I. PURPOSE
This procedure provides guidance to EH&S office staff to coordinate notifications of appropriate internal staff who will need to respond to an unannounced Joint Commission inspection. It provides direction to respond to and prepare for the unannounced inspection.

This policy also gathers all pertinent information for the audit that would need to be presented to The Joint Commission surveyors as supporting documentation to their management plans.

II. PERSONNEL AFFECTED
Director, Support Staff, Environmental Compliance Unit Manager, Senior Sanitarian, Radiation Safety Officer, SMH Fire Safety Specialist, Occupational Safety Specialist, IH Technician responsible for ECC Surveys

III. DEFINITIONS
N/A

IV. RESPONSIBILITIES
A. The Director of Environmental Health and Safety will be notified via the hospital Joint Commission paging notification system.
B. The Director of EH&S will notify the CFO/Senior Vice President for Administration and Finance.
C. The Director of EH&S will call the Main EH&S Office and notify the front office staff either by direct communication or by voice mail.
D. The front office staff receiving the message will make the following notification:
   1. Manager of Environmental Compliance Unit
      ▪ If not available, the backup is the Senior Sanitarian.
   2. Radiation Safety Officer
      ▪ If not available, the backup is the Medical Physicist.
   3. Hospital Fire Safety Specialist
      ▪ If not available, the backup is the Fire Marshal.
   4. Occupational Safety Specialist
      ▪ If not available, the backup is the Occupational Safety Unit Manager.
   5. Hospital Fire Safety Specialist responsible for ECC Surveys
      ▪ If not available, the backup is the Facilities Safety/Compliance Manager.
   6. Assistant Director of Facilities Operations
      ▪ If not available, the backup is the Director of Facilities
7. Real Estate Services Technician, MC
   - If not available, the backup is the Project Manager of Real Estate Services, MC
8. ISD Project Director (220-3239) or Director of University IT
   - If not available, the backup is the Chief Information Security Officer or the Assistant Director of IT.

E. After opening meeting, Director will notify front office staff to make the following notification of the EOC document review meeting:
1. Manager of Environmental Compliance Unit
   - Senior Industrial Hygienist does not need to attend meeting but must be available via phone for any necessary questions.
2. Radiation Safety Officer
3. Hospital Fire Safety Specialist
4. Occupational Safety Specialist
5. Administrative Assistant to the Director of Operations, Facilities, who will then notify the ECC System Tracer Attendees distribution list
6. Administrative Assistant for the SMH Emergency Preparedness Subcommittee, who will then notify the Emergency Management System Tracer Attendees distribution list.

V. PROCEDURES
A. The Director of EH&S will gather one year’s worth of disaster drill summary reports, after action reports and all JC waivers and report to the opening conference. The opening conference will take place in the ACF Board Room.
B. The Director of EH&S, Radiation Safety Officer, Senior Sanitarian and Occupational Safety Specialist will accommodate The Joint Commission Life Safety Surveyor during the hospital tour.
C. The hospital Fire Safety Specialist will gather the 12 month history of the following documents and bring them to the Hospital Director’s Office Conference Room:
   1. Fire detection system testing
   2. Fire door inspections
   3. Weekly fire pump tests
   4. Fixed extinguishing system inspections
   5. Sprinkler main drain test
   6. Helipad foam system inspections
   7. Quarterly circuit tests
   8. Quarterly sprinkler tests
   9. Monthly valve inspections
   10. Semi-annual valve tamper tests
11. On-site fire drill reports
12. Off-site fire drills/disaster drill reports
13. Interim Life Safety Assessments
14. Life Safety Plan (Fire Marshal’s office)
15. Emergency Preparedness Book (Fire Marshal’s office)

