A G E N D A
Lander County Hospital District – Board of Trustees
Regular Session
April 10, 2024 - 5:30 P.M.
John Peters Health Services Center
Board Room
555 West Humboldt Street
Battle Mountain, NV

5:30 PM   Call to Order – Regular Session

Pledge of Allegiance

Public Comment

Persons are invited to submit comments in writing and/or attend and make comments on any non-agenda items at the Board Meeting. All public comment may be limited to three (3) minutes per person, at the discretion of the Board. Reasonable restrictions may be placed on public comments based upon time, place and manner, but public comment based upon viewpoint may not be restricted.

❖ **Motion to Consent** – (Matheus) - (Discussion for possible action)

1) April 10, 2024 Agenda Notice – Posted April 5, 2024
2) Infection Control – February 2024
3) Emergency Operation & Life Safety – March 2024
4) Policy & Procedures – March 2024
5) Board Meeting Minutes – Regular Session March 13, 2024

   Public comment

❖ **Unfinished Business**

6) Critical Access Hospital Construction – (Matheus) – (Discussion for Possible Action)

   The Board will review and discuss updates on the hospital construction project budget and all other matters properly related thereto.

   Public Comment

7) Agape Hospice Update – (Matheus) – (For Discussion Only)

   The Board will receive an update regarding the progress and expenses paid to assist Agape Hospice in their quest to become certified and credentialed and all other matters properly related thereto.

   Public Comment

8) Employee Health Insurance Update – (Matheus) – (For Discussion Only)

   The Board will receive an update regarding the self-funded health insurance plan for employees and all other matters properly related thereto.

   Public Comment

❖ **New Business**

9) Sale of Old Hospital Generator - (Matheus) – (Discussion for Possible Action)

The Board will review and discuss bids to purchase and remove the old hospital generator and award the highest bidder for the old hospital generator and all other matters properly related thereto.

Public comment

10) Marquee Sign Proposals- (Matheus) – (Discussion for Possible Action)

The Board will review and discuss bids for proposals on the external facility marquee signage and award a company with the project and all other matters properly related thereto.

Public comment

11) Critical Labor Shortage Designation for Registered Nurses - (Matheus) – (Discussion for Possible Action)

The Board will determine the registered nurse position as a critical labor shortage position pursuant to NRS 286.523 - 10.35 and all other matters properly related thereto.

Public comment

12) Board of Trustee Compensation - (Matheus) – (Discussion for Possible Action)

The Board will discuss compensation for Trustees who attend the Finance Subcommittee, Scholarship Subcommittee and Construction Subcommittee Meetings and all other matters properly related thereto.

Public Comment

13) Board of Trustee By-Laws - (Matheus) – (Discussion for Possible Action)

The Board will discuss revising the Board of Trustee By-Laws, Section 7 – Compensation and Expenses, regarding compensation for Trustees who attend the Finance Subcommittee, Scholarship Subcommittee and Construction Subcommittee Meetings and all other matters properly related thereto.

Public Comment

❖ **Financials -** (Matheus) – (Discussion for Possible Action)

14) February 2024 Financial Reports

The Board will review and discuss financial reports for February 2024 and all other matters properly related thereto.

Public comment

❖ **Chief Executive Officer Summary** – (Matheus) – (<u>Discussion for Possible Action</u>)

15) Summary Report

Chief Executive Officer, Jason Bleak, will present a summary of hospital activities to the Board of Trustees, and all other matters properly related thereto.

Public Comment

❖ **Adjournment Regular Session**

This is the tentative schedule for the meeting. The Board reserves the right to take items out of order to accomplish business in the most efficient manner. The Board may combine two or more agenda items for consideration. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

AFFIDAVIT OF POSTING

State of Nevada   )
) ss
County of Lander   )

Jessica Ceja, Recording Secretary of the Lander County Hospital District Board of Trustees, states that on the ___5th___ day of April 2024, A.D., she was responsible for posting a notice, of which the attached is a copy, at the following locations: 1) Battle Mountain General Hospital, 2) Lander County Courthouse, 3) Battle Mountain Post Office, and 4) Austin Courthouse, all in said Lander County where the proceedings are pending.

RECORDING SECRETARY _____

Subscribed and sworn to before me on this 5th day of April 2024 _____

WITNESS _____

NOTICE TO PERSONS WITH DISABILITIES: Members of the public who wish to attend this meeting by teleconference or who may require assistance or accommodations at the meeting are required to notify the Hospital Board Recording Secretary in writing at Battle Mountain General Hospital, 535 South Humboldt Street, Battle Mountain, NV 89820, or telephone (775) 635-2550, Ext. 1111, at least two days in advance of pending meeting.

NOTICE: Any member of the public that would like to request any supporting material from the meeting, please contact, Jessica Ceja, Recording Secretary of the Lander County Hospital District Board of Trustees, 535 South Humboldt Street, Battle Mountain, NV 89820 (775) 635-2550, Ext. 1111.

INFECTION CONTROL REPORT MEDICAL STAFF MEETING
FEBRUARY 2024

1. Clinic had _____8_____ procedures with 1 wound infection.

2. __0__ Needle sticks in _____FEBRUARY_____, a total of __0__ for the year.

3. Immunization shots:
   - ❖ _____2_____ of the BMGH employees received the flu shot.
   - ❖ _____0_____ LTC Residents received any vaccinations.

4. Flu Test:
   - ❖ _____0_____ Positive A; 6 Positive B
   - ❖ _____3_____ RSV Positive
   - ❖ ____48____ Influenza-like symptoms

5. Yearly TB testing:
   - ❖ _____5_____ New hire employee for TB Quantiferon/TST testing this month.

6. House Cultures site:
   - ❖ Working closely with Nursing and Environmental Services and Maintenance on insect control. Infection control rounds have been conducted in Long Term Care. Corrective actions have been applied.

7. Hand Hygiene monitor is ongoing in Hospital and Clinic.

8. Complete hand washing and PPE in-service for the LTC residents and staff, as well as additional training for the CNAs at meal times.

9. Total Long Term Care Residents: _____20_____; _3_ Infection/s _1_ Sepsis; _2_ UTI.

10. _February_ _____0_____ Acute _____0_____ Infection/s

11. _February_ _____0_____ Swing _____0_____ Infection/s

12. Immunizations are recorded in Web IZ administered at BMGH. Required by State of Nevada.

13. Cultures need to be reported ASAP.

14. Infection Control – COVID-19 Reports:

    Tested: _____182_____ Negative: 168 Positives: 14 Invalid:0

    Long-Term Care: 3 Employees: 2; (all 2 did not expose anyone in the facility)

15. The policy in effect for masking during covid outbreak - if there is a positive employee or resident, whole facility needs to mask up.

16. Policy in effect for masking during Flu season- unvaccinated staff must wear mask around staff and patients.

Battle Mountain General Hospital

Minutes

Emergency Operation & Life-Safety Committee Meeting

March 22, 2024
1:00 pm
Battle Mountain General Hospital Training Room

CORE COMMITTEE:

Jason Bleak	CEO
Hope Bauer	CNO
Holly Heese	Emergency Operations Program Coordinator
Michael Lamoureux	Pharmacist/Med Staff Representative
Emily Benso	RHC Coordinator
Asly Santos	Infection Control
Amanda Allegre	Quality Assurance /Risk Manager
Brynn Heese	Materials Management Manager
Roy Campbell	Maintenance/Life Safety
Danny Itza	Maintenance/Life Safety
Tyson Zacharias	HIPAA/ HITECH/IT
Haleigh Allen	Staff Representative
Jodi Price	Business Office Manager
Kathy Freeman	HR

PRESENT:

Jason Bleak	CEO
Hope Bauer	CNO
Holly Heese	Emergency Operations Program Coordinator
Emily Benso	RHC Coordinator
Amanda Allegre	Quality Assurance /Risk Manager
Danny Itza	Maintenance/Life Safety
Tyson Zacharias	HIPAA/ HITECH/IT
Jodi Price	Business Office Manager
Haleigh Allen	Staff Representative

ABSENT:

Brynn Heese	Materials Management Manager
Asly Santos	Infection Control
Kathy Freeman	HR
Michael Lamoureux	Pharmacist
Roy Campbell	Maintenance/Life Safety

MINUTES:

Battle Mountain
General Hospital

Minutes

Emergency Operation & Life-Safety
Committee Meeting

The BMGH Emergency Operations Program Committee Meeting, called to order at 1.07 pm by Holly Heese.

A discussion on the facility fire team company annual visit. Please do area check and bring any items need to be fixed to Maintenance attention so that they might fix them.

- ❖ Fire Regulation/Fire Safety Plan
  - ▪ Fire Team Company will be here 27, 28 and 29.
  - ▪ Fire Safety Plan
  - ▪ Staff responsibilities during a fire
- ❖ Emergency Operation Program:
  Starting updating policies procedures and check list to accompany the plan
  - ▪ EOP
  - ▪ Hazmat Spill Checklist
  - ▪ Decontamination-Receiving & Handling
  - ▪ Hazard Communications Program
  - ▪ Hazardous Waste Management
  - ▪ Hazmat Material Spill

RHPP February HGH in Person Meeting:

- ❖ Robyn Dunkhorst HGH synopsis of changes needed to me standards of care and participation led discussion.
- ❖ Training needed for RHPP group as well as how to training our individual facilities
- ❖ Construction and K tags
- ❖ Mental Health holds
- ❖ Staffing Shortages
- ❖ Infection Control and F-tags
- ❖ Egress & Fire Code
- ❖ New Regulations on sustainability of the Coop

LEPC (March 12, 2024):

- ❖ Danny Sommers from Dowl Engineering (Reno) will review EOP manual and give a quote on cost to revise. Scope of work sent, which will separate the Hazmat Plan from the BOP Plans. Discussion with Undersheriff for a funding source for the items still needed for the mass casualty trailer.
- ❖ Discussion to add or remove members to group, as needed Lander County Welcomed Agape Hospice Care. Lois Erquiaga Nilla Fuller Mandy Bertelson and Hope Bauer.
- ❖ All items have been ordered and received thru the 2023-2024 grant. After the 2nd quarter financial report is completed and we know what funds remain, we can order what was determined to be need on the after action report from the drill. Or other items that have been determined as a necessity.
- ❖ Conex for LEPC storage, Lander County Line Item approved for Cement pad and conex to remove items stored at BMGH Store sheds.

Minutes **Emergency Operation & Life-Safety Committee Meeting**

- ❖ Increase Secretarial funds in 2024-2025 grant to limit of $2000.00 with an hourly increase for the secretary to $18.00 per hour
- ❖ Pending- change order request for item for Lander County EMS (funds to order 3 of 6 needed}
- ❖ ORMAT's Beowawe Geothermal Repower project is moving along on schedule. This is an invitation to any Lander/Eureka County first responder, LEPC members, and public official to a pre-commissioning tour of the upgraded Beowawe Geothermal facility. Friday March 22 at 9am has been designated for this tour. Please RSVP to this meeting date so we can make the proper arrangements.

TRAINING OPPORTUNITIES:
FEMA Region 9 Drill in conjunction with Humboldt County

- ❖ HazMat component including possible closure of I-80
- ❖ Drill would happen somewhere between Pumpernickel and Mote
- ❖ Unified command with Humboldt County, Lander County, State, Federal and stakeholder responding agencies.
- ❖ Table Top in October 2024
- ❖ Drill June 2025

Lander County Railroad Hazmat Drill Saturday June 15th, 2024.

TRAINING OPPORTUNITIES:

- • Nevada Division of Public and Behavioral Health Rural Preparedness Summit. May15-16 2024 Elko Nevada. Free CEU Nursing and EMS.
- • Fire Shows West September 22-23 Reno Decon Hazmat and fire safety training
- • RHPP Emergency Preparedness Training Reno June 10-13 Whitney Peak, In-depth HIC's, CMIST Training, Access and Functional Needs (AFN), Collaboration with FEMA 9 Representatives, Training on Conditions of Participation needs in Rurales' (E-Tags, K-tags, F-tags, J-tags)

APRIL MEETING TOPIC FOR REVIEW:
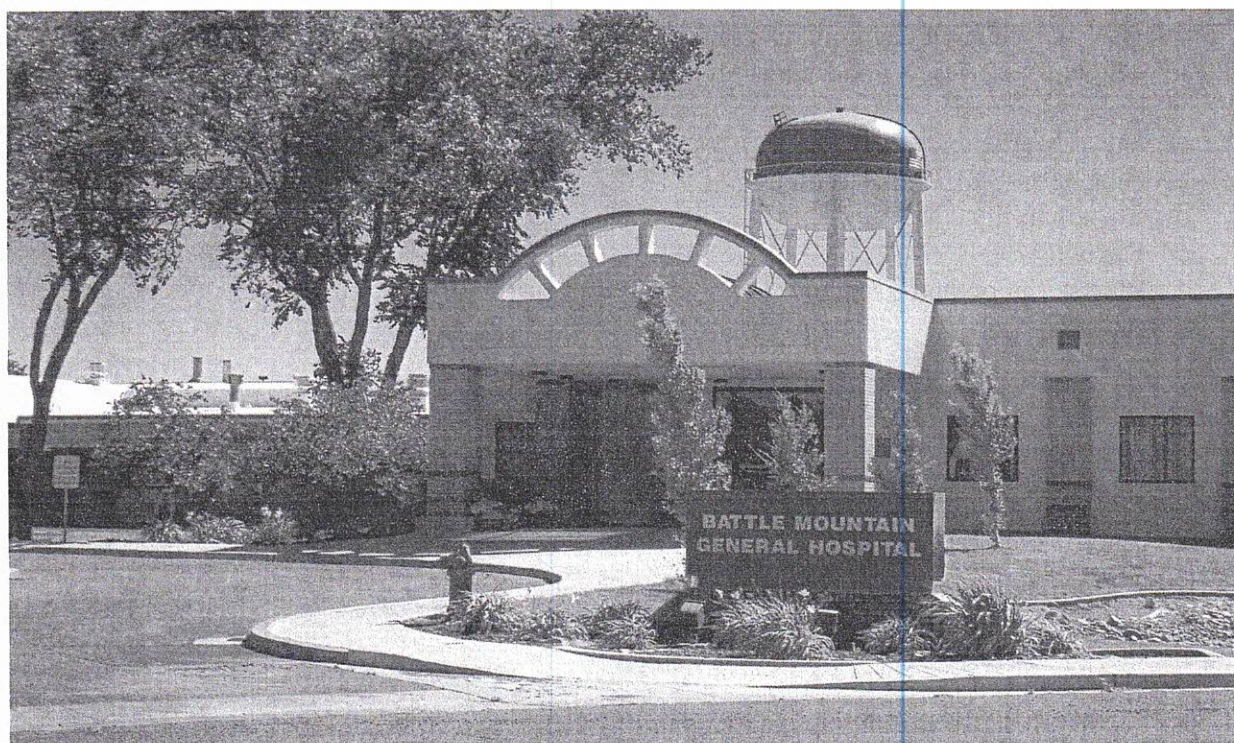- ❖ Facility walk around assessment
- ❖ Stainability of the coop

With no further business, the meeting was adjourned at 1:22 pm.

