1. **WATER INTRUSION INTO THE FACILITY**

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|  | This plan of action is for water intrusion into the facility.  Water intrusion can occur from a variety of sources and the response protocol changes depending upon the degree of related flooding and source of the water. To define the sources we divide water into several categories:   * **Category 1:** ***Clear Water*** – this water is treated city water hot or cold or process water from a well and similar sources for all practical purposes – drinking water. * **Category 2:** ***Gray water*** from expired uses of drinking water, rain water and stored water other than from sewage or estuaries. * **Category 3**: ***Black water*** from sewage backups or flood waters from estuaries that overflow causing a community wide disaster.   This response protocol deals with flooding from all categories of water except community wide disasters with flooding from an estuary – that response protocol is a major disaster recovery situation. | Yes / No  **Work Order Issued**  Yes / No |

1. **INTERIOR – FLOODING / MINOR**

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| --- | --- | --- |
|  | 1. **WATER INTRUSION / FLOODING – ANY AREA.** 2. Water is discovered within 8 hours or less estimated of flooding cause / incident. Proceed to Section 3 Below for action and follow-up. 3. Water is expected to have been present and continuously leaking for over 8 hours but less than 24 hours. Proceed to Section 4 below for action and follow-up. 4. Water is expected to have been present for more than 24 hours. Proceed to section 5 below for action and follow-up. | Yes / No  **Work Order Issued**  Yes / No |
|  | 1. **SOURCE OF WATER INTRUSION IS DETERMINED** 2. Using classifications described above additional work / recovery may be needed. 3. Category 1 or Category 2 water See Section 6 for NOTES. 4. Category 3 water see Section 7 for NOTES. | Yes / No  **Work Order Issued**  Yes / No |

1. **INTERIOR FLOODING – IMMEDIATE CLEANUP – to 8 HOURS**

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| --- | --- | --- | --- |
|  | **YES / NO** | 1. **FREE WATER ON AND COVERING THE FLOORS** 2. All floors covered or specific areas. 3. Coverage is in the sterile corridor or not. 4. Use towels, blankets, mops and buckets and other means to block flooding and begin water removal. 5. Obtain and use wet vacuums to pull / extract water up. 6. Use squeegees to push water to floor drains and internal drains. 7. Move equipment and supplies on or near the leak / flooded areas away from these areas and begin water removal. 8. Prevent spreading of flooding be closing doors and damming doors with towels and blankets. 9. When water is removed / contained and cleaned up proceed to Section 8 for air testing of the environment. | Yes / No  **Work Order Issued**  Yes / No |
|  |
|  | **YES / NO** | 1. **CEILINGS ARE WET AND WATER LEAKING FROM CEILING** 2. Identify sources of the leak, mark area if possible for future reference unless physical damage is observed or noted. 3. Remove any soiled or damaged ceiling tiles. 4. Continue to clean up water and isolate water entry through use of collection receptacles or other means until water intrusion is stopped. 5. Dry area using fans with A/C services ON. 6. When complete replace ceiling tiles. | Yes / No  **Work Order Issued**  Yes / No |
|  | **YES / NO** | 1. **DRYWALL IS WET (less than 8-10 inches) – no wallcovering / no insulation in the wall** 2. Using a water meter / moister meter test for water wicking in drywall. 3. Obtain fans and with A/C service on dry walls until moisture content comes into line with NORMAL readings. 4. Due to high occurrence of humidity in the spaces, you may have to install dehumidifiers in the areas to remove and dry these areas as this is beyond the capability of the A/C alone. | Yes / No  **Work Order Issued**  Yes / No |
|  | **YES / NO** | 1. **DRYWALL IS WET (less than 8-10 inches) – with wallcovering / with insulation in the wall** 2. Using a water meter / moister meter test for water wicking in drywall. 3. Obtain fans and with A/C service on dry walls until moisture content comes into line with NORMAL readings. 4. Obtain a moisture meter (usually from a contractor for this service) to penetrate into the wall and determine if the insulation is wet. If wet use drying techniques in Section 4d below. 5. Run operational checks on all equipment. | Yes / No  **Work Order Issued**  Yes / No |
|  | **YES / NO** | 1. **ANY OTHER FLOODING ISSUES?** 2. Restore systems to service if no further repairs are needed. 3. Perform terminal cleaning for all affected patient treatment areas. 4. Replace supplies wetted as part of this situation as may be needed. 5. Notify all levels of response hierarchy as may be required by corporate mandate or licensure as needed. 6. Restore operations and services. | Yes / No  **Work Order Issued**  Yes / No |
|  | **YES / NO** | 1. **SPECIAL CONDITIONS**  * Note any other special conditions and advice the facility administrator of the facility status. | Yes / No  **Work Order Issued**  Yes / No |

