PROGRESSIVE SURGICAL eSupport
POWERED BY VMG HEALTH

VMG HEALTH

Emergency Preparedness: How to Conduct Meaningful Drills and Exercises

August 28, 2026

Today's **Speaker:**

Dale Lyman, CFPS

Sr. Fire Protection Consultant, Telgian Engineering

Fire Safety
Healthcare Life Safety Compliance
AAAHC Surveyor

Why This Matters

An emergency plan isn't proven until you exercise it.

- **Do staff know what to do?**
- **Do they know their roles?**
- **Can they communicate?**
- **Can they protect patients?**
- **Can they adapt when something doesn't go as planned?**

The goal is to find problems before the emergency.

Learning Objectives

By the end of this session, participants will be able to:

- **Understand regulatory requirements and best practices** for ASC fire drills and surgical fire preparedness.
- **Design and conduct emergency exercises** that improve staff readiness and real-world performance.
- **Identify common emergency preparedness pitfalls** and improve drill planning and documentation.

Fire Drill Requirements

NFPA 101 (2012)

- Section 4.7 Emergency Drills
- Chapters 20 & 21 Ambulatory Health Care Occupancies

Also consider CMS, accrediting organization, AHJ, and facility policy requirements.

Quarterly Fire Drills

Fire drills must be conducted quarterly on each shift.

Purpose:

- Familiarize staff with alarm signals
- Reinforce emergency procedures
- Practice assigned responsibilities
- Prepare for varied conditions

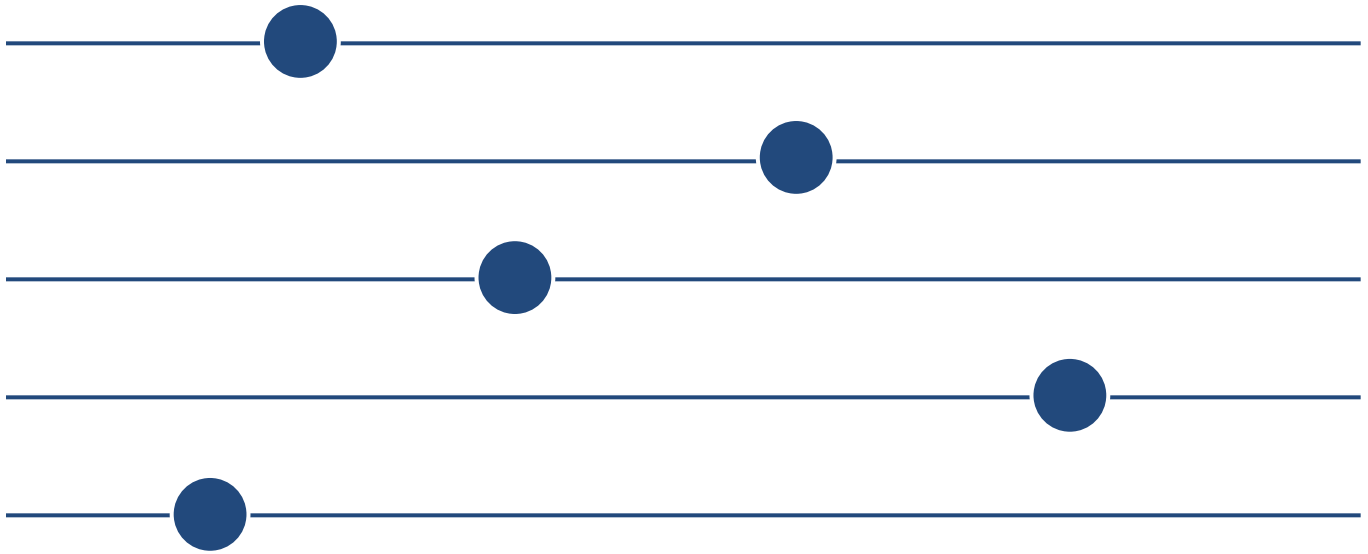
What Makes a Good Fire Drill?

- ✓ Simulates an actual emergency
- ✓ Uses varied conditions
- ✓ Tests staff response
- ✓ Includes patient relocation
- ✓ Evaluates performance
- ✓ Identifies opportunities for improvement

Vary the Conditions

Change:

- Time of day
- Fire location
- Staffing levels
- Patient conditions
- Exit routes



Avoid repeating the same scenario every quarter.