Holly Heese, Emergency Operations Program Coordinator

Battle Mountain General Hospital

535 South Humboldt Street   Battle Mountain, Nevada 89820
Phone: 775-635-2550   Fax 775-635-8844

EMERGENCY OPERATIONS PLAN

BATTLE MOUNTAIN GENERAL HOSPITAL
A CRITICAL ACCESS HOSPITAL

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   a. Roles and Responsibilities
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   c. Managing Family Support
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Managing Utilities
   a. Utilities

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   a. Volunteer Licensed Independent Practitioners
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Review
   a. Procedure
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   a. Procedure

National Incident Management Systems Compliance
   a. Adoption of NIMS
   b. Preparedness Planning

c. Preparedness Training and Exercises
d. Communications and information Management
e. Command and Management

Attachments
a. Alternate Care Site Plan
b. Decontamination Procedures
c. Community Security Policy
d. Traffic Control Plan
e. Evacuation Plan
f. Mass Fatality Procedure
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Related Forms
a. Hazard Vulnerability Analysis
b. Emergency Response Grid
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BATTLE MOUNTAIN GENERAL HOSPITAL
CRITICAL ACCESS HOSPITAL & LONG-TERM CARE FCILITY

INTRODUCTION

The Emergency Operations Plan outlines a structured approach for dealing with a range of potential emergencies that may arise in Battle Mountain General Hospital and its neighboring community, including measures for response, coordination, and recovery.

All Hospital Incident Command System (HICS) Forms can be accessed here:
https://www.calhospitalprepare.org/hics-forms

A. Scope:

The Emergency Operations Plan outlines a comprehensive command structure for addressing a variety of potential emergencies, encompassing six key areas: communications, resource and asset management, safety and security, staffing, utilities, and clinical activities. This all-hazards approach accounts for single emergencies that may temporarily disrupt service demand, as well as multiple emergencies that may occur concurrently or sequentially, potentially jeopardizing patient safety and the facility's capacity to provide care, treatment, and services over an extended period.

B. Objectives:

The objectives of the EOP are to:
- Plan for managing the following critical areas of our organization so the hospital can respond effectively regardless of the cause(s) of an emergency: Communications, Resources and Assets, Security and Safety, Staff Roles & Responsibilities Management, Utilities, and Clinical & Patient Support Activities.
- Ensure that the medical staff and hospital leaders participate in planning activities.
- Describe the processes for initiating and terminating the organization's response and recovery phases of an emergency, including under what circumstances these phases are activated.
- Identify the individual(s) who has the authority to activate the response and recovery phases of the emergency response.
- Identify alternative sites for care, treatment and services that meet the needs of its patients during emergencies.

C. Responsibilities:

In the event of an emergency, the Hospital Incident Command System (HICS) will be activated, with staff trained in the National Incident Management System (NIMS) as designated by the HICS framework. The organization has updated its emergency plans, ensuring that policies and procedures are in place to enhance readiness, respond to incidents, and support recovery efforts. The revised plans and procedures will be tested

through drills and reviewed to assess functional capability, in accordance with the National Incident Management System (NIMS) components, specifically NIMS Element 3.

D. Leadership:

The hospital's leadership, which encompasses the medical staff, is actively engaged in the planning and development of the Emergency Operations Plan. The Emergency Management Committee is comprised of medical staff, administrators, and department heads, while senior hospital leaders participate in the process through the Environment of Care (EOC) Committee.

E. Emergency Operations Program Coordinator:

Administration has identified the chair of the sub-committee of Emergency Operations Program to lead the emergency management program to be accountable for the following:
- Developing and maintaining the emergency operations plan and policies and procedures
- Implementing the four phases of emergency management (mitigation, preparedness, response, and recovery)
- Implementing emergency management activities across the six critical areas
- Coordinating the emergency management exercises and developing after-action reports
- Collaborating across clinical and operational areas to implement organization-wide emergency management.
- Identifying and collaborating with community response partners
- Developing needed procedures
- Coordinating production or revision of the Emergency Operations Plan (EOP)
- Planning and executing training and exercises
- Writing After Action Reports (AAR)
- This role should represent the hospital at various preparedness meetings at the local, regional, and state levels. The desired background for this role includes formal and informal training, education, and/or experience in emergency management, incident command, hospital operations, and familiarity with local, regional, and state healthcare-system design and emergency response procedures.

F. The Emergency Operations Committee:

The Emergency Operations Committee (EOC) will comprise hospital representatives from various disciplines, including medical staff and senior leadership. The committee will engage local agencies such as police, fire/emergency medical services, emergency management, and public health during exercise planning to establish roles and responsibilities, facilitate priority setting, information-sharing, and joint decision-making during actual incidents. The EOC will regularly convene and include clinical and non-clinical representatives from essential hospital departments and units. A competent and motivated committee chairperson will be selected according to hospital policies and/or bylaws.

The committee chairperson will set the agenda for each meeting and facilitate the committee's work to achieve an annual set of established goals. Subcommittees or task groups will be appointed when necessary to complete identified projects or to plan training and exercises. The minutes of each meeting will be published and disseminated widely to inform all hospital staff of committee activities and changes to the Emergency Management Program and Emergency Operations Plan.

For all actual events and exercises that activate the Emergency Operations Plan (EOP), the EOC will conduct an after-action debriefing/report evaluation, which will be documented. The evaluation will include input from all levels of staff affected and licensed independent practitioners, identifying deficiencies and opportunities for improvement. The evaluation will be communicated to the improvement team responsible for monitoring environment of care issues and senior hospital leadership. The EOP or response plans may be modified based on the emergency response or exercise evaluation, and subsequent emergency response exercises will reflect modifications and interim measures described in the revised EOP.

To keep hospital staff informed of emergency planning and response information, response updates will be published in hospital newsletters and presented at employee orientation and safety fairs. The chairperson will regularly inform the hospital's facility appointed executive committee sponsor (i.e. Chief Executive Officer (CEO), Chief Nursing Officer (CNO), Chief Finance Officer (CFO)) of committee activity, obstacles encountered, and assistance needed to ensure overall readiness and support.

Definitions:

A. **Emergency** -An emergency refers to an unforeseen or abrupt event that considerably hinders the organization's ability to offer care, compromises the environment of care, or causes a sudden surge in demand for the organization's services. Emergencies may arise due to a variety of reasons such as utility failures like sewer or water disruptions, fire system or generator failure, or sudden arrival of many casualties, including contaminated or infectious individuals, that may require the involvement of the Emergency Department. Additionally, emergencies may include situations like winter/ice storms, utility outages, hurricanes, and tornadoes that may not directly impact the hospital, but may necessitate the implementation of a status alert for the facility.

B. **Disaster** -A disaster is a specific type of emergency that, due to its complexity, scope, or duration, poses a significant threat to the organization's capabilities and necessitates external aid to maintain patient care, safety, or security functions.

C. **Patient Surge Event** - A Patient Surge Event refers to a situation where a significant number of victims require urgent treatment due to an emergency such as fire, explosion, train wreck, chemical or bioterrorism event. Victims may be transported to the hospital's Emergency Department via ambulance or other emergency vehicles. Any event that creates an excessive burden on the Emergency Department may require the use of the emergency procedures outlined in the Emergency Department Decompression Policy. This event may

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be combined with other response plans designed to protect the facility, such as in the event of an approaching snowstorm.

D. **Internal Emergency** - An Internal Emergency involves an incident within the hospital that disrupts normal hospital operations. Incidents include bomb threats, utility failures, hostage situations, and infant/pediatric abductions.

E. **Mitigation** - Activities the Hospital undertakes to prevent the occurrence of an emergency or minimize the potential adverse effect one may have on its operations (i.e., the installation of standby or redundant equipment, training, etc.)

F. **Preparedness** - Activities the Hospital undertakes to support and enhance response to a disaster and/or emergency such as plan writing, employee education, and preparation with external agencies, acquiring and maintaining critical supplies.

G. **Response** - Activities the Hospital undertakes to respond to disruptive events. The actions are designed to help reduce casualties, the impact on operations, damage, and to speed recovery. The "all hazards" management structure is used to manage the response to the event and assure adequate staffing for patient care and safety.

H. **Recovery** - Activities the Hospital undertakes to return the facility to complete business operations. Short-term actions assess damage and return vital life-support operations to minimum operating standards. Long term focuses on returning all hospital operations back to normal or an improved situation. The recovery plans prepared ahead of time generally only include the predictable activities that will be done after the event is determined to have finished.

PLANNING ACTIVITIES

A. **Hazard Vulnerability Analysis:**

The organization has conducted a Hazard Vulnerability Analysis (HVA) to identify potential emergencies in both the organization and the community that could impact the demand for hospital services or the hospital's ability to provide those services. The HV A helps gain a realistic understanding of vulnerabilities and focuses resources and planning efforts. Additionally, community and regional HVA assessments aid in the organization's evaluation process. Based on the HVA, a list of priority concerns is developed and evaluated annually.

B. **Community Involvement:**

The organization has established collaborative ties with the community to determine the priority emergencies as identified in the hazard vulnerability analysis. This communication and identification occur during the hospital's review of its Emergency Operations Plan,

which is conducted at least every two years. The community has been briefed on the organization's needs and vulnerabilities. Furthermore, the organization has identified the capacities that the community can contribute to meet the needs of the facility. As a significant healthcare provider in the community, the hospital's role during a disaster is to provide care for the sick and injured individuals who seek treatment. The hospital and community collaborate through:

- Local emergency management meetings
- Regional hospital council meetings
- State meetings

C. Mitigation, Preparedness, Response and Recovery

The organization has created tailored emergency response plans that align with the priorities identified in the Hazard Vulnerability Analysis. These plans will encompass the four key phases of emergency management activities.

D. Hospital Command Center

- The Hospital Incident Command Center (HICC) will be established promptly in the Board Room during Phase II and III emergencies, and at the discretion of the Incident Commander during Phase I. If the Board Room is unavailable, the Incident Commander will designate an alternate location, which will be announced via the overhead system.
- The establishment of the HICC will be initiated by the Incident Commander. The Incident Commander's role will be determined based on the order of authority, but in certain circumstances, a senior authority may delegate to the most qualified or available individual(s) below:
  - Chief Executive Officer
  - Administrator-On-Call (AOC)
  - House/Administrative/Nursing Supervisor
  - Emergency Manager
  - Safety Officer
- The HCC will include staff such as the Public Information Officer, Safety Officer, Liaison Officer, and administrative support for phones and documentation. The Medical/Technical Specialist will only be called upon if necessary for a specific event such as an infectious disease outbreak.
- The Incident Commander will establish and direct the HCC, providing overall direction for hospital operations, and authorizing evacuation if necessary.
- The Safety Officer will assist in implementing the emergency operations plan, identifying hazards, and ensuring safety conditions.
- The Public Information Officer (PIO) will communicate with the media and oversee the Media Center.
- Administrative support will provide phone and documentation support, receive information/tracking lists and messages.
- The Section Chiefs for Operations, Planning, Finance, and Logistics will establish their functions designated by the Incident Commander and report to their meeting place for further instructions.

- The Incident Commander or Liaison Officer will initiate communication with local emergency response groups, as necessary.
- Proper identification apparel will be issued to the Command Center Staff and Section Chiefs to identify the Incident Command Structure.
- The Director of Security will deploy the facility's Security Force to designated locations for securing the facility in the event of a lockdown.
- The Security Force will wear proper identification to distinguish them from local law enforcement officials.
- The Public Information Officer will communicate necessary information to local media, including instructions for walk-in victims and routes for emergency vehicles and services.
- The appropriate Emergency Response Plan will be initiated once the type of emergency is determined.

E. Hospital Incident Command Structure (HICS)

The implementation of the Hospital Incident Command Structure (HICS), which was developed by the Emergency Medical Services Authority (EMSA) of California, has been adopted by the hospital. HICS was revised in 2006 from the previous Hospital Emergency Incident Command System (HEICS), and the latest version is HICS 2014. All necessary HICS resources such as charts, guides, forms, and job action sheets are available in the attachments section of the Emergency Operations Plan (EOP).