1. **INTERIOR FLOODING –CLEANUP – 8 HOURS to 24 HOURS**

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| --- | --- | --- | --- |
|  | **YES / NO** | 1. **GENERAL RESPONSE**  * Repeat all actions as indicated in Section 3 above and notify call a professional restoration / building drying company for assistance and further evaluation and assessment. | Yes / No  **Work Order Issued**  Yes / No |
|  | **YES / NO** | 1. **SPECIAL CONDITIONS**  * Indoor environmental testing will be required as part of restoration of services. SEE SECTION 8 for recommendations. | Yes / No  **Work Order Issued**  Yes / No |

1. **INTERIOR FLOODING – CLEANUP / RESTORATION more than 24 HOURS.**

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| --- | --- | --- | --- |
|  |  | 1. **GENERAL RESPONSE**  * Repeat all actions as indicated in Section 3 above and notify call a professional restoration / building drying company for assistance and further evaluation and assessment. | Yes / No  **Work Order Issued**  Yes / No |
|  | **YES / NO** | 1. **SCHEDULE ANY REPAIRS AS NECESSARY**  * System repairs may be necessary for any obvious damage or any equipment that does not startup or function properly, for walls and possible floor restoration or finish replacement. | Yes / No  **Work Order Issued**  Yes / No |
|  | **YES / NO** | 1. **SPECIAL CONDITIONS**  * Indoor environmental testing will be required as part of restoration of services. SEE SECTION 8 for recommendations. | Yes / No  **Work Order Issued**  Yes / No |

1. **FLOODING – CATEGORY 1 or CATEGORY 2 WATER**

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| --- | --- | --- | --- |
|  | **YES / NO** | 1. **CATEGORY 1 WATER**  * This is essentially treated water usually processed by a water treatment plant. The only secondary or residual risk is from where the leak may have occurred and passed through the building structure into the interior spaces. * Clean-up of the flood water is usually sufficient of a remedy and there are few if any secondary risks. | Yes / No  **Work Order Issued**  Yes / No |
|  | **YES / NO** | 1. **CATEGORY 2 WATER**  * This is usually clean / fresh (un-stored) rain water and as such is sourced from outside of the building. * Clean-up of this water is usually sufficient of a remedy and there are few if any secondary risks. | Yes / No  **Work Order Issued**  Yes / No |

1. **FLOODING – CATEGORY 3 WATER**

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| --- | --- | --- | --- |
|  | **YES / NO** | 1. **CATEGORY 3 WATER**  * For all considerations this water is considered contaminated by secondary environmental potentially hazardous agents. This water may be store rain water or most commonly in the ASC stings Sewage water. * In addition to removal of the flooding waters all areas will need further cleaning and sanitizing by a professional provider and all equipment used for the cleanup will need to be cleaned as well. | Yes / No  **Work Order Issued**  Yes / No |
|  | **YES / NO** | 1. **REPAIRS AND REPLACEMENT**  * Most frequently when furnishings and / or building materials are saturated and soaked in an ASC with this water these items are replaced so there is a likelihood of additional remedial and mitigation work that may be required before completely restoring full services. * Seek outside assistance and possibly insurance company assistance with these situations. | Yes / No  **Work Order Issued**  Yes / No |

1. **INDOOR ENVIRONMENTAL TESTING**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES / NO** | 1. **INITIAL TESTING**  * Testing should occur if best within 8 – 24 hours of the event. This establishes a baseline testing for the facility. * Air samples should be taken of all flooded areas with controls from outside air as comparison. * Testing in walls and above ceilings for sampling of interstitial spaces / areas should be taken as needed for analysis. | Yes / No  **Work Order Issued**  Yes / No |
|  | **YES / NO** | 1. **DETAILED ADDITIONAL TESTING**  * Detailed moisture readings including those through floors and walls may be needed requiring specialized skills and equipment. * Contact samples may be appropriate for culturing worst case scenarios for patient care area exposures. * FLIR or infrared scope analysis may reveal other problem areas. * Utilize your environmental testing expert for this testing.   ***NOTE: The company performing environmental assessment testing should be separate from the company performing or recommending remediation work or managing mitigation efforts.*** | Yes / No  **Work Order Issued**  Yes / No |
|  | **YES / NO** | 1. **RETESTING THE ENVIRONMENT**  * The environment should be retested within 30 days for residual aero-microbial contamination and also for clearance testing to affirm remedial and mitigation work performed was successful for clearing the environment of any airborne microbial contamination. | Yes / No  **Work Order Issued**  Yes / No |