1. The Administrator will be responsible for authorizing re-entry into the surgery center. If the Administrator is not available, the Clinical Director will take the responsibility of authorizing the re-entry into the center.

2. If there is structural damage to the surgery center, Nevada State Department of Health, in conjunction with the landlord, will have to inspect the damage and approve re-entry into the center. Until that decision is reached by Nevada State Department of Health, no one is allowed to re-enter the building.

3. Employees, providers, and patients will be notified as to when the facility will begin accepting patients again by telephone, text, email, or letter.

E. Sheltering

1. This facility will not shelter individuals from other evacuating facilities. Should the hazard require a shelter in place for staff, patients, and visitors, the Center will provide care until such time as an evacuation to an Emergency Center is cleared by the County emergency management authorities or release to home can be completed or the hazard has passed.

2. Should a shelter in place order be given, all staff will be notified by using the internal intercom and paging system or face-to-face communication. Supervisory staff will notify other occupants.

3. Disaster supplies, as outline in the Shelter in Place policy, and necessary medical supplies will be gathered up and moved to the designated SAFE ZONE.

4. The shelter in place SAFE ZONE in this Center is the operating room hallway due to the lack of windows and interior location.

5. A list of all occupants will be made and an attempt to call the Emergency Management's emergency contact number to report who is sheltering in place and the location.

V. INFORMATION, TRAINING and EXCERCISE

The purpose of any exercise is to validate training, reveal planning strengths and weaknesses; uncover resource needs and shortfalls; improve coordination within the organization and community; clarify roles and responsibilities; and improve overall performance of all employees, managers, and medical staff. It is essential to practice the Emergency Plan periodically to ensure it works and it is updated annually.

1. All employees will review the Emergency Management Plan as well as other emergency policies (e.g. active assailant, fire, hurricane, malignant hyperthermia, cardiac or respiratory arrest) upon initial hire, annually, whenever the employee's responsibilities or designated actions under the plan change, and whenever a plan is changed.

2. All employees, physicians and allied health personnel are trained at orientation within 30days of hire. The Administrative Director or Designee will provide the initial orientation. The Administrative Director, Designee or guest speaker will provide annual training. Training may be conducted more frequently if a drill indicates need for additional training. Facility-wide disaster drills are conducted to test parts of the Emergency Plan four times a year. Additionally, fire drills are held once a quarter. Annually, there is fire extinguisher handling training. Documentation of training for all employees, physicians, and allied health personnel is maintained for surveyor review. All employees participate in drills. Results of drills are used for educational sessions. Employees are crossed trained on related responsibilities to promote safety and reliability of having employees available to handle important tasks. Written plans are kept and made available for employee review.

3. The Center will contact local, tribal, regional, state, or federal emergency preparedness official to participate in any collaborative and cooperative planning efforts and/or exercises that may be appropriate.

4. If the Center does not participate in a community-wide full-scale exercise then the facility will participate in an annual facility-wide full-scale exercise as well as a second table-top exercise to test the plan. These exercises will be included in the four disaster drills the Center must participate and document each year.

5. The Center will complete a written evaluation of each drill and promptly implement any corrections to the plan that are identified. The training and testing program will be reviewed, updated, as needed, and approved by the Governing Body annually.

6. The Center will remain informed by periodically visiting websites such www.ready.gov and www.usa.gov/prepare-for-disasters