F. Inventory and Monitoring of Assets and Resources

Before an incident occurs, the organization has identified and documented the resources and assets that are available either on-site or elsewhere. These assets and resources are recorded in an Inventory and Sustainability worksheet, which includes:
Personal protective equipment (PPE)
- Water
- Fuel
- Medical
- Surgical
- Medications

EMERGENCY OPERATIONS PLAN

A. Response

The emergency response protocol may encompass several measures, such as upholding or enlarging services, economizing resources, reducing services, seeking additional resources from external communities, refusing new patients, executing a phased evacuation or a complete evacuation. Once a genuine emergency arises, the hospital will activate the Emergency Operations Plan (EOP) or an appropriate Emergency Response Plan, initiating the incident phase of the Hospital Incident Command System (HICS). The facility will then execute its response procedures for the care, treatment, and services of its patients.

B. Staff Response

- All on-duty staff must report to Incident Command and remain on standby, which means being prepared, willing, and able to carry out assigned duties until further instructions are provided.
- If any staff member is away from their duty station and unable to report to incident command, they must contact their department head and inform them of their current location and activity status.
- Patient care activities being conducted outside of the department, such as radiology or surgery, will continue until they are completed.
- As soon as possible, the patient and staff members will return to the appropriate area or receive instructions on how to secure the patient in an ancillary location if needed.
- Staff members must inform their department heads of the patient and staff member's location.
- Staff members must continue to carry out their designated patient care activities while preparing for instructions from the HCC.
- Any staff member who wishes to go off-duty must first receive approval from their department head. Department heads cannot approve this without prior clearance from the Incident Commander. Staff members must not leave their workstations until they are relieved or dismissed by their department head.

C. Departmental Response

- To maintain normal operations, both clinical and non-clinical department heads must assess the status of their staff.
- Department heads must designate responsibility for their unit if they are serving in Incident Command.
- Department heads or their designated representatives must identify available
- resources such as beds, personnel, and equipment that could be used for
- emergency response.
- Department heads must be on standby and ready to provide information on the status of their department.
- When requested, department heads must provide information to HCC staff or the Incident Command Section Leader.
- When departments receive notification of a specific emergency, the department heads must initiate the appropriate departmental response plan.
- Department heads must report any problems or concerns to the appropriate
- Section Leader or Command Center staff.
- No department may reduce its hours of operation without prior approval from the Operations Section Chief.

D. Sustainability

It is crucial to prioritize sustainability of supplies to ensure that services can be provided during an event. Planning for sustainability without community support for a period of 96 hours requires coordinated efforts between the Emergency Management Committee and departments across six critical areas before the event occurs. This involves identifying necessary supplies, alternative means of sustaining resources, and alternative sources. If sustainability cannot be maintained for close to 96 hours, response procedures must be adjusted to maintain or expand services, conserve resources, curtail services, supplement resources from outside the local community, close the hospital to new patients, initiate a staged evacuation, or conduct a total evacuation. The Inventory and Sustainability worksheet has identified resources and assets along with their sustainability in hours.

E. Recovery Procedures

To return to normal operations from an emergency, the organization will undertake the following:

- Once deemed appropriate, the recovery phase will be initiated by the Incident
- Commander through the announcement of an "All Clear" signal.
- The Operator will be notified by the Incident Commander to broadcast the end of the event by normal code announcement methods.
- In addition to the Operator, staff will also be informed through alternate means
- such as Intranet messages, personal communication devices (e.g., Team, e-mails, or cellular phones), and an overhead paging system.
- Call list notification procedures will be activated for off-duty staff, informing them whether to report to the department or remain at their current location.
- The community Emergency Management Services will be notified of the "All Clear" action by the Incident Commander.
- Upon announcement of the "All Clear," all information regarding the emergency will be recorded and filed for future reference.
- Section Leaders and HCC staff will contact Unit leaders to receive information and critiques about the response to the emergency.
- All expenses and overtime information will be provided to the Finance Section for documentation purposes. Photographs or descriptive writings should document any damage or abnormalities caused by the emergency or its response.
- Communication equipment, data processing systems, and other equipment used during the emergency will be evaluated for appropriate use in the next emergency, and consumable supplies will be documented for restocking by section chiefs.
- All lCS identification apparel will be repackaged or replaced for the next emergency by section chiefs.
- The HCC's physical surroundings will be cleaned, and furniture will be repositioned for normal operations. All documents used during the event will be gathered, and replacement copies of forms and documentation sheets will be replenished by section chiefs.
- Evaluation of the emergency and the response will be conducted by the Command Center staff and Emergency Management subcommittee.
- The Public Relations Officer will communicate necessary information about the "All Clear" to the local media.

F. Plan Initiation and Termination

To facilitate the orderly initiation of the response to an emergency, the following steps of the Emergency Operations Plan will be followed.

- Any information received by the organization regarding an external emergency facing the community or an internal emergency involving the Hospital's function will be immediately relayed to the relevant House/Nurse/Administrative Supervisor.
- Upon being notified of a potential disaster, the Charge Nurse/Administrative Supervisor will:
  - ◆ The Charge Nurse will assess the situation, including the location of the incident (internal or external), the distance from the organization, the scope of the incident (involving one or multiple individuals), and the current weather conditions.
  - ◆ The Charge Nurse will lead discussions on activating the hospital's disaster plan and coordinating with other departments as needed.
  - ◆ If applicable, the House Supervisor will plan for the care of both casualty and non-casualty patients arriving in the Emergency Department during the disaster.
  - ◆ Based on the evaluation of the information received, the House Supervisor will contact the administrator on call to determine whether to activate the Emergency Operation Plan (EOP).
  - ◆ If the decision is made to activate the EOP, the individual taking the role of Incident Commander will promptly notify the hospital staff and executives.

G. Incident Phases

- **Phase I Green**-when notified by EMS and/or other sources of an incident that has occurred that may involve multiple casualties or a small incident with no casualties that occurred within the facility.
  - ◆ A situation that can be managed with the current on-duty staff.
  - ◆ The staff should remain on duty and review their department-specific procedures to be prepared to respond to the next level of the situation if necessary.
  - ◆ The Charge Nurse will provide a bed count and expected discharges report.
  - ◆ If needed, the Hospital Command Center (HCC) will be established, and only selected departments will be notified.
  - ◆ Primary care model still considered if feasible

- **Phase II Yellow**-when the facility will be receiving patients or major incident within the facility. Some support for the Emergency Department will be required and/or the affected area may need some support. Consider triggers of staffing fit for duty (> 75% staff are fit for duty) and patient surge type (20-60% of patients are a result of the incident)
  - ◆ The situation may require additional staff to be called into the hospital.
  - ◆ All staff will remain on duty and follow their procedures.
  - ◆ The HCC will be set up to coordinate emergency operations.
  - ◆ Assess need to implement no visitors being received at the facility except special circumstances
  - ◆ Cross training of staff with 2-hour skills in-services

- ♦ Volunteers from the community
- ♦ Hybrid primary care and team nursing
- ♦ Use flex time if able to help with resiliency of staff

- **Phase Ill Red** -when the facility will be receiving large numbers of patients and/or significant issues have occurred within the facility and the need for extensive support will be addressed. Consider triggers of staffing fit for duty (<70% of employees fit for duty) and patient surge type (if 60-90% of patients are the result of the incident) PTO to be reviewed on a case-by-case scenario
  - ♦ The HCC will be set up to coordinate emergency operations.
  - ♦ This major event will require mobilization of most aspects of the Hospital Incident Command System in the EOP, including department callback procedure and
  - ♦ planning for staff relief over an extended period.
  - ♦ Consider denied or cancelled PTO
  - ♦ Team nursing model including pulling nurses form non direct patient care areas or outpatient services
  - ♦ Modified documentation

  The plan may be called "All Clear" for the disaster situation while the recovery efforts continue until the hospital is back to normal operations.

- **Phase IV Purple-** when the facility through HICC may require to send a team to the county to plan for the activation of external alternative care sites within the county. Consider triggers of staffing fit for duty and >90% of patients are a result of the incident. Also consider tertiary centers' capacity to absorb and accept patients.

H. Alternate Care Site

In anticipation of potential facility damage, the organization has established a plan to utilize an alternate care site for patient care. This alternate site may be located on the facility grounds/campus or at another pre-identified facility such as hospitals or community locations. The details for these alternate care sites are documented in the Alternate Care Sites document (see attached).

If an alternate care site is necessary, the Logistics Chief will request a Federal 1135 waiver.

To ensure proper tracking and management of patients assigned to alternate care sites during a disaster, the organization has implemented a system to monitor the location and status of these patients with staff tracking forms

I. Sheltering Patients, Staff, Volunteers

Patients who remain in the facility will be sheltered in patient rooms, hallways, or nurse's stations. Staff and volunteers who remain in the facility will be sheltered in Offices, Cafeteria or department areas.

COMMUNICATION MANAGEMENT

A. **Internal and Staff Notification Levels**
   During an emergency:
   - The Incident Commander will initiate the notification process by announcing the incident to the staff using the appropriate code and phase along with a brief description of the disaster (Link to Plain Language Alerts listed below). The announcement may be made using the overhead paging system.
   - In addition to the overhead paging system, staff will also be notified through other communication methods such as Intranet messages, personal communication devices, and cellular phones. Call lists will also be used to reach out to staff who may not be on duty at the time of the incident.
   - If needed, the Public Information Officer may also communicate with the staff through radio or our web site according to established procedures.
   - The communication systems used during the incident may include but are not limited to:
     - Internal telephone system: Internal communications will be limited to disaster-related issues once EOP has been initiated. THE FRONT OFFICE SHOULD NOT BE CALLED FOR INFORMATION.
     - **Radios:** The Communications Unit Leader will determine the location and availability of radios and report to the Logistics Chief so distribution of radios can be determined.
     - Alpha-numeric pagers, email, public address system, inter-departmental radios, inter-hospital radio network, fax, cellular telephones, runners, megaphones, and RACES (i. e., amateur/Ham radio operators).

B. **Emergency Response**
   See Plain Language Alerts Policy

C. **Notification and Communication with External Authorities**
   In the event of an emergency that disrupts the normal patient care and/or business operations of the organization, all relevant external authorities will be promptly notified to ensure an effective response and facilitate the recovery process. The Notification list can be found in attachment Notification of External Contact List.

D. **Communication with Patients and Family**
   - A center will be established to provide support and information to family members of patients, as well as coordinate information on the patients' locations and provide critical incident stress debriefings.
   - The Patient Family Support Center, located in the HICS Management Areas on Form VI, will be established by the Operations Section with the Patient Family
   - Assistance Branch Director and the Family Unification Unit Leader.
   - The Logistics Section, with the Employee Family Care Unit Leader, will establish the Employee Family Support Center, located in the HICS Management Areas on Form VI.
   - Direct communication between the Planning Section and the Patient Tracking

- Manager, as well as the Bed Tracking Manager, will ensure accurate tracking of patients and beds.
- In the event of patient relocation or evacuation, the emergency contact of the
- patient who is not currently present will be informed of their new location.

E. Communication with Media and Community

- The responsibility for media and public information regarding any hospital-related event lies with the Public Information Officer (PIO). The PIO ensures the
- establishment of effective working relationships with local media, emergency
- management office, and public health before any event. The PIO attends meetings regularly with the relevant systems responsible for creating a Joint Information
- Center (JIC) to ensure a unified message is communicated to the community
- through the JIC as per NIMS Element 10, 13 & 14.
- When the hospital is only involved in an event, the PIO present at the Hospital
- Command Center will be responsible for communicating with the community or local media.

F. Communication with Suppliers

The organization has curated a comprehensive list of suppliers for supplies, services, and equipment necessary before, during, and after an emergency event. The list of services suppliers encompasses utility systems repairs, linen delivery, trash and bio-waste pickup, clinical engineering or biomedical equipment, and construction services. Moreover, it also includes potential vendors for alternative supplies or services required in emergency situations, such as portable generators and coolers, fire and water restoration, and hazardous material response.

> *HOSPITAL RESOURCE DIRECTORY* form contains the names and contact numbers of these suppliers, which are maintained by the pre-assigned HCC and the emergency manager and updated annually. If necessary, Memoranda of Understandings (MOUs) will be developed to aid the facilitation of services during community events. Administration CEO & Admin Assistance Manage information.

G. Communication with Other Healthcare Organizations

Prior to any event, the healthcare organizations within the facility's vicinity establish a functional relationship with the facility. This is achieved through a direct Mutual Aid agreement (MAA) with each individual hospital or town, parish, county, and/or regional hospital group, as per NIMS Element 4. This information can be documented using Form IV: Communication with Other Healthcare Organizations.

The key information that needs to be shared with other healthcare organizations includes:

- Command structures & other command centers information
- Names & roles of command center structure
- Resources & assets to be potentially shared.
- Process for the dissemination of patient & deceased individual names for tracking purposes
- Communication with third parties

To enable effective communication between healthcare organizations, existing interoperable systems are necessary as an event may disable some communication methods, limiting resources. The Hospital Incident Command Center (HICC) has established an amateur/HAM radio operator system (See External Contact List as a secondary communication accessibility during an event, thus guaranteeing some interoperability with other organizations, in line with NIMS Element 8.

Patient information shared with other healthcare organizations, local or state health departments, or law enforcement authorities during an emergency may include the patient's name and location. The information shared will adhere to applicable laws and regulations. Lists containing names and numbers of patients are available on Form IV: Communication with Other Healthcare Orgs.

H. Alternate Care Site Communications

The Hospital Incident Command Center (HICC) will establish and maintain communication with the Alternate Care Site (ACS). Upon the establishment of the ACS, the site will reach out to the HICC and set up an Alternate Care Command Center (ACCC) at the ACS location. This is to ensure continuous communication, leadership, and documentation. The available communication modes will include phones, personal communication devices and fax.

I. Backup Communications

The organization maintains a current listing of backup communication systems or devices. The communication devices or systems are tested on a regular basis and will be included in exercises.