Fire Drill Documentation

Document:

- Date and time
- Shift
- Scenario
- Participants
- Observations
- Deficiencies
- Corrective actions

Surgical Fire Prevention in the OR

NFPA 99:2012 15.13 Fire Loss Prevention in Operating Rooms

NFPA 99 addresses five major areas:

1. Hazard Assessment
2. Fire Prevention Procedures
3. Germicides & Antiseptics
4. Emergency Procedures
5. Orientation & Training

THE GOAL: ***Prevent the fire whenever possible - and be prepared to respond when one occurs.***

Conduct a Hazard Assessment

NFPA 99:2012 15.13.1 ***The facility must evaluate hazards that could be encountered during surgical procedures.***

The assessment includes hazards associated with:

- Electricity
- Surgical equipment
- The operating environment
- And don't make it a one-time assessment.

Surgical operations and procedures should be periodically reviewed, particularly when there are changes in:

- Materials
- Operations
- Personnel

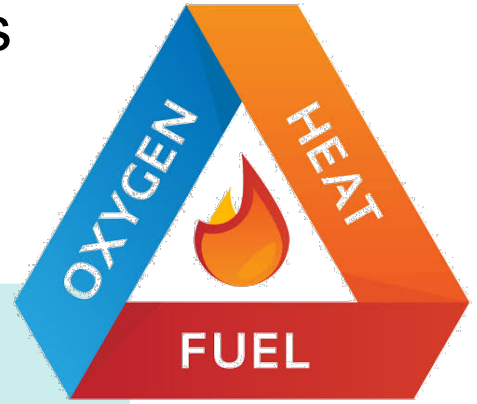
Understand the Fire Triangle

SURGICAL FIRE =

IGNITION SOURCE +
Electrosurgery
Cautery
Laser
Other heat-producing equipment

OXIDIZER +
Oxygen
Nitrous oxide
Oxygen-enriched environment

FUEL
Alcohol-based prep solutions
Drapes
Gauze/sponges
Gowns
Airway devices



Remove one element and you reduce the fire risk.

NFPA 99 15.13 is largely about preventing these three elements from coming together.

Flammable Germicides & Antiseptics

NFPA 99:2012 §15.13.3: When flammable liquid germicides or antiseptics are used in an anesthetizing location and **electrosurgery, cautery, or a laser is contemplated**, NFPA 99 addresses how they are packaged and used.

Requirements include:

- Nonflammable packaging
- Controlled delivery using unit-dose applicators, swabs, or similar applicators
- Allowing sufficient time for evaporation
- Preventing pooling
- Removing solution-soaked materials before draping or using ignition sources

Key takeaway:

- **The prep isn't the problem by itself.**
- The problem is allowing a **flammable prep + ignition source + oxidizer** to come together.

The Preoperative "Time-Out"

NFPA 99:2012 15.13.3.6

Before a procedure begins, when the applicable flammable prep/fire risk exists, the preoperative time-out verifies:

- The application site is dry
- Pooling has not occurred—or has been corrected
- Solution-soaked materials have been removed
- Draping and use of electrosurgery/cautery/laser can safely proceed

*This is a **fire prevention check**, not just a surgical checklist item*

Have a Surgical Fire Emergency Plan

NFPA 99:2012 15.13.3.6

The OR/surgical suite needs procedures addressing emergencies.
These procedures include:

- Alarm activation
- Evacuation
- Equipment shutdown
- Control of the emergency
- Chemical spills
- Extinguishment of drapery, clothing, and equipment fires

*The plan also addresses coordination with an **emergency control group or public fire department**.*

Train the Entire OR Team

NFPA 99:2012 15.13.3.10

New OR/surgical suite personnel—including **physicians and surgeons**—must receive training on:

- General safety practices
- Equipment-specific safety
- Procedures they will perform
- **Continuing education and supervision are also required.**

Additionally:

- Incidents are reviewed **monthly**
- Procedures are reviewed **annually**
- Fire exit drills are conducted annually or more frequently as required by applicable codes

Don't Just Review the Policy

Run a Scenario:

- An alcohol-based prep has been applied.
- The patient is draped.
- An electrosurgical device is activated.
- **A fire starts at the operative site.**

Then ask:

- Who recognizes the fire?
- Who announces it?
- Who stops the procedure?
- Who addresses the oxidizer?
- Who removes burning material?
- Who obtains the extinguisher?
- Who activates the emergency response?
- Who manages the patient?
- Then evaluate the response.