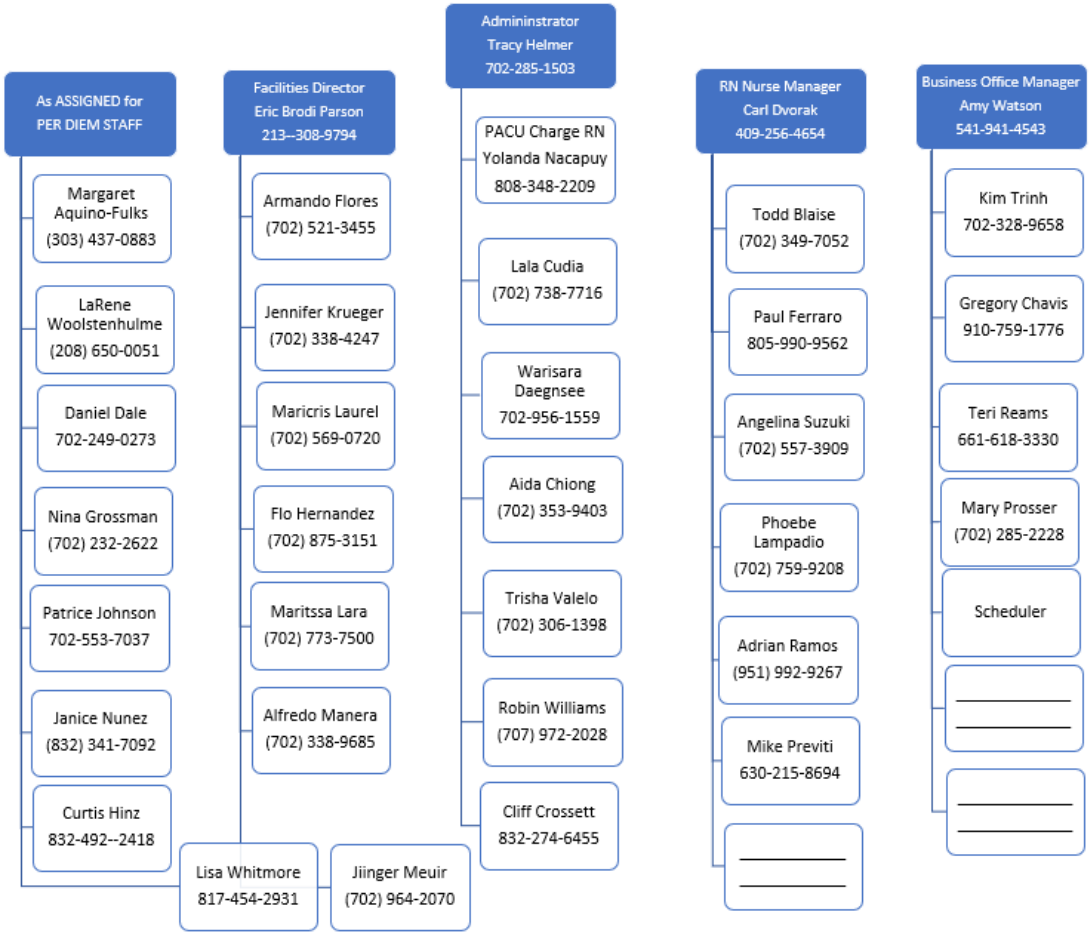
VI. APPENDICES

APPENDIX A

Roster of Staff and companies with key disaster related roles.
1. Organization Chart
2. Delegations of Authority –See Call Tree
3. List of names, addresses, telephone numbers, and positions of staff, physicians, and allied health personnel
4. List of organizations and companies and emergency services providers (e.g. hospitals, EMS, transportation, emergency generator fuels) including contact person, telephone numbers, and emails addresses
5. List of emergency management officials and disaster relief organizations (e.g. police, fire, Red Cross, local Emergency Management)

Building Management	**CBRE Property Managment** 702-464-7823
Building Landlord	**Niznick Enterprise** 702-525-1792
Transportation	**Community Ambulance** 702-222-9111
Emergency Generator Power	**Cashman CAT Equipment** 702-633-4626
Water Company	**Southern Nevada Water District** 702-862-3400
Henderson NV Emergency Mgmt	**Emergecny Manager- Jeremy Hynds** 702-267-2272
Police Department	**Emergency 911**
Fire Department	**Emergency 911**
American Red Cross	**American Red Cross** (877) 733-2767
Poison Control	**Poison Help** 1-800-222-1222
County Emergency Mgmt	**Nevada State Emergency Operations Center** 775-687-0400
SHASC Medical Director	**Dr. David Navartil** 702-682-9274
SHASC Anesthesia Director	**Dr. Hasan Khawaja** 702-325-4651

Call Tree


As ASSIGNED for PER DIEM STAFF
Margaret Aquino-Fulks (303) 437-0883
LaRene Woolstenhulme (208) 650-0051
Daniel Dale 702-249-0273
Nina Grossman (702) 232-2622
Patrice Johnson 702-553-7037
Janice Nunez (832) 341-7092
Curtis Hinz 832-492--2418
Facilities Director Eric Brodi Parson 213--308-9794
Armando Flores (702) 521-3455
Jennifer Krueger (702) 338-4247
Maricris Laurel (702) 569-0720
Flo Hernandez (702) 875-3151
Maritssa Lara (702) 773-7500
Alfredo Manera (702) 338-9685
Lisa Whitmore 817-454-2931
Jiinger Meuir (702) 964-2070
Admininstrator Tracy Helmer 702-285-1503
PACU Charge RN Yolanda Nacapuy 808-348-2209
Lala Cudia (702) 738-7716
Warisara Daegnsee 702-956-1559
Aida Chiong (702) 353-9403
Trisha Valelo (702) 306-1398
Robin Williams (707) 972-2028
Cliff Crossett 832-274-6455
RN Nurse Manager Carl Dvorak 409-256-4654
Todd Blaise (702) 349-7052
Paul Ferraro 805-990-9562
Angelina Suzuki (702) 557-3909
Phoebe Lampadio (702) 759-9208
Adrian Ramos (951) 992-9267
Mike Previti 630-215-8694
Business Office Manager Amy Watson 541-941-4543
Kim Trinh 702-328-9658
Gregory Chavis 910-759-1776
Teri Reams 661-618-3330
Mary Prosser (702) 285-2228
Scheduler