A listing of all communication of primary or secondary communication systems or devices should be listed below:

- Alphanumeric or digital pagers can serve as backup communication tools.
- Email may not be available during an emergency if the infrastructure is
- compromised.
- The overhead address or paging system is used for daily status updates and can also be used as backup communication.
- Inter-departmental radios or inter-hospital radio networks can serve as backup communication. Instruction cards are available for those who are not familiar with the equipment.
- Fax machines may be used as backup communication devices as long as some are connected to emergency power.
- Amateur/Ham radios can be used with internal or external operators as a backup communication method.
- Cellular telephones tend to shut down quickly during natural or large-scale
- disasters. Hospital-issued cell phones should be under First Net to ensure priority connection during a disaster.
- In case of complete communication failure, runners can be utilized to convey
- critical information between departments. However, this should be considered a last resort when all other communication options have failed.

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TOPIC:	**DECONTAMINATION- RECEIVING AND HANDLING**

POLICY:

Battle Mountain General Hospital to ensure that departmental staff are prepared to properly respond to the spill of a hazardous material a departmental designee shall be responsible for the receiving and handling hazardous materials that are used within the healthcare organization. Listed below is a summary of the steps involved in receiving and handling the needed materials:

PROCEDURE:

Dress Code:

- In addition to normal dress code requirements, the staff working in this decontamination area shall wear long-sleeved gowns, cuffed forearm-length rubber gloves, masks and protective eye covering, face shields, shoes and head covers.
- Gowns shall be impervious and disposable.
- This attire shall be removed and disposed of in the proper receptacle before leaving the decontamination area.
- Reusable gloves shall be washed inside and outside. Hang gloves inside out to dry.

Traffic Control:

- Traffic control shall be strictly regulated. Doors must remain closed at all times.

Air Flow:

- Air flow in this room shall be under negative pressure and not be recycled.
- Used supplies and equipment shall be transported to the decontamination area in a manner that minimizes contamination of staff, patients and the surrounding environment:
  - Instruments/equipment shall be transported in closed case carts from the OR, Labor and Delivery, GI Lab, Cath Lab, Emergency Department.

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- Instruments/equipment shall be transported from patient care units in a closed container or a plastic bag labeled "Biohazard".
- All items, disposable and non-disposable, received from all areas shall be handled appropriately by discarding them or preparing them for reissue. All soiled items shall be received in the decontamination area.
    - All items returned shall be considered contaminated and received in the decontamination area only.
    - Handle delicate, precision items with care to avoid damage.
    - Inspect returned supplies to determine if all parts have been returned. Notify supervisor of any missing parts or instruments.
    - Do not use any items that are not in good condition or in working order. Place any item that is not in good condition in the repair area.
    - Rinse non-mechanical items in cold water and place in an enzyme detergent soak. Immediately following, place in the washer decontaminator on a normal cycle (if available).
        - Cold water shall be used to remove blood.
    - The Surgical Services staff shall be responsible for returning all instruments, open, and disassembled if applicable. This step must be done before cleaning.
    - Thoroughly clean all surfaces of equipment with hospital-approved disinfectant. Let air dry and return to appropriate clean area.
    - Any sterile disposable item that is returned to this area shall be considered contaminated and will be discarded.

REFERENCES:

- IAHCSMM, Central Service Technical Manual, 7th Edition, 2007
- American Society for Healthcare Central Service Professionals (ASHCSP), Training Manual for Health Care Central Service Technicians, Fifth Edition, 2006
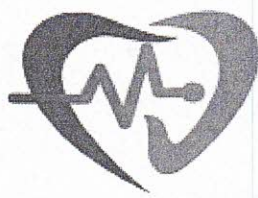
Emergency Quick Reference Guide

HAZARDOUS MATERIALS SPILL/RELEASE

Purpose:
To identify unsafe exposure conditions, safely evacuate area, and protect people from exposure, within the hospital or on its grounds, due to a hazmat spill/release.

Background:
Respond in accordance with this procedure, a large scale incident may develop into a Code Triage.

Note:
In the event of a biological/chemical toxin exposure, the Incident Commander will activate the Bioterrorism Plan.

STAFF RESPONSE CHECKLIST

Immediately upon discovering a hazardous materials spill/release, user department will:

☐ If spill is **MINOR**:

☐ Isolate the area and deny access to others.

☐ Read SDS for precautions.

☐ Use spill kit to clean up spill, if trained to do so.

☐ Notify supervisor.

☐ Complete *Incident Report.*

☐ If spill is **MAJOR**, or of unknown chemical or highly flammable, reactive or toxic:
    ☐ Evacuate area.
    ☐ Dial ext. *3331 and announce **"Hazardous Material Spill"** and location" three times.
    ☐ Activate nearest fire alarm pull shut down air handling system.

Assist those who may have been contaminated – *only if your exposure is unlikely:*

☐ **If a chemical has splashed into someone's eyes, direct** that person to begin immediate rinsing of their eyes with tap water for at least 15 minutes. If no tap water is available, escort the person to the nearest water source for immediate eyewash, avoiding direct contact with the contaminated person.

☐ **If a person has chemicals on their skin,** direct them to rinse affected area with soap and water for at least 15 minutes in a shower, if available, otherwise in a sink. Removal of clothes may be necessary to complete a thorough rinsing. All clothes are to be place in a plastic bag. After rinsing, direct person to remain in area until cleared by Safety Officer. Label plastic bag "*hazmat*".

☐ **If contaminated person(s) unable to self-decontaminate,** wait for trained personnel to perform

decontamination.

☐ **If person was not splashed with chemicals on their skin or clothes, but is complaining of respiratory or systemic effects** from breathing a hazardous material, immediately escort person to the ED for treatment.

Immediately upon hearing "Hazardous Material Spill"

☐ If within alert area:

    ☐ Assist those contaminated (only if exposure is unlikely).

    ☐ Secure area to prevent exposure to others.

    ☐ Assist emergency responders.

    ☐ Return to work duties when safe.

☐ If outside alert area:

☐ Prepare to provide support as directed.

HOSPITAL OPERATOR/FRONT DESK CHECKLIST

Upon receiving report of **"Hazardous Material Spill"** and as directed by the Nursing Manager or Safety Officer,
Hospital Operator will:

☐ Notify 911 Dispatch of situation and location.

☐ Call Engineering to ventilate/shut down recirculation system.

☐ Call Engineering to cordon off immediate area and expand the safety zone, as necessary, to prevent Unauthorized exposure to hazardous conditions.

ALL CLEAR

After **"Hazardous Material Spill" All Clear"** is announced (3 times), return to your normal work duties, unless otherwise
directed.

Note: Following the emergency incident, the manager(s) of the affected area(s) shall have all staff members Respond and Complete an Incident Report.

Decon Zone if more then one person arrives to hospital contaminated.

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TOPIC:	**HAZARD COMMUNICATION PROGRAM**

POLICY:

It is the policy of this facility to comply with the OSHA Communication Standard by following the described method used to implement the Hazard Communications Program.

PROCEDURE:

A. Container Labeling

The Department Managers verifies that all containers for use will:
   ➤ Be clearly labeled as to the contents.
   ➤ Note the appropriate hazard warning.
   ➤ List the name and address of the manufacturer.

The Department Manager in each section will insure that all secondary containers are labeled with either an extra copy of the original manufactures label with generic labels, which have a block for identity and blocks for the hazard warning. For help with labeling, please see the Environmental Service Manager.

B. Safety Data Sheets (SDS)

The Department Manager will be responsible for obtaining any new or updated SDS sheet for any new or current item in their department. The original will be given to the Central Supply Clerk to upload onto the SDS web tool and the department e-binders.

Material Management Department will be responsible for the administration of the SDS on line.

A hard copy Binder of the SDS's for all hazardous chemicals to which employees of this hospital may be exposed will be kept in the Emergency Department.

SDS's will be available to all employees on work stations in their work areas for review during each work shift. If SDS's are not available or new chemicals in use do not have SDS's, immediately contact the Department Manager who will contact Material Management.

C. Employee Training and Information

The Staff Education Coordinator is responsible for the employee-training program. The Staff Education Coordinator will ensure that all elements specified below are carried out.

Prior to starting work each new employee will attend a New Hire Orientation as well as a job specific orientation from the Department Manager. All employees are given an annual in-service and will receive information and training on the following:

> An overview of the requirements contained in the Hazard Communication Standard, OSHA General 1200.
> Chemicals present in their workplace operations.
> Location and availability of our written Hazardous Communications Plan.
> Physical and health effects of hazardous chemicals.
> Methods and observation techniques used to determine the presence or release of hazardous chemicals in the work area.
> How to lessen or prevent exposure to these hazardous chemicals through the usage of control/work practices and personal protective equipment.
> Steps the hospital has to take to lessen or prevent exposure to these chemicals.
> Emergency procedure to follow if they are exposed to these chemicals.
> How to read labels and review SDS to obtain appropriate hazard information.
> Location of the SDS files and location of hazardous chemical list.

After attending the training class, each employee will sign a form to verify that they attended the training, received our written materials, and understood our facility policies on Hazard Communications.

Hazardous Chemicals:

Hazardous chemicals are those that are toxic, flammable, corrosive, reactive or capable of causing harm or serious injury to humans, animals or the environment.

All hazardous chemicals will be identified using the criteria defined by the Resource Conservations and Recovery Act of 1976 (RCRA), subtitle C, Hazardous Waste **Regulation, 40 CFR part 261**.

A brief summary of this identification is as follows:
> Ignitability (flammable)
> Corrosive (pH 2.0 or pH12.5)
> Reactivity (unstable at normal temperatures and pressures, or release of explosive vapors)

> ➤ EP Toxicity (toxic due to contamination heavy metals or specific chlorinated organs)

A SDS will be kept on all such chemicals and will be available for review on line in the Department where the chemical is used and the Emergency Department.

Hazardous Non-routine Task:

Periodically the employees are required to perform hazardous non-routine task. Prior to starting work on such projects each affected employee will be given information by their supervisor about hazardous chemicals to which they may be exposed during such activities.

This information will include:
> ➤ Specific chemical hazards.
> ➤ Protective/safety measures the employee can take.
> ➤ Measures the hospital has taken to lessen the hazards including ventilation, respirators, presence of another employee and emergency procedures.

Informing Contractors:

It is the responsibility of the Department Managers to provide contractors (with employees), that will be working in their Department the following information:
> ➤ Hazardous chemicals to which they may be exposed while on the job site.
> ➤ Precautions the employees may take to lessen the possibility of exposure by usage of appropriate protective measures.
> ➤ Methods that will be used to provide the other employer(s) with a copy of the SDS or to inform them of the location of the SDS in the workplace for each hazardous chemical they may be exposed to while working.

ALL CONTRACTORS USING CHEMICALS IN OUR WORK AREAS ARE REQUIRED TO DO THE SAME.

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TOPIC: **HAZARDOUS WASTE MANAGEMENT**

POLICY:

Hazardous and contaminated waste materials are managed separately from non-hazardous waste.

PROCEDURE:

Hazardous waste is collected in red bags labeled "HAZARDOUS WASTE" and is removed by environmental services to a secure, enclosed trailer parked near the dock entrance of the facility when full; the trailer is taken by engineering staff to the designated hazardous waste area of the Lander County Landfill, a facility licensed to receive and mange hazardous waste.

The locker trailer is checked daily by environmental services staff to assess the need to take it to the landfill. The frequency of these trips varies with utilization and weather.

On a yearly basis BMGH will confirm that Lander County Landfill is licensed to accept the facility's hazardous waste. Proof of licensure will be kept on file in the maintenance department.

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TOPIC: **HAZARDOUS MATERIAL SPILL**

POLICY:

HAZARDOUS MATERIAL SPILL - will be activated when a substance is released or discovered for which there is insufficient information available to assess the true nature of the hazard, or, when a person presents to the hospital stating they believe they have been exposed to a hazardous material or biological/chemical toxin.

When a person presents to any department of the hospital stating that they believe they have been exposed to a known hazardous material or biological/chemical toxin, staff should activate **HAZARDOUS MATERIAL SPILL.** Some patients and/or situations will necessitate that staff refer to the **Decontamination Program Policies & Procedures** (see Safety Manual).

PURPOSE:

To maintain a safe environment, limit exposure and provide guidelines for hospital personnel to recognize and respond appropriately to a chemical release or victim exposure of a release of a hazardous chemical or substance, radioactive material or a suspected biological/chemical toxin exposure.

SUPPORTIVE INFORMATION:

Incidental Spill or Release – this is a spill or release of a chemical or substance that is known and is limited in quantity, exposure potential and toxicity. For an incidental spill or release, **refer to the policy "Known" Chemical/Substance Incidental Spill Guidelines.**

Emergency Response Release/Spill - this situation would pose a significant threat to employee health and safety by its very nature. 9-1-1 should be called since this spill requires a response that is beyond the scope of hospital personnel.

The Material Safety Data sheets (MSDS) should be immediately referenced for additional safety information for all materials approved for use in this facility. (See Hazardous Materials section of the Safety Manual).

PROCEDURE:

1. When a substance has been released/spilled, the person who discovers the material must quickly determine the following:

    - Is this a highly toxic substance?
    - Could this material explode or cause a fire?
    - Are any persons in the area of the spill experiencing unusual or toxic symptoms (breathing difficulty, visual problems, "burning" to eyes, nose and or throat) or unconscious?

2. Press "All Call" on any hospital phone and announce three times "**HAZARDOUS MATERIAL SPILL**" AND THE LOCATION OF THE HAZARD OR EXPOSED VICTIM. After announcing "**HAZARDOUS MATERIAL SPILL**", activate nearest fire alarm pull box. This will immediately shut down the air handler system.

    a) **Hospital staff should not automatically respond to the "contaminated" area!**

    b) If requested by the Incident Commander, First Responder Operations-trained staff may do the following:
        i)   Conduct an initial assessment and attempt to identify the problem.
        ii) Conduct containment and protective actions.

    c) Operator should notify Dispatch (9-1-1) of situation and location.