From NFPA 99 to Your Exercise

NFPA 99 Requirement	What You Can Test
Hazard assessment	Does staff recognize the risks?
Fire prevention	Is the prep dry? Is pooling addressed?
Time-out	Does the team actually verify fire-risk conditions?
Emergency procedures	Does everyone know their role?
Equipment shutdown	Who shuts down the ignition source?
Evacuation	How is the patient moved?
Fire extinguishment	Who retrieves/uses the extinguisher?
Training	Can staff demonstrate their knowledge?
Incident review	Does the facility learn from events/exercises?

Beyond Fire Emergencies

Consider:

	Severe weather
	Power failures
	Water outages
	HVAC failures
	Medical gas failures
	Cyberattacks
	Security incidents

CMS Emergency Preparedness

Four Components

1. Risk Assessment & Emergency Planning
2. Policies & Procedures
3. Communication Plan
4. Training & Testing

Exercise Requirements

Check with your accrediting organization for types of exercises and frequency:

- Facility-based functional exercise
- Additional exercise or tabletop

Drill vs Exercise

Event	What it Tests
Drill	A specific procedure
Tabletop	Decision making
Functional Exercise	Capabilities
Full-Scale Exercise	Multiple capabilities

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

Start with the Risk Assessment

Ask:

- What can happen here?
- What is most likely?
- What would have the greatest impact?
- What have we learned from prior exercises?

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

Set Clear Objectives

Examples:

- Test communication
- Test evacuation
- Test leadership
- Test continuity of operations
- Test utility failure response

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

Build a Realistic Scenario

Weak:

‘The power goes out.’

Better:

'Power fails during two active procedures and one clinical area remains without power after generator startup’

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

Use Injects

Examples:

10:00 Power fails
10:05 Generator starts
10:10 Generator alarm activates
10:15 Phones fail
10:20 OR patient requires continued anesthesia

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

Test Communication

Who:

- Calls 911?
- Contacts leadership?
- Communicates with patients?
- Contacts outside agencies?
- Meets emergency responders?

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

Test Leadership

- Who is in charge?
- What if they are unavailable?
- Who can order evacuation or suspend operations?

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

Test Patient Care

Consider:

- OR patients
- PACU patients
- Patients under anesthesia
- Oxygen-dependent patients
- Patients with limited mobility

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

Involve the Right People

Include:

- Clinical staff
- Physicians
- Anesthesia
- Administration
- Facilities
- Security
- IT

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

Observe the Exercise

Evaluate:

- Communication
- Leadership
- Staff knowledge
- Patient accountability
- Equipment performance
- Unexpected problems

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

Conduct a Debrief

Ask:

- What went well?
- What didn't go well?
- What surprised us?
- What needs improvement?

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

After-Action Report

Document:

- Scenario
- Objectives
- Observations
- Strengths
- Deficiencies
- Corrective actions
- Follow-up