Emergency Call Numbers

Emergency After Hours Call List			
A&B Security	Locksmith/Security	Dispatch	702-362-0222
AA Cassaro	Plumbing	Dispatch	702-361-5396
AirTec Gases	Medical Gases Tank Delivery	Dispatch	702-454-2400
Alarmco	Security Alarm / Fire Alarm Monitoring Or	Central Statio	702-384-2000
C&L	HVAC Secondary	Dispatch	800-901-4822
C&L	HVAC Service Tech - Charles	Charles	702-218-9069
C&L	HVAC Service Tech - Richard	Richard	702-371-8642
C&L	HVAC Service Manager - Richard Veloz	Richard V.	702-303-0268
Cashman Equipment	Emergency Generator	Dispatch	702-633-4626
CBRE Property Management	Alexiss Greenwalt	After Hours	702-464-7823
CES	Fire Alarm Equipment/Panels	Dispatch	702-643-7566
Colburn Enterprises	Salt Delivery / Water Softner	Service	702-491-3149
Consolidated Medical	Medical Gas System Maintenance	Frank Katz	702-326-6025
Helix Electric	Electrician	Service	702-732-1188
Nevada Pneumatic	Medical Air Pumps	Jason Welter	702-540-7819
Kathy Smith	Landlord - Niznick Enterprise	Kathy	702-525-1792
Precision Fire	Fire Sprinkler System	Randy	702-491-6956
Silver Reef BioMedical	BioMedical Services	Scott Wyatt	702-788-8188
SouthWest Air - as backup company	HVAC Primary	Dispatch	702-876-5445
SouthWest Air - as backup company	HVAC Service Tech - Andy	Andy	501-467-6427
SouthWest Air - as backup company	HVAC Service Tech - Tracy	Tracy	702-857-2272
SouthWest Air - as backup company	HVAC Service Manager - Mark Anthony	Markanthony	702-203-0838
Valley Enterprises	Janitorial	Dena	702-303-6359

Administration Team			
Tracy Helmer	Administrator	702-285-1503	
HR Emphasis	Human Resources / EXTERNAL	847-281-5235	
Carl Dvorak	Director of Nursing	409-256-4654	
Yoli Nacpuy	PACU Charge RN	808-348-2209	
Amy Watson	Business Office Manager	541-941-4543	
Eric "Brodi" Parson	Facilities/Supply Chain Director	213-308-9794	
Wriight Technology	IT services	281-260-8001	

Staff Contact Info:

All Staff Numbers are located in Employee Files, & Emergency Contact Information, located in Front Cover, Top Sheet. Employee Files are located in Office Next to Administration Office.

-Physicians are not contracted with the Center to provide Emergency Services and/or coverage. Medical Directors are listed above.

APPENDIX B

1. See Policies and procedures for the specific Environmental & Physical hazards
   a. Evacuation Plan
   b. Transfer of Patient, transfer agreement(s) with hospital(s), any agreement(s) with ambulance or handicap transport services.
   c. Shelter in Place
   d. Fire Plan
   e. Active Assailant Response Plan
   f. Loss of Power
   g. Loss of Water
   h. Flooding, water penetration
   i. Tornado
   j. Hurricane

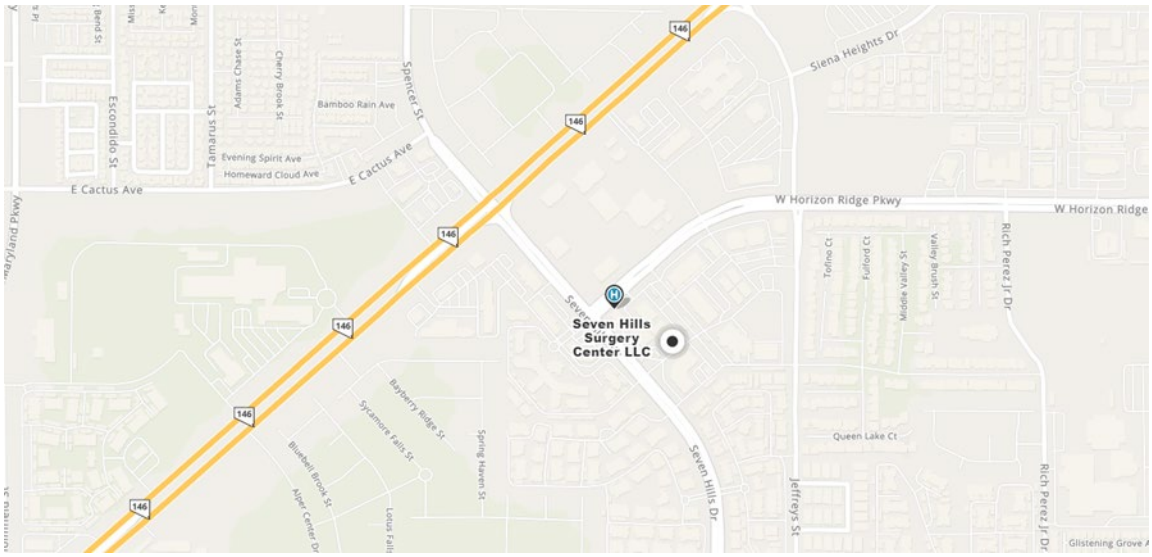
FORMS

-See Forms Section for various available forms for Planning, record keeping and organizational needs.

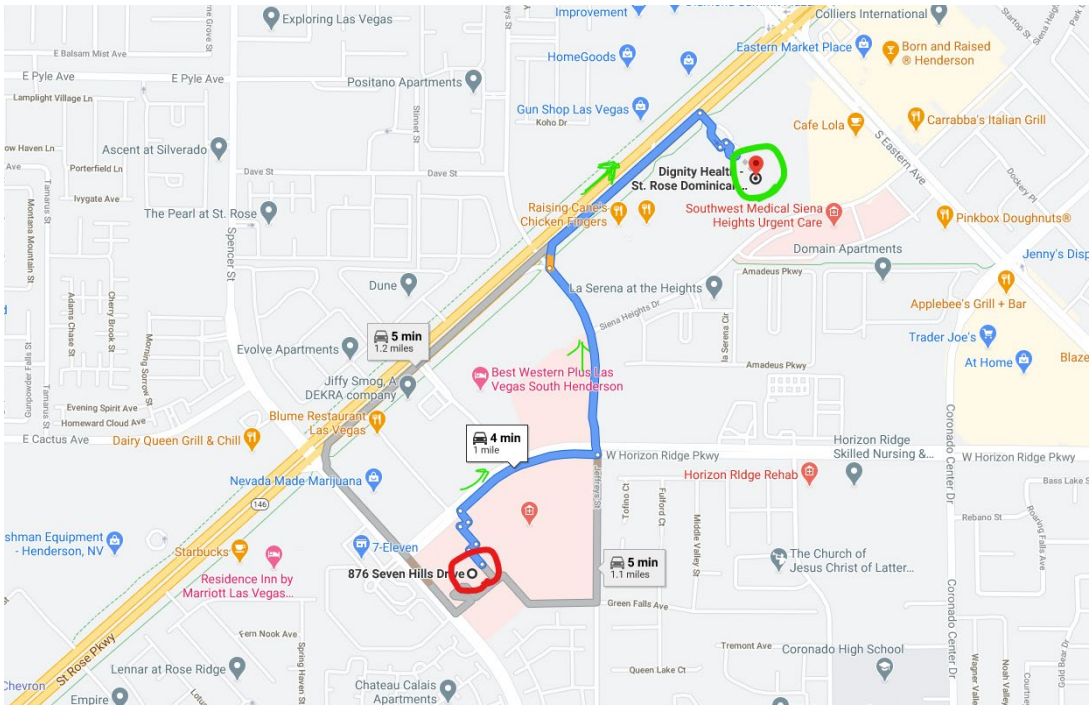
APPENDIX C

See Maps and floor plan

1. Location map of ASC including streets within 3 blocks of the Center



2. Primary and secondary evacuation routes and description of route from Center to hospital(s)



via Jeffreys St and NV-146 E/St Rose Pkwy — 4 min, 1.0 mile

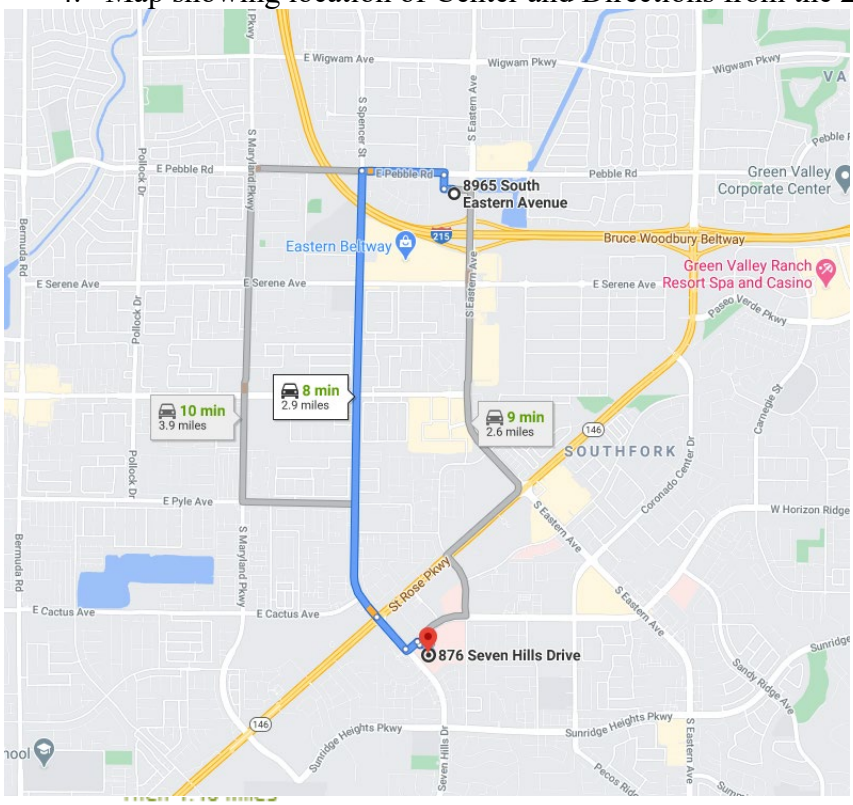
Fastest route

DETAILS

via Jeffreys St and NV-146 E/St Rose Pkwy — 5 min, 1.1 miles

via NV-146 E/St Rose Pkwy — 5 min, 1.2 miles

4. Map showing location of Center and Directions from the 215 Freeway



Take the **NV-146 W/St Rose Pkwy** exit, EXIT 6.

Then 0.40 miles

Turn **left** onto S Pecos Rd/NV-146. Continue to follow NV-146.

Then 0.16 miles

Stay **straight** to go onto Saint Rose Pkwy/NV-146.

Then 2.23 miles

Turn **left** onto Seven Hills Dr.

Then 0.20 miles

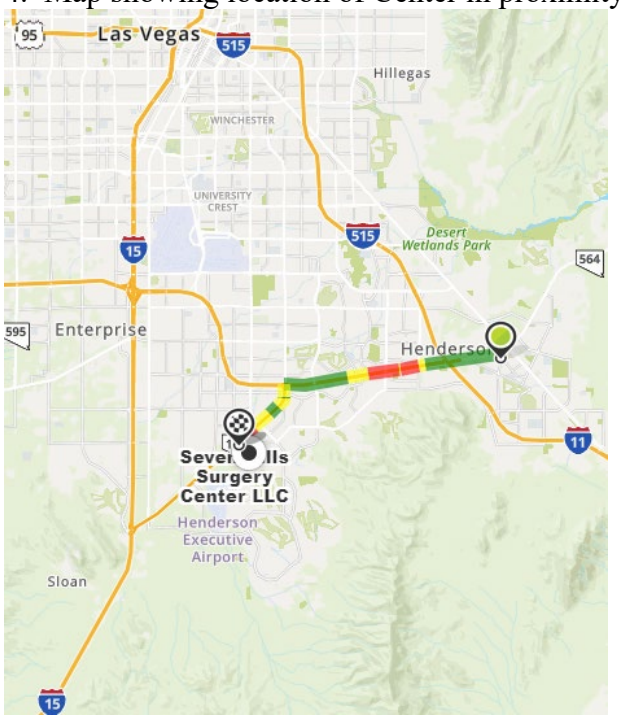
Turn **left** onto W Horizon Ridge Pkwy.

If you reach Chateau Calais Apartments you've gone about 0.2 miles too far.

Then 0.01 miles

Seven Hills Surgery Center LLC, 876 SEVEN HILLS DR.

4. Map showing location of Center in proximity to the Las Vegas Valley.



5. Floor plan of Center (see below)

Fire Alarm Pull
Eye Wash Station
Fire Extinguisher

Seven Hills ASC
876 Seven Hills Dr.
Henderson, NV 89052
702-914-2028

Oct 2020

** Floor plans are posted throughout the facility, with associated escape routes for each location.

6.Agreements with hospital(s), ambulance services, are maintained in the office of the Administrator.