3. Staff already present in the "exposed" area should:

    a) Apply Personal Protective Equipment (PPE) including an N-95 mask, isolation gown, double gloves and booties. PPE supplies are located in your immediate work area (Familiarize yourself with its location).

    b) Secure the area and deny any further entry into the hazard location.

4. **DO NOT** attempt to rescue or remove from the area any persons exhibiting "toxic" symptoms. This may put you in danger as well as expand the problem!

5. If the victim is conscious, maintain communication with them and advise them to remain calm.

6. When "**HAZARDOUS MATERIAL SPILL**, ALL CLEAR" is announced three (3) times overhead, return to your normal work duties unless otherwise directed. Do not return to the hazard location until the "All Clear" announcement has been made.

    NOTE: In the event of a biological/chemical toxin exposure, the Incident Commander will activate the Bioterrorism plan.

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TOPIC: FIRE SAFETY PLAN

POLICY:

It is the purpose of this policy to provide the guidelines and procedures for a uniform Fire Plan to be followed by staff in the event of a fire.

This plan will assist you in the ability to protect patients, visitors and staff in the event of a fire.

Familiarity with fire safety is essential in order to be prepared and functional should an actual fire occur.

The prime objective in any fire alert is the safety of patients, visitors and staff. Do not attempt to retrieve any property. Equipment and records can be replaced; human life cannot.

PROCEDURES:

CODE RED PROCEDURE: (Actual Fire)

The Person Discovering the Fire: **R.A.C.E**

RESCUE – Remove patient(s), visitors and or staff from the danger zone.

ALARM – Actuate the nearest pull station immediately, dial "8800" on the nearest phone and announce **"CODE RED"** to the location clearly three times.

CONTAIN – Close all doors, windows and vents to contain the fire.

EXTINGUISH/EVACUATE – Turn off oxygen shut off valves in nursing units. Engineering personnel are to respond to the fire to assist in traffic flow, direct the Fire Department to the

location and shut down any and all medical gas systems that will hinder the extinguishing of the fire, evacuate if necessary.

If, in your judgment you feel you can extinguish the fire without endangering yourself or anyone else, do so. Follow the **"RACE"** protocol as per above.

The next person to arrive at the fire:

1. Close all fire doors around the area.

2. Assist in extinguishing the fire until the arrival of the Fire Department.

Evacuation & Fire Exits

All Emergency Exits are clearly labeled with an illuminated "EXIT" sign.

To Extinguish the Fire: P.A.S.S.

1. <u>P</u>ull – the pin that locks the extinguisher trigger.

2. <u>A</u>IM – the extinguisher nozzle towards the base of the fire to suffocate the flames.

3. <u>S</u>QUEEZE – the trigger to evacuate the extinguisher contents.

4. <u>S</u>WEEP – from side to side to cover the area.

Emergency Room Admitting Clerk

1. The Admitting Clerk will always call the Fire Department to make sure they have been alerted to the fire and given the location of the fire.

2. Refuse all non-emergency calls.

3. After notification by the Fire Department or Maintenance personnel that there is no longer a danger from fire, alarms will be silenced and the "All Clear" will be announced.

CODE RED DRILL PROCEDURE:

See Fire Drill

Fire Fighting Equipment:

All fire extinguishers in the building are rated ABC and can safely be used on all types of fires. Care should be taken to aim spray nozzle at base of fire. In the event the fire is causing major damage and/or is uncontrollable, internal disaster procedure will be initiated and followed.

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TOPIC: **STAFF RESPONSIBILITIES IN A FIRE OR INTERNAL DISASTER**

POLICY:

The Fire Plan is activated by the person discovering the fire, or by the activation of the fire suppression system in response to heat or smoke. In the event a fire is discovered by a staff member the following procedure is to be followed.

1. Remove any patients or visitors from the immediate area of the fire.
2. Activate the nearest fire alarm pull station.
3. Notify the charge nurse.
4. Close all windows and doors turn off any equipment in use in the area if it can be done without going into the immediate fire area.

PROCEDURE:

Departmental responsibilities:

I.   Nursing
      A. Charge Nurse
          1. Quickly checks alarm panel on wall in nurses' pantry to determine fire location.
          2. Goes to, or sends someone, to the location of the fire with a fire   extinguisher to assess it and determine if patients need to be evacuated.
          3. Notifies "911" that there is a fire in the hospital and gives:
             a. Location
             b. Type of fire (if known)
          4. Assigns staff members to man the outside doors in order to keep traffic from entering the building.
          5. Assigns someone to communicate between fire department personnel and hospital staff.
          6. Designates a person to meet the fire department at a specific location.

7. Designates a central gathering area for staff to await instructions.
8. Assigns someone to check each department not in the fire area to help account for all persons in the facility.
9. Keeps a current assessment of the fire, and of the status of the patients.

B. Staff nurses, LPN's and CNA's
1. Close all windows and doors in patient care areas
2. Turn off all fans, televisions, etc.
3. At least 2 nursing staff members remain with the patients to reassure and calm them, give them instructions, and help initiate evacuation, should it become necessary.
4. One person alerts Dietary, Medical Records, and Central Supply staff of situation.
5. All other nursing staff remains at the station to await instructions.

C. Emergency Room nurse
1. If the fire is in the ER area, evacuate patients to a safe area.
   a. Request assistance as needed from staff in the central gathering area.
   b. Remain with the ER patient
2. If there is a patient in the ER, but the fire is not in the ER area, remain in ER with the patient.
3. If there is no ER patient, report to the nurses' station to await instructions from the charge nurse.

II.
A. Remove any visitors in their areas to the outside of the building.
B. Close all windows and doors in their areas, and if it is possible, turn off all machines and equipment.
C. Allow no one into the building without proper hospital identification.
D. Notify the charge nurse when everyone is out of the department, to provide and accurate head count for firefighters.

III. **Maintenance Staff**
A. Report to the scene of the fire with additional fire extinguishers.
B. If necessary, turn off all gas and electrical service.
C. Assume responsibility for fighting the fire until the fire department arrives.

IV. **Respiratory Therapy, Radiology, Laboratory, Physical Therapy**
A. If there is a patient in your area, but the fire is not in your area, stay with your patient.
B. If the fire is in your area, and there is a patient in your area, evacuate the patient away from the fire.
C. If there is no patient in your area, report to the central gathering area.

V. **Dietary**
A. Make sure all visitors and staff are out of the dining area.
B. Report to the central gathering area.

VI. Finance/Payroll, Billing, Admitting
   A. If fire or water threatens your area, remove backup tapes, ledgers and records to a safe area.
   B. Report to the central gathering area.

VII. Medical Records
   A. Report to the central gathering area to help coordinate communication between visitors and hospital staff.

VIII. Administrator, Human Resources, Infection Control, and QI/RM
   A. Report to the central gathering area.

IX. Clinic
   A. Evacuate patients, visitors, and staff to the waiting room at the East entrance to the clinic.
   B. If the fire is at the East entrance area, evacuate via the hall by the Administration Offices, or via the hall outside central supply.

X. Volunteers
   A. Report to the central gathering area.

Once the emergency is over, the Administrator will advise the front office to announce "Code Red – All Clear" over the intercom. When patients are resettled in their rooms, or safe and reasonably comfortable ion the evacuation center, the person who initiated the "Code Red" must complete a Quality Review Report.

Note: The "central gathering area" will usually be the hall next to the nurses' station. If the fire threatens or is close to that area, another safer place will be announced.
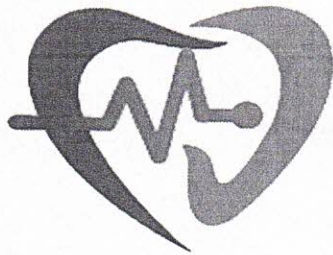
Battle Mountain General Hospital

Policy and Procedure Committee Meeting
March 13, 2024
1:00 am
BMGH Training Room

PRESENT:

Jason Bleak	CEO
Holly Heese	Compliance Officer P&P Coordinator
Hope Bauer	CNO
Amanda Allegre	Risk Manager
Emily Benso	RHC Coordinator
Jodi Price	Medical Records/Business Office
Haleigh Allen	Staff Representative
Danny Itza	Maintenance Manager
Tyson Zacharias	IT Manager

ABSENT:

Mike Lamoureux	Pharmacist

PRESENTING:

Hope Bauer	CNO

MANAGERS:

The BMGH Policy and Procedure Committee Meeting, called to order at 01:00 am by Policy and procedure coordinator.

Policy and Procedure Coordinator. Presented working with the Department Managers or representatives presenting policies:

- Med Staff
  - Changes and updates being made to the IV Contrast policy per Med-Staff
  - Physicians Leaves with Charts Needing Completion
  - Daily Progress Notes
  - Chart Notes
  - Acute/Swing Pt Notes
- Business Office Patient Account/Social Worker Finance Policies LTC
- HIPAA Hi-Tech Cyber Security SRA Cyber Program
  - Cyber Program-Confidential Communications
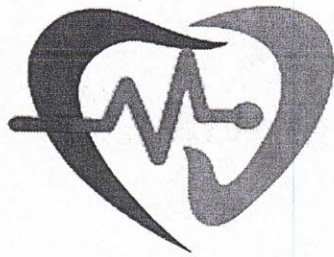
Battle Mountain General Hospital

- Cyber Program-Position Description/Performance Evaluation - (Chief) Privacy/Security Officer

- Cyber Program-List of Computer Stations That Can Create/Transmit Protected Health Information (PHI and ePHI)
- Cyber Program-List of Fax Machines That Can Create/Transmit Protected Health Information
- Cyber Program-General Security
- Cyber Program-Maintenance of Computer Software Programs
- Cyber Program-Text Messaging
- Cyber Program-Determination of Breach of Protected Health Information
- Cyber Program-Notification of Breach of Protected Health Information
- Cyber Program-PHI Breach Staff Training Program
- Cyber Program-Preventing Cyber Extortion
- Cyber Program-Response to Cyber-Attack
- Cyber Program-Inventory of Electronic Protected Health Information and Information Systems List
- Cyber Program-Sample Contract: Business Associate - Electronic Protected Health Information
- Statement of Adherence - Security Policies and Procedures Signature Sheet
- Administrative Safeguards - Risk Analysis
- Administrative Safeguards - Information System Activity Review
- Administrative Safeguards - Privacy/Security Officer
- Administrative Safeguards - Workforce Authorization/Supervision
- Administrative Safeguards - Workforce Termination
- Administrative Safeguards - Security Awareness and Training
- Administrative Safeguards - Access Establishment and Modification
- Administrative Safeguards - Protection from Malicious Software
- Administrative Safeguards - Log-in Monitoring
- Administrative Safeguards - Password Management
- Administrative Safeguards - Data Backup Plan
- Administrative Safeguards - Applications and Data Criticality Analysis
- Administrative Safeguards - Business Associate/Written Contract or Other Arrangement
- Technical Safeguards - Unique User Identification
- Technical Safeguards - Automatic Log-Off
- Technical Safeguards - Encryption and Decryption
- Technical Safeguards - Integrity Controls
- Technical Safeguards -Multi-Factor Authentication Policy
- Technical Safeguards -Access Controls
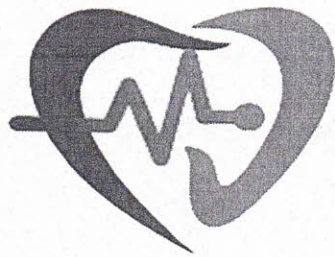
Battle Mountain General Hospital

- Technical Safeguards -Disposal of External Media
- Technical Safeguards -Disposition of Excess Equipment
- Cyber Program-Determination of Breach of Protected Health Information
- Cyber Program-Notification of Breach of Protected Health Information
- Cyber Program-PHI Breach Staff Training Program
- Cyber Program-Preventing Cyber Extortion
- Cyber Program-Response to Cyber-Attack

- Emergency Operation Program:
  - EOP
  - Hazmat Spill Checklist
  - Decontamination-Receiving & Handling
  - Hazard Communications Program
  - Hazardous Waste Management
  - Hazmat Material Spill

Chief Nursing Officer: All policy has been approved and are in the approval process. Looking at changing the swing patient policies.

April Reporting Departments:

- Risk Management/Compliance   Amanda
- Quality Assurance   Amanda
- Patient Safety-   Amanda
- CAH Governance   Jessica
- Emergency Room   Hope

With no further business, the meeting was adjourned at 1:07 pm.

Holly C. Heese, CHEC
Compliance Officer, Education Coordinator,
Certified Healthcare Emergency Coordinator &
MCN Policy Manager Coordinator

Note:
BMGH Policy and Procedure meeting meets CMS Conditions of Participation 42 CFR §485.635, (CAH Tag) & HIPAA Hi-Tech Regulations HIPAA 164.316 (a), [NIST SP 800-53 RA-1], [NIST SP 800-53 RA-3]

April 10, 2024

TO: Battle Mountain General Hospital Board
FROM: Agape Hospice, Steve Larsgaard. Board President
        SUBJECT: Update on Activities

- The Agape Board and Staff is considering May1, 2024 as a target date to begin accepting patients. Part of the Medicare Certification process involves a review and evaluation of patient care. The Agape Board and Staff are meeting on April 17, 2024, to review this matter.
  A final step in the Medicare Certification process is reviewing terminal patient care. The review will take place when Agape has served a total of five patients with two cases being active.
  Consequently, it appears that BMGH revenues allocated to Agape will not be exhausted in the current fiscal year. Procedures to carry funds into FY25 need to be considered. Currently Agape has requested reimbursement for approximately $35,000 of the $165,682 BMGH allocation.

- Terminal patients may select hospice care from any number of hospice providers in north-central Nevada. Once the Agape Board establishes a target date to begin accepting patients. Mr. Bleak will be attending Agape's 4-17-24 Board meeting to participate in this discussion. Mr. Bleak wants to alert BMGH Medical Staff of the local option terminal patients may want to consider once Agape has established this target date.

- In anticipation of accepting patients, Lander County Commissioners have awarded a grant to Agape targeted on the purchase of patient supplies and medical liability insurance. The grant award for FY25 is $9330.

- Agape completed a staff orientation regarding hospice care and protocols per certification requirements in February 2024.

- Agape has purchased patient medical records software per consultants' recommendations. The software has been funded via a 2024 Lander County Grant. Agape will be responsible for maintaining the software at a cost of $1500 per month effective late in 2024 calendar year.
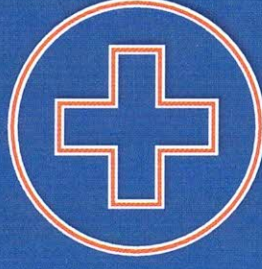
Battle Mountain General Hospital

2024 Benefits

MEDICAL & Rx

Service	Renewal Status
Allied TPA - Medical Admin – Claims Review	Renews October 2024
Berkley - Stop Loss Reinsurance	Renews October 2024
TrueScripts Rx	Implementing Effective May 1, 2024
COBRA/Funding – In house	Evaluate for May 1, 2024

MultiPlan®

ALLIED

Bringing Greater Choice and Savings to the Employees of Battle Mountain General Hospital

Congratulations. Allied Benefit Systems has joined forces with MultiPlan, Inc. to bring you the PHCS and MultiPlan Networks. You get access to more than 5,000 hospitals and over one million quality healthcare professionals, plus two ways to keep your medical costs in line:

1. **PHCS Network**, your primary PPO which delivers extensive choice and the lowest out-of-pocket costs:
   - A PHCS logo on your health insurance ID card tells you and your provider that a PHCS discount applies.
   - Your out-of-pocket costs will be based on your plan's in-network coinsurance levels.
2. **MultiPlan Network**, which extends your choice beyond the primary PPO:
   - Whether in or outside the local area, a MultiPlan logo on your health insurance card tells you and your provider that a MultiPlan discount applies.
   - Your out-of-pocket costs will be based on your plan's out-of-network coinsurance levels, but you benefit from significantly discounted claim costs.

How to Find PHCS and MultiPlan Network Providers

We can help you find the provider of your choice. Simply call 888-733-9582 Monday through Friday from 8 a.m. to 8 p.m. (Eastern Time) and identify yourself as a health plan participant accessing the PHCS and MultiPlan Networks. You may also search online at www.multiplan.com:

- Click on "Find a Provider" at the top of the page.
  - After acknowledging you have read the disclaimer at the bottom of the screen, click on the green "Select Network" button.
- When selecting your network, choose "PHCS," then "I don't see any of these statements," and "Front."
- Enter one of the search criteria suggested in the search box to begin your search.
- If your browser settings don't allow your location to be detected, enter a zip code.
- If you don't find a provider, repeat the steps but choose "MultiPlan" and then "I don't see any of these statements."

If you are currently seeing a doctor or other healthcare professional who does not participate in either network, you may use our Online Provider Nomination System on www.multiplan.com accessed from the health plan section; click on "Information for health plan members" at the top of our home page and look for the "Nominate a Provider" link in the blue box. When you complete the form, we will contact your nominee to determine whether the provider is interested in joining. If so, we will follow up to recruit the provider.

Before Your Appointment

It is your responsibility to confirm your providers' continued participation in the PHCS and/or MultiPlan Network(s) and accessibility under your benefit plan. Please also be sure to follow any required preauthorization procedures (usually a telephone number on your ID card), and always present your benefits ID card upon arrival at your appointment.

If You Need Assistance

If you encounter issues when scheduling appointments with PHCS or MultiPlan Network providers, call us at 888-733-9582. If you have questions about your benefits or the status of claims, call Allied Benefit Customer Service at 800-288-2078.

Please note: MultiPlan, Inc. and its subsidiaries are not insurance companies, do not pay claims and do not guarantee health benefit coverage. For information about your benefits, please refer to your health plan booklet or contact your Plan Administrator.

5/2020

Welcome, Battle Mountain General Hospital, to TrueScripts!

As your prescription benefit management company, we work with you and Battle Mountain General Hospital as a team to achieve the best possible value from your prescription benefit plan. We strive to provide cost-effective solutions without interfering with the quality of your healthcare. Here are some key points to keep in mind effective 5/1/2024:

1. You will be receiving **new insurance ID cards** from *Allied Benefit Systems* with the TrueScripts pharmacy billing information. It is imperative that you present this card to your pharmacy when filling prescriptions on or after 5/1/2024, this includes refills. We also suggest telling the pharmacy staff you have switched to TrueScripts – this will minimize any confusion and delays in filling your prescription.

2. **90-day supply prescriptions** can conveniently be filled at any retail pharmacy or filled through our mail order provider listed on the attached form. A new prescription will be needed from your healthcare provider for 90-day fills at the pharmacy or mail order. Since your provider should be able to call this into your pharmacy of choice, an office visit typically will not be required.

3. The TrueScripts Member Portal gives you 24/7 access to your plan information, claims history, and other tools and resources that will help you save money and get the most out of your prescription benefits. To register please visit memberportal.truescripts.com.

Our friendly Member Care staff is available to address any concerns discreetly and with a professional attitude. Please contact us toll free Monday-Friday 8:00 a.m. – 6:00 p.m. EST at (844) 257-1955 with any questions. Again, welcome to TrueScripts. We look forward to a long and successful partnership with you!

Your Account Management Team,

Lisa Walker   *Caprina Miles*   *Ancita Leach*

Lisa M. Walker   Caprina Miles   Ancita Leach
Director of Account Management   Account Executive   Account Manager

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In case you need to fill a prescription and have not received your new ID card from Allied Benefit Systems, please contact TrueScripts Member Care at (844) 257-1955 or your pharmacy can contact the pharmacy help desk at (855) 326-2159.

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513 E. South St.   812.257.1955 phone   www.truescripts.com
Washington, IN 47501   812.257.1968 fax

Summary of Benefits
Medical Insurance: High Deductible Health Plan (HDHP)

Benefit	Member Responsibility		
	Battle Mountain General Hospital	In-Network	Out-of-Network
Calendar Year Deductible			
Individual	$1,500	$3,000	$3,000
Family	$3,000	$6,000	$6,000
Out of Pocket Maximum			
Individual	$3,000	$4,000	$12,000
Family	$6,000	$8,000	$24,000
Coinsurance	0%	0%	30%
Preventive care	No Charge	No Charge	30% after deductible
Physician Visits			
Primary Office Visit	0% after Deductible	0% after Deductible	30% after Deductible
Specialist Office Visit	N/A	0% after Deductible	30% after Deductible
Urgent Care	N/A	0% after Deductible	30% after Deductible
Emergency Room Services	0% after Deductible	0% after Deductible	0% after Deductible
Outpatient Hospital			
Facility Fee	N/A	0% after Deductible	30% after Deductible
Physician/Surgeon fees	If available, 0% after Deductible	0% after Deductible	30% after Deductible
Inpatient			
Facility Fee	N/A	0% after Deductible	30% after Deductible
Physician/Surgeon fees	0% after Deductible	0% after Deductible	30% after Deductible
Diagnostics, X-Rays & Labs	0% after Deductible	0% after Deductible	30% after Deductible
Major Diagnostic (CT, PET, MRI)	0% after Deductible	0% after Deductible	30% after Deductible

Prescription Drug Program - Pharmacy	Pharmacy In-Network & Out-of-Network
Generic	After Deductible: $15 Copay; 30-day Supply After Deductible: $45 Retail Pharmacy; 90-day Supply After Deductible: $37.50 by Mail Order; 90-day Supply
Preferred Brand	After Deductible: $45 Copay; 30-day Supply After Deductible: $135 Retail Pharmacy; 30-day Supply After Deductible: $135 by Mail Order; 30-day Supply
Non-Preferred Brand	After Deductible: $75 Copay; 30-day Supply After Deductible: $225 Retail Pharmacy; 90-day Supply After Deductible: $225 by Mail Order; 90-day Supply
Specialty	Not Covered

Specialty Drugs are not covered under these plans; Contact TrueScripts for more information at **844-257-1955**.
Your Plan includes a Pharmacy Benefit Manager to manage all of your prescription drug needs.
To locate a participating pharmacy in your area or to price out the cost of prescription medications, visit
https://www.truescripts.com/pharmacy-locator.

Summary of Benefits

Medical Insurance: Copay Plan

Benefit	Member Responsibility		
	Battle Mountain General Hospital	In-Network	Out-of-Network
Calendar Year Deductible			
Individual	$1,000	$2,500	$5,000
Family	$2,000	$7,500	$15,000
Out of Pocket Maximum			
Individual	$2,000	$6,350	$19,050
Family	$4,000	$12,700	$38,100
Coinsurance	10%	20%	50%
Preventive care	No Charge	No Charge	50% after deductible
Physician Visits			
Primary Office Visit	$15 Copay	$30 Copay	50% after Deductible
Specialist Office Visit	N/A	$60 Copay	50% after Deductible
Urgent Care	N/A	$60 Copay	50% after Deductible
Emergency Room Services	$100 Copay + 10% No Deductible	$300 Copay + 20% No Deductible	
Outpatient Hospital Facility Fee Physician/Surgeon fees	N/A If available, 10% after Deductible	20% after Deductible 20% after Deductible	50% after Deductible 50% after Deductible
Inpatient Facility Fee Physician/Surgeon fees	N/A 10% after Deductible	20% after Deductible 20% after Deductible	50% after Deductible 50% after Deductible
Diagnostics, X-Rays & Labs	No Charge		
Major Diagnostic (CT, PET, MRI)	10% after Deductible	20% after Deductible	50% after Deductible

Prescription Drug Program - Pharmacy	Pharmacy In-Network & Out-of-Network
Generic	$15 Copay; 30-day Supply $45 Retail Pharmacy; 90-day Supply $37.50 by Mail Order; 90-day Supply
Preferred Brand	$45 Copay; 30-day Supply $135 Retail Pharmacy; 30-day Supply $135 by Mail Order; 30-day Supply
Non-Preferred Brand	$75 Copay; 30-day Supply $225 Retail Pharmacy; 90-day Supply $225 by Mail Order; 90-day Supply
Specialty	Not Covered

Specialty Drugs are not covered under these plans; Contact TrueScripts for more information at **844-257-1955**.
Your Plan includes a Pharmacy Benefit Manager to manage all of your prescription drug needs.
To locate a participating pharmacy in your area or to price out the cost of prescription medications, visit
https://www.truescripts.com/pharmacy-locator.

Allied Fully Insured Equivalents/COBRA Rates

Current Monthly Rates

HDHP

Allied Inception May 2022 & 2023	Total Rate	ER Contribution 75%	Employee Contribution
Employee	$795.09	$795.09	$0.00
Employee/Spouse	$1,749.21	$1,311.91	$437.30
Employee/Child(ren)	$1,431.17	$1,073.38	$357.79
Family	$2,464.79	$1,848.59	$616.20

PPO

	Total Rate	ER Contribution 75%	Employee Contribution
	$843.15	$843.15	$0.00
	$1,854.94	$1,391.21	$463.74
	$1,517.68	$1,138.26	$379.42
	$2,613.78	$1,960.34	$653.45

*BMGH also contributes $45 to employee HSAs for those enrolled in HDHP

Proposed Monthly Rates

HDHP

May-24	Total Rate	ER Contribution 75%	Employee Contribution
Employee	$739.96	$739.96	$0.00
Employee/Spouse	$1,627.92	$1,220.94	$406.98
Employee/Child(ren)	$1,331.93	$998.95	$332.98
Family	$2,293.89	$1,720.42	$573.47

PPO

	Total Rate	ER Contribution 75%	Employee Contribution
	$784.69	$784.69	$0.00
	$1,726.32	$1,294.74	$431.58
	$1,412.44	$1,059.33	$353.11
	$2,432.54	$1,824.41	$608.14

Rates are based on the admin and reinsurance fees from the signed acceptance of rates for 10/1/23-9/30/24 based on expected costs.

*BMGH also contributes $45 to employee HSAs for those enrolled in HDHP

Employee Premiums

The costs listed below reflect the share structure for the May 1, 2024 through April 30, 2025 plan year. The benefits and associated costs are subject to change in future plan years at Battle Mountain General Hospital's sole discretion and do not create a contract of employment, expressed or implied.

Medical Insurance

Medical Monthly Premium		
Coverage Tier	HDHP Plan	Copay Plan
Employee Only	$0	$0
Employee & Spouse	$422.00	$447.50
Employee & Child(ren)	$345.27	$366.14
Employee & Family	$594.63	$630.57

Employees participating in the High Deductible Health Plan will receive a $45/month HSA contribution from BMGH

Dental Insurance

Monthly Premium	
Employee Only	$0
Employee & Spouse	$19.65
Employee & Child(ren)	$23.14
Employee & Family	$32.36

Vision Insurance

Monthly Premium	
Employee Only	$0
Employee & Spouse	$2.33
Employee & Child(ren)	$2.59
Employee & Family	$3.86

Premium Contributions

The costs listed below reflect the share structure for the December 1, 2021 through November 30, 2022 plan year. The benefits and associated costs are subject to change in future plan years, at the Battle Mountain General Hospital 's sole discretion and do not create a contract of employment, expressed or implied.

HDHP $3,000/100%	Employee Monthly Cost	Employee cost per pay period
Employee Only	$0.00	$0.00
Employee + Spouse	$1,582.64	$791.32
Employee + Child(ren)	$1,294.88	$647.44
Employee + Family	$2,230.07	$1,115.04

PPO $2,500/20%	Employee Monthly Cost	Employee cost per pay period
Employee Only	$0.00	$0.00
Employee + Spouse	$1,683.11	$841.56
Employee + Child(ren)	$1,377.08	$688.54
Employee + Family	$2,371.64	$1,185.82

Dental	Employee Monthly Cost	Employee cost per pay period
Employee Only	$0.00	$0.00
Employee + Spouse	$42.78	$21.39
Employee + Child(ren)	$58.37	$29.19
Employee + Family	$99.62	$49.81

Vision	Employee Monthly Cost	Employee cost per pay period
Employee Only	$0.00	$0.00
Employee + Spouse	$3.63	$1.68
Employee + Child(ren)	$4.16	$1.92
Employee + Family	$8.91	$4.11

1996 Kohler Power system

Bid $517.50

Phil Williams
Williams Ranch Jordon Valley OR.
541-586-2546
208-506-1483

P.O. BOX 803 ELKO NV 89803
(775) 738-4024 FAX (775) 738-3281
EMAIL ADDRESS nevadaadvertising@gmail.com

PROPOSAL

Attn:
Submitted To: Battle Mountain General Hospital

Job Name:
Job Location: Elko
Salesman: Steve Tenney

Nevada Advertising respectfully submits pricing for all labor, materials, and equipment to perform the following work:

To manufacture and Install one s/f Pylon sign 10' Wide 23' Tall to include a sculpted pole cover over pole with full Length LED Trim that lights up, to include a message center 10 mm with all software training and laptop. (NOTE) Sign message center will be cellular and can be operational from any location. Warranty is 5 years parts lifetime support. Heart on top and ID Cabinets to be constructed out of aluminum with Acrylic faces and LED Lighting. Battle Mountain General Hospital letters are channel letters mounted to pole cover with LED Lighting.

	84,690.00
(NOTE) 5% discount for full pre-payment	-4,234.00
	80,456.50

Our Price: $
Sales Tax: $
Total: $

50% DEPOSIT REQUIRED, BALANCE ON COMPLETION

SIGN PERMITS AT COST IF APPLICABLE

A 1 3/4 RATE OF INTEREST (21% ANNUAL PERCENTAGE RATE) WILL BE CHARGED ON ALL PAST DUE ACCOUNTS. IF COLLECTION PROCEEDINGS DO BECOME NECESSARY, PURCHASER AGREES TO PAY REASONABLE ATTORNEY FEES AND COURT COSTS.

All material is guaranteed to be as specified. All work to be completed in a workman like manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control.   Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workers Compensation insurance. Nevada State Contractors License #0067836 SIGNS REMAIN THE PROPERTY OF NEVADA ADVERTISING LLC AND CAN BE REMOVED AT ANYTIME FOR NON PAYMENT UNTIL PAID IN FULL.

Authorized Signature:

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal: The above prices, specifications and conditions are hereby satisfactory and are hereby accepted. Payment will be made as outlined above.

Customer
Signature:

Date:
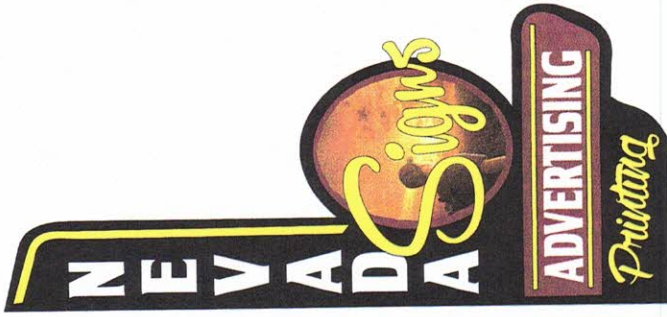
NEVADA *Signs* **ADVERTISING** *Printing*

Battle Mountain
General Hospital

Battle Mountain CLINIC

EMERGENCY

HOSPITAL ENTRANCE

All signage provided by Yesco to be manufactured and installed in accordance with National Electrical Code requirements as well as local sign codes and permitting requirements. Any sign requiring structural engineering to be engineered, manufactured and installed per regulations called out on Lander County permit. Yesco to perform permit application submittal and issuance from the Lander County Building Department.

Warranty:

90 days parts and labor warranty on sign lighting and digital sign operation included. Digital sign to carry total of 5 year warranty on parts.

Maintenance: Additional maintenance coverage available after 90 day full warranty expires at rate of $175 monthly. Maintenance to cover parts and labor for LED illuminated signage lighting and labor for repairs on digital sign. Maintenance not to include electrical supply from source to sign locations, photocells, time clocks, lighting contactors or breakers but only lighting components within the sign or electrical wiring from junction point at base of signs up to signs. Any repairs needed after 90 day warranty expires is also available on T&M basis if maintenance contract is not desired. Not to include damages to signs or structure caused by inclement weather, accident, vandalism, etc.

Post installation support: The Elko location of Yesco keeps on staff personnel trained in the repair of Daktronics brand electronic message centers as well as any type repairs/replacements needed on standard signage. Daktronics or Yesco have available media services that can program digital sign messaging if desired. On line operator training for digital sign operation included.

775 738-5710 » Office

1154 W. Main Street
Elko, NV
NV Contractor's License No. 0074289
C-2, 0074290 C-6, 0075739 C-14

yesco.com

Proposal to Battle Mountain General Hospital

By

YESCO

04/01/2024

Scope of work: Manufacture and install 1- single face entrance sign structure at 11' over all height with Daktronics 60x225 matrix electronic message center and two (2) double face LED interior illuminated directional signs.

Manufacture and installation	$89,778.79
Permit	$945 (approx)
Permit procurement	$345.00
Permit engineering	$975.00

Proposal to include on line operator training and lifetime of sign cellular account for communication to digital sign. Owner to provide device for sign operation software download and 120V electrical service at pylon sign location. 277V OK at directional sign locations.

Project time line: From time of direction to proceed, 3 weeks required for engineered drawings and permit procurement required. From that point 12 weeks for manufacture and transport with additional 2 weeks for installation.

775 738-5710 » Office

1154 W. Main Street
Elko, NV
NV Contractor's License No. 0074289
C-2, 0074290 C-6, 0075739 C-14

yesco.com

Battle Mountain General Hospital

NEW SIGN DISPLAYS

Presented By

YESCO®

Salt Lake Region

Salt Lake Office
1605 South Gramercy Road
Salt Lake City, UT 84104
801-487-8481

Version

ART R1 OPY-61833
Date: 02.12.2024

Address

535 S Humboldt ST
Battle Mountain NV 89820

TYPOGRAPHY NOTE

All vertical typography dimensions specified in this package are based upon the measurement from the baseline to the cap-line of an uppercase letter 'i'. The height of descenders and ascenders, below and above the baseline and cap-line respectively, are not included in the measurements unless specifically noted.

Insight

COLOR MATCHING NOTE

Colors specified in this package are to match vendor supplied physical samples. Colors chosen based upon how they appear on a computer monitor or printed media are not guaranteed to match.

PRODUCTION NOTE

The PDF format of this package may contain graphics which have been down-sampled for proofing purposes and should not be used for production purposes. Source files for this package are available upon request for production purposes.

Revisions

No.	Date / Description
Org.	02.05.2024
1	02.12.2024

JO #

Approval

A/E Sign / Date

Client Sign / Date

Battle Mtn. General Hosp.

535 S Humboldt ST
Battle Mountain NV 89820

Acct. Exec: Gordon Rogers
Designer: Cheryl Lewis

OPY-61833   R1

LOC   0.1

N

MON.#1

DIR.#1

DIR.#2

PHASE #1

PHASE #1

PHASE #1

PHASE #1

PHASE #3

PHASE #1

PHASE #2

PHASE #1

OVERALL FIRST FLOOR PHASING PLAN

YESCO®

UL

Revisions

No.	Date / Description
Org.	02.05.2024
1	02.12.2024 Add retainers

VECTOR LOGO TO BE PROVIDED
OR APPROVED AS IS ◄ VERIFY

JO

Approval

A/E Sign / Date

Client Sign / Date

Battle Mtn. General Hosp.
535 S Humboldt ST
Battle Mountain NV 89820

Acct. Exec: Gordon Rogers
Designer: Cheryl Lewis

OPY-61833   R1

ART   1.0

SCOPE OF WORK

MANUFACTURE & INSTALL *ONE (1)* S/F SIGN.

SIGN AREA: 99~ FT²

FINAL ELECTRICAL CONNECTION:
CUSTOMER TO PROVIDE POWER TO SIGN LOCATION. YESCO TO CONNECT.

COLOR KEY

V1	3M BRIGHT BLUE 3630-167
V2	3M RED 3630-33
P1	BRIGHT BLUE Pms 2945C
P2	RED Pms 1797C
P3	Yesco Viper Silver

Note: Unless otherwise noted, the colors depicted on this rendering may not match actual colors on finished display. Please refer to color-callouts and their appropriate vendor specified samples for approved color specifications.

SIMULATED NIGHT VIEW

Top View-Width as required for S/F Emc

12'-0"

P1 — Aluminum interior illuminated Led cabinet painted blue to match vinyl with acrylic face backing routed out letters.

P1 — Full Colored RGB Outdoor Electronic Message Center:
Matrix 60 x 225
MM. 15.85

P3 — With pole covers painted viper silver, along with inset as required.

V1 **V2** — (callouts)

P3 — Aluminum interior illuminated Led cabinet with painted retainers to match vinyl. White polycarbonate face & red & blue vinyl bkg.

Lower section painted viper silver.

Battle Mountain General Hospital

HOSPITAL
EMERGENCY
CLINIC

11 1/2"

1'-10"
3'-8"
9'-6"
11'-0"
4'-0"
7"

REVERSE SIDE TO BE ALL SILVER & BLANK. PAINTED VIPER SILVER.

1 SIGN 01 - S/F ILLUMINATED SIGN
SCALE: 1/2" = 1'-0"

∎J YESCO®

UL

Revisions

No.	Date / Description
Org.	02.05.2024
1	02.12.2024 Add retainers

JO #

Approval

A/E Sign / Date

Client Sign / Date

Battle Mtn. General Hosp.

535 S Humboldt ST
Battle Mountain NV 89820

Acct. Exec: Gordon Rogers
Designer: Cheryl Lewis

0PY-61833   R1

ART 2.0

SCOPE OF WORK

MANUFACTURE & INSTALL *ONE (1)* D/F SIGN.

SIGN AREA: 33-FT²

FINAL ELECTRICAL CONNECTION:
CUSTOMER TO PROVIDE POWER TO SIGN LOCATION. YESCO TO CONNECT.

COLOR KEY

V1	3M BRIGHT BLUE 3630-167
V2	3M RED 3630-33
P1	BRIGHT BLUE Pms 2945C
P2	RED Pms 1797C
P3	Yesco Viper Silver

Note: Unless otherwise noted, the colors depicted on this rendering may not match actual colors on finished display. Please refer to color c-callouts and their appropriate vendor specified samples for approved color specifications.

VECTOR LOGO TO BE PROVIDED OR APPROVED AS IS   VERIFY

Top View-Width as required

12'-0"

4'-0"

V1

P3

Battle Mountain
General Hospital

BLANK FOR FUTURE USE IF DESIRED

SOUTH SIDE

1 **SIGN 01** - ONE D/F ILLUMINATED DIRECTIONAL SIGN
SCALE: 1/2" = 1'-0"

Aluminum interior Led illuminated cabinet with acrylic face & red & blue vinyl bkg.. Retainers painted to match vinyl.

V1 P1
V2 P2

Viper Silver painted aluminum pole covers & inset section.

Battle Mountain
General Hospital

EMERGENCY

NORTH SIDE

8 1/8
6 3/8
1'-10 1/8"
2'-9"
10 7/8"
7 3/8

SIMULATED NIGHT VIEW

Battle Mountain
General Hospital

EMERGENCY

YESCO®

DESIGN

1605 South Gramercy Rd.
Salt Lake City, UT 84104
801.487.8481

www.yesco.com

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This drawing was created to assist you in visualizing our proposal. The original ideas herein are the property of YESCO LLC. Permission to copy or revise this drawing can only be obtained through a written agreement with YESCO.

The colors shown are only approximated on any computer monitor, inkjet or laser print. The final product may vary slightly in color from your computer monitor or print.

This sign is installed in accordance with the requirements of Article 600 of the National Electrical Code and / or other applicable local codes. This includes proper grounding and bonding of the sign.

(UL)

SCOPE OF WORK
MANUFACTURE & INSTALL **ONE (1)** D/F SIGN.

SIGN AREA: **33- FT²**

FINAL ELECTRICAL CONNECTION:
CUSTOMER TO PROVIDE POWER TO SIGN LOCATION. YESCO TO CONNECT.

COLOR KEY

V1	3M BRIGHT BLUE 3630-167
V2	3M RED 3630-33
P1	BRIGHT BLUE Pms 2945C
P2	RED Pms 1797C
P3	Yesco Viper Silver

Note: Unless otherwise noted, the colors depicted on this rendering may not match actual colors on finished display. Please refer to color-callouts and their appropriate vendor specified samples for approved color specifications.

VECTOR LOGO TO BE PROVIDED OR APPROVED AS IS VERIFY

MISSING REQUIRED INFO

THE FOLLOWING INFORMATION IS MISSING AND WILL CAUSE DELAYS IN PRODUCTION UNTIL PROVIDED TO YESCO:

COLORS FOR THE PROJECT NEED TO BE CHOSEN FROM A PHYSICAL SWATCH BOOK (COLORS CHOSEN USING A COMPUTER MONITOR WILL NOT BE GUARANTEED TO MATCH). SEE YOUR ACCOUNT EXECUTIVE.

Revisions

No.	Date / Description
Org.	02.05.2024
⚠	02.12.2024 Add retainers

JO #

Approval

A/E Sign / Date

Client Sign / Date

Battle Mtn. General Hosp.

535 S Humboldt ST
Battle Mountain NV 89820

Acct. Exec: Gordon Rogers
Designer: Cheryl Lewis

OPY-61833   R1

ART 3.0

SIMULATED NIGHT VIEW

Battle Mountain
General Hospital
EMERGENCY

Top View-Width as required

12'-0"

8 1/8
1'-10 1/8"
6 3/8
2'-9"
7 3/8
10 7/8"
4'-0"

V1 P1
V2 P2

Battle Mountain
General Hospital
EMERGENCY

SOUTH SIDE

1 **SIGN 02** - ONE D/F ILLUMINATED DIRECTIONAL SIGN
SCALE: 1/2" = 1'-0"

Aluminum interior Led illuminated cabinet with acrylic face & red & blue vinyl bkg.. Retainers painted to match vinyl.

P3

Viper Silver painted aluminum pole covers & inset section.

Battle Mountain
General Hospital
EMERGENCY

NORTH SIDE

Proposal to Battle Mountain General Hospital

By

YESCO

04/01/2024

Scope of work: Manufacture and install 1- single face entrance sign structure at 18' over all height with Daktronics 60x225 matrix electronic message center and two (2) double face LED interior illuminated directional signs.

Manufacture and installation	$95,213.98
Permit	$945 (approx)
Permit procurement	$345.00
Permit engineering	$975.00

Proposal to include on line operator training and lifetime of sign cellular account for communication to digital sign. Owner to provide device for sign operation software download and 120V electrical service at pylon sign location. 277V OK at directional sign locations.

Project time line: From time of direction to proceed, 3 weeks required for engineered drawings and permit procurement required. From that point 12 weeks for manufacture and transport with additional 2 weeks for installation.

Battle Mountain
General Hospital

NEW SIGN DISPLAYS

Presented By

YESCO ®

Salt Lake Region

Salt Lake Office
1605 South Gramercy Road
Salt Lake City, UT 84104
801-487-8481

Version

ART R2 OPY-61833
Date: 03.26.2024

Address

535 S Humboldt ST
Battle Mountain NV 89820

PRODUCTION NOTE

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COLOR MATCHING NOTE

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TYPOGRAPHY NOTE

All vertical typography dimensions specified in this package are based upon the measurement from the baseline to the cap-line of an uppercase letter 'i'. The height of descenders and ascenders, below and above the baseline and cap-line respectively, are not included in the measurements unless specifically noted.

Insight

Revisions

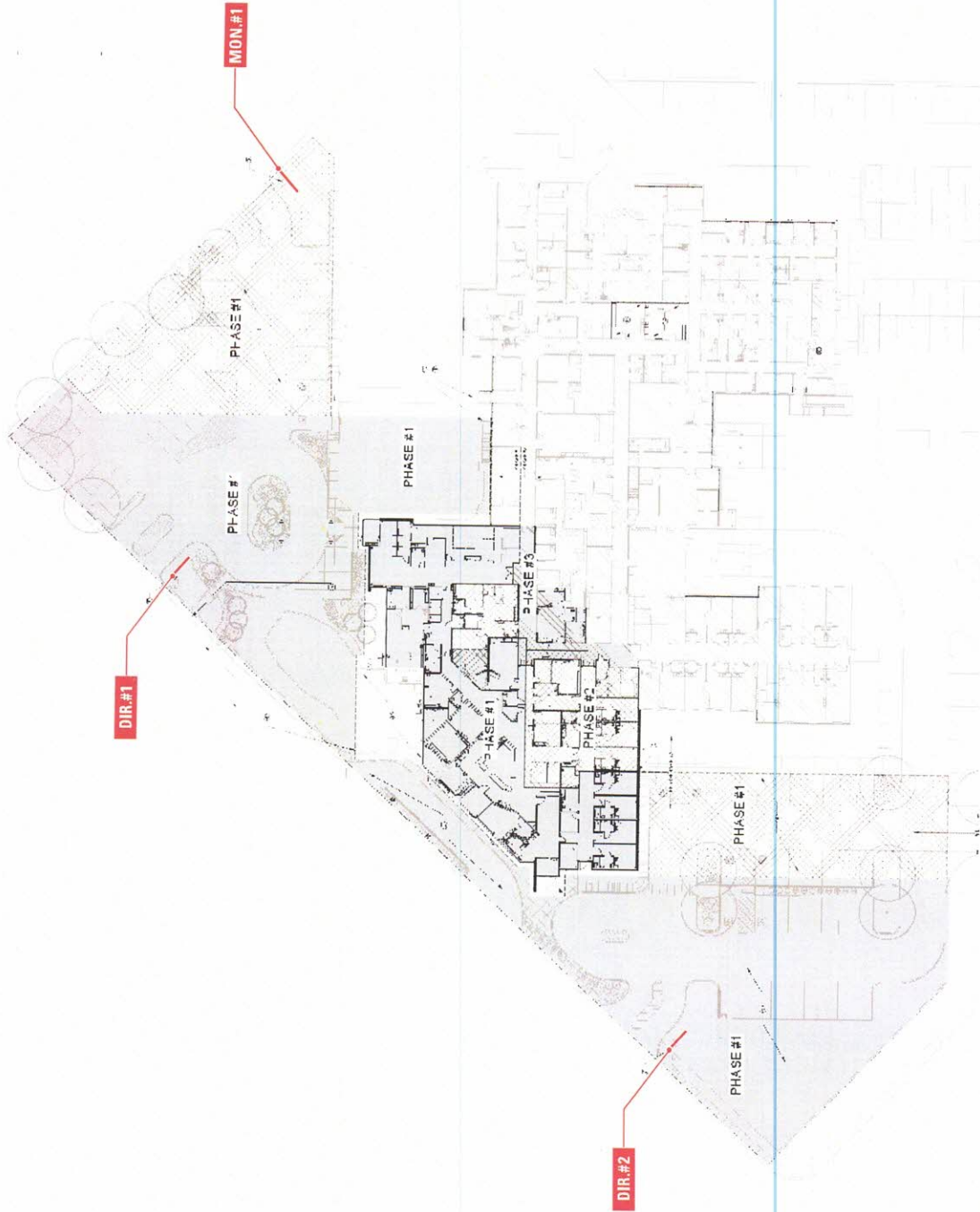| No.	Date / Description
Org.	02.05.2024
1	02.12.2024
2	03.26.2024 no chg this pg
	: --- : ---
	: --- : ---
	: --- : ---

JO #

Approval

A/E Sign / Date

Client Sign / Date

Battle Mtn. General Hosp.

535 S Humboldt ST
Battle Mountain NV 89820

Acct. Exec: Gordon Rogers
Designer: Cheryl Lewis

OPY-61833   R2

LOC   0.1

MON.#1

DIR.#1

DIR.#2

PHASE #1

PHASE #1

PHASE #1

PHASE #1

PHASE #3

PHASE #1

PHASE #2

PHASE #1

PHASE #1

N

OVERALL FIRST FLOOR PHASING PLAN

SCOPE OF WORK
MANUFACTURE & INSTALL *ONE (1)* S/F SIGN.

SIGN AREA: **99- FT²**

FINAL ELECTRICAL CONNECTION:
CUSTOMER TO PROVIDE POWER TO SIGN LOCATION. YESCO TO CONNECT.

COLOR KEY

V1	3M BRIGHT BLUE 3630-167
V2	3M RED 3630-33
P1	BRIGHT BLUE Pms 2945C
P2	RED Pms 1797C
P3	Yesco Viper Silver

Note: Unless otherwise noted, the colors depicted on this rendering may not match actual colors on finished display. Please refer to color-callouts and their appropriate vendor specified samples for approved color specifications.

VECTOR LOGO TO BE PROVIDED OR APPROVED AS IS | VERIFY

MISSING REQUIRED INFO

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COLORS FOR THE PROJECT NEED TO BE CHOSEN FROM A PHYSICAL SWATCH BOOK (COLORS CHOSEN USING A COMPUTER MONITOR WILL NOT BE GUARANTEED TO MATCH) SEE YOUR ACCOUNT EXECUTIVE.

Revisions

No.	Date / Description
Org.	02.05.2024
1	02.12.2024 Add retainers
2	03.26.2024 Raise sign height

JO #

Approval

A/E Sign / Date

Client Sign / Date

Battle Mtn. General Hosp.

535 S Humboldt ST
Battle Mountain NV 89820

Acct. Exec: Gordon Rogers
Designer: Cheryl Lewis

OPY-61833 R2

ART 1.0

SIMULATED NIGHT VIEW

Top View-Width as required for S/F Emc

Aluminum interior illuminated Led cabinet painted blue to match vinyl with acrylic face backing routed out letters. **P1**

Full Colored RGB Outdoor Electronic Message Center:
Matrix: 60 x 225
MM. 15.85

With 8" pole covers painted viper silver, along with inset as required. **P3**

Aluminum interior illuminated Led cabinet with painted retainers to match vinyl. White polycarbonate face & red & blue vinyl bkg... **V1 V2**

Lower section painted viper silver. **P3**

REVERSE SIDE TO BE ALL SILVER & BLANK.
PAINTED VIPER SILVER.

Battle Mountain General Hospital

HOSPITAL
EMERGENCY
CLINIC

1 SIGN 01 - S/F ILLUMINATED SIGN
SCALE: 1/2" = 1'-0"

12'-0"
1'-10"
3'-8"
9'-6"
4'-0"
7"
18'-0"
11 1/2"
8'-6"

UL

Revisions

No.	Date / Description
Org.	02.05.2024
1	02.12.2024 Add retainers
2	03.26.2024 no chg this pg

JO #

Approval

A/E Sign / Date

Client Sign / Date

Battle Mtn. General Hosp.

535 S Humboldt ST
Battle Mountain NV 89820

Acct. Exec: Gordon Rogers
Designer: Cheryl Lewis

OPY-61833 R2

ART 2.0

SCOPE OF WORK

MANUFACTURE & INSTALL *ONE (1)* D/F SIGN.

SIGN AREA: **33**- FT²

FINAL ELECTRICAL CONNECTION:
CUSTOMER TO PROVIDE POWER TO SIGN LOCATION. YESCO TO CONNECT.

COLOR KEY

V1	3M BRIGHT BLUE 3630-167
V2	3M RED 3630-33
P1	BRIGHT BLUE Pms 2945C
P2	RED Pms 1797C
P3	Yesco Viper Silver

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VECTOR LOGO TO BE PROVIDED OR APPROVED AS IS ◄ VERIFY

MISSING REQUIRED INFO ◄

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Top View-Width as required

12'-0"

4'-0"

BLANK FOR FUTURE USE IF DESIRED

SOUTH SIDE

Battle Mountain General Hospital

1 SIGN 01 - ONE D/F ILLUMINATED DIRECTIONAL SIGN
SCALE: 1/2" = 1'-0"

Battle Mountain General Hospital

EMERGENCY

NORTH SIDE

Aluminum interior Led illuminated cabinet with acrylic face & red & blue vinyl bkg. Retainers painted to match vinyl.

Viper Silver painted aluminum pole covers & inset section.

8 1/8

6 3/8

1'-10 1/8"

2'-9"

10 7/8"

7 3/8

SIMULATED NIGHT VIEW

Battle Mountain General Hospital

EMERGENCY

YESCO®

This sign is installed in accordance with the requirements of Article 600 of the National Electrical Code and / or other applicable local codes. This includes proper grounding and bonding of the sign.

DESIGN

SCOPE OF WORK
MANUFACTURE & INSTALL *ONE (1)* D/F SIGN.

SIGN AREA: 33- FT²

FINAL ELECTRICAL CONNECTION:
CUSTOMER TO PROVIDE POWER TO SIGN LOCATION. YESCO TO CONNECT.

COLOR KEY
V1	3M BRIGHT BLUE 3630-167
V2	3M RED 3630-33
P1	BRIGHT BLUE Pms 2945C
P2	RED Pms 1797C
P3	Yesco Viper Silver

Note: Unless otherwise noted, the colors depicted on this rendering may not match actual colors on finished display. Please refer to color-callouts and their appropriate vendor specified samples for approved color specifications.

VECTOR LOGO TO BE PROVIDED OR APPROVED AS IS VERIFY

Revisions
No.	Date / Description
Org.	02.05.2024
1	02.12.2024 Add retainers
2	03.26.2024 no chg this pg

JO #

Approval
A/E Sign / Date

Client Sign / Date

Battle Mtn. General Hosp.
535 S Humboldt ST
Battle Mountain NV 89820

Acct. Exec: Gordon Rogers
Designer: Cheryl Lewis

OPY-61833 R2

ART 3.0

Top View-Width as required

12'-0"

8 1/8
1'-10 1/8"
6 3/8
2'-9"
10 7/8
7 3/8
4'-0"

V1 P1 V2 P2

Battle Mountain General Hospital
EMERGENCY
SOUTH SIDE

1 SIGN 02 - ONE D/F ILLUMINATED DIRECTIONAL SIGN
SCALE: 1/2" = 1'-0"

Battle Mountain General Hospital
EMERGENCY
NORTH SIDE

Aluminum interior Led illuminated cabinet with acrylic face & red & blue vinyl bkg.. Retainers painted to match vinyl.

P3

Viper Silver painted aluminum pole covers & inset section.

SIMULATED NIGHT VIEW

Battle Mountain General Hospital
EMERGENCY