Emergency Exercise

Complete Risk Assessment

Set Clear Objectives

Build Realistic Scenario

Test People and Processes

Involve the Right People

Observe the Exercise

Debrief

Report & Corrective Action

Corrective Actions

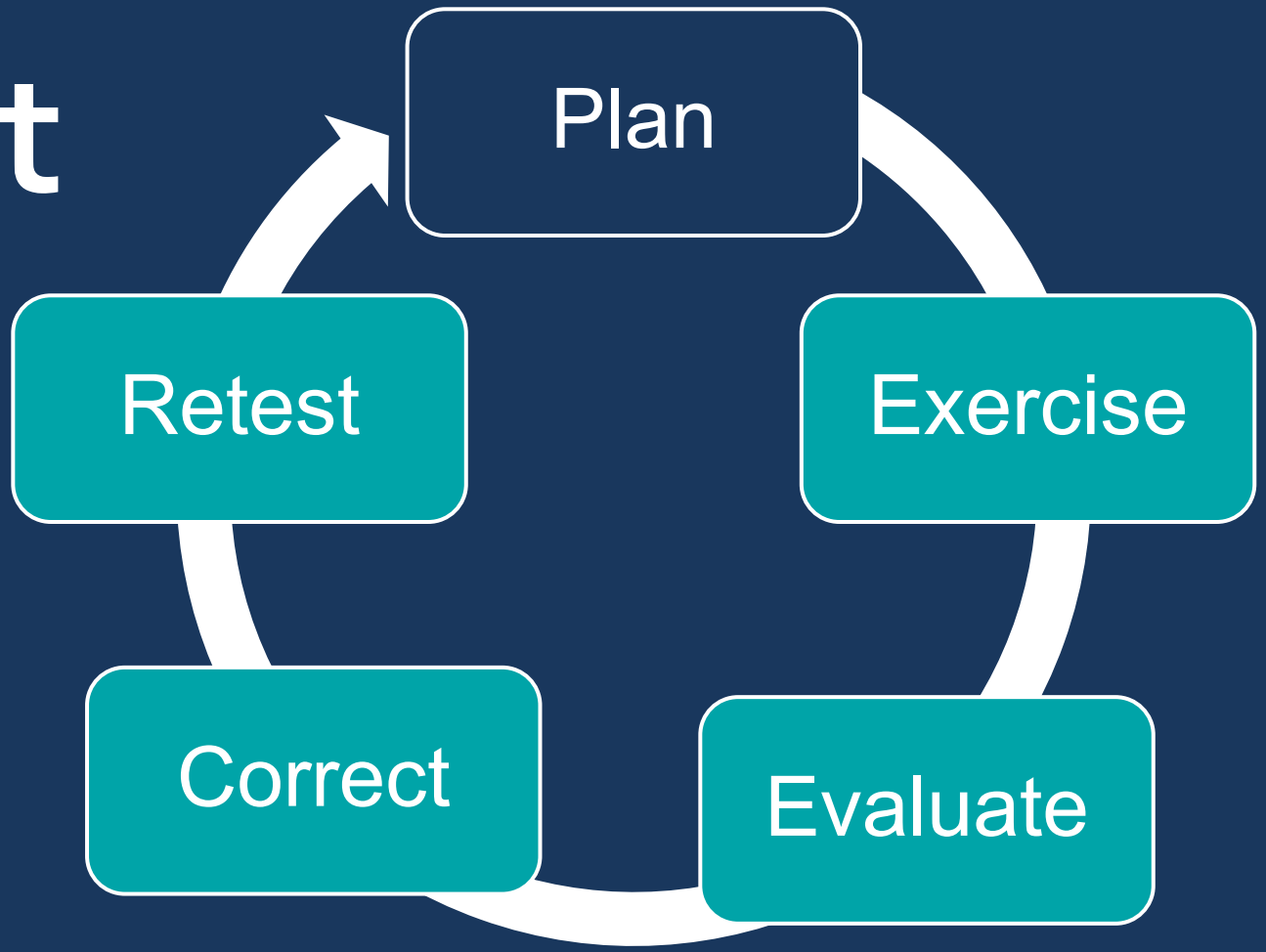
Avoid:

'Staff will be re-educated.'

Instead:

- Determine root cause
- Revise procedures
- Train staff
- Retest performance

The Improvement Cycle



Common Survey Findings

- Staff can't explain the plan
- Drills are repetitive
- No evaluation performed
- No corrective actions documented
- No evidence of retesting

What Surveyors May Request

Emergency Plan

- Risk Assessment
- Exercise documentation
- Attendance records
- After-action reports
- Corrective action records

Three Questions Every ASC Should Ask

1. Would staff know what to do today?
2. What if the primary leader is absent?
3. What did the last drill teach us?

Five Key Takeaways

1. Know the requirements
2. Make exercises realistic
3. Test people, not paperwork
4. Document what you learn
5. Improve and retest

Final Thoughts

- Don't exercise the paperwork.
- Exercise the people.
- The best time to find a problem is ***during an exercise***—not during an emergency.

PROGRESSIVE SURGICAL eSupport
POWERED BY VMG HEALTH

Additional questions?
Would you like to learn more?

Let's dive deeper. Contact us today!

VMG HEALTH

CONTACT US:

(800)-832-0609

dlyman@telgian.com
support-asc@vmghealth.com