D. The Hospital Fire Safety Specialist will then tour the hospital and ensure the following:
   1. No doors propped or wedged open
   2. No door latches taped over
   3. All doors and hardware in good repair, all positively latch (unassisted if equipped with a closer)
   4. Stairwells free of obstructions and debris
   5. Corridors free of storage, debris, combustible items or items blocking egress
   6. Electrical and telephone closets free of debris
   7. Ceiling tiles and grids in place and in good repair
   8. Fire extinguisher inspections are current and signs are visible
   9. Fire extinguishers, fire alarm stations, fire hose cabinets, medical gas valves not blocked by storage, properly labeled and inspected
   10. Verify no smoke detectors are covered
   11. Inspect construction sites to ensure fire load is low
   12. Verify extinguishers at construction sites are inspected and hot work activity is compliant with procedures
   13. All exit lights functioning and all exit signs unobstructed
   14. Ensure ILSM measures are posted at all required locations
   15. All fire breaches properly fire sealed and patched
   16. Oxygen and other gas bottles upright and properly secured in a stand or chained to prevent tipping NOTE: Oxygen Storage – if there are more than 12 tanks present you are to contact the nurse manager IMMEDIATELY
   17. Report status to Fire Marshal
   18. Repeat sweeps once per day for the duration of The Joint Commission’s visit.

E. The Manager of the Environmental Compliance Unit will:
   1. Retrieve and make available for the EOC Document Review session the Materials/Waste Management Committee (MWMC) binder. This binder will contain at a minimum the last 12-month period of meeting minutes, quarterly reports and supporting documentation. The binder also contains the Hazardous Materials/Waste plan and the previous year’s evaluation and supplemental goal accomplishments.
2. Be available and present during the EOC Document Review Session and notify other Committee members they should be available for specific questions in their area of expertise.

F. The Senior Sanitarian will:
   1. Participate in the Building Tour for the Dietary and Waste Processing areas.
   2. Be available and prepared to answer questions regarding pest control services and IPM methods routinely used in SMH.

G. The Radiation Safety Officer will gather the 12 month history of the following documents and bring them to the EOC Document Review Session
   1. Laser Safety Report
   2. Radiation Safety Management Plan
   3. Quality Assurance Matrix
   4. Records of mis-administrations

H. The Occupational Safety Specialist will have a 12 month history of the following ECC documents available for inspection:
   1. Employee Incident Reports
   2. Visitor & Patient/Public Areas Report
   4. Identification of location of all other areas which fall under the Safety Management Plan

I. The Hospital Fire Safety Specialist in charge of ECC Inspections will compile the last three years worth of ECC Inspection binders to be taken for the document review and aid the Occupational Safety Specialist with any needed up to date sample surveys, quizzes, or other needed documentation for the Safety Management Plan.

J. The Administrative Assistant to the Director of Operations, Facilities, will bring the following to the Hospital Director’s Office Conference Room:
   1. All Management Plans
   2. All Annual Management Plan Reviews
   3. Quarterly Reports
   4. Quarterly Additional Accomplishments Reports
   5. Meeting Minutes

K. All EH&S staff will be available to answer questions or resolve open issues.

VI. REFERENCES
A. SMH Comprehensive Emergency Management Plan
   1. Disaster Drills
B. Life Safety Plan
C. Safety Management Plan
1. Laser Safety Plan
2. Radiation Safety Plan
D. Hazardous Materials Plan

VII. APPENDICES/FORMS
   Comprehensive Accreditation Manual for Hospitals

VIII. REVISION HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Description</th>
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<tbody>
<tr>
<td>10/12/07</td>
<td>1</td>
<td>Add Information Technology ECC Rep to notify list</td>
</tr>
<tr>
<td>3/30/10</td>
<td>2</td>
<td>Added additional backup contact information; updated information needed under Procedures.</td>
</tr>
<tr>
<td>9/10/10</td>
<td>3</td>
<td>Added additional contact information; updated terminology in VI.a.</td>
</tr>
<tr>
<td>10/30/15</td>
<td>4</td>
<td>Updated contact information</td>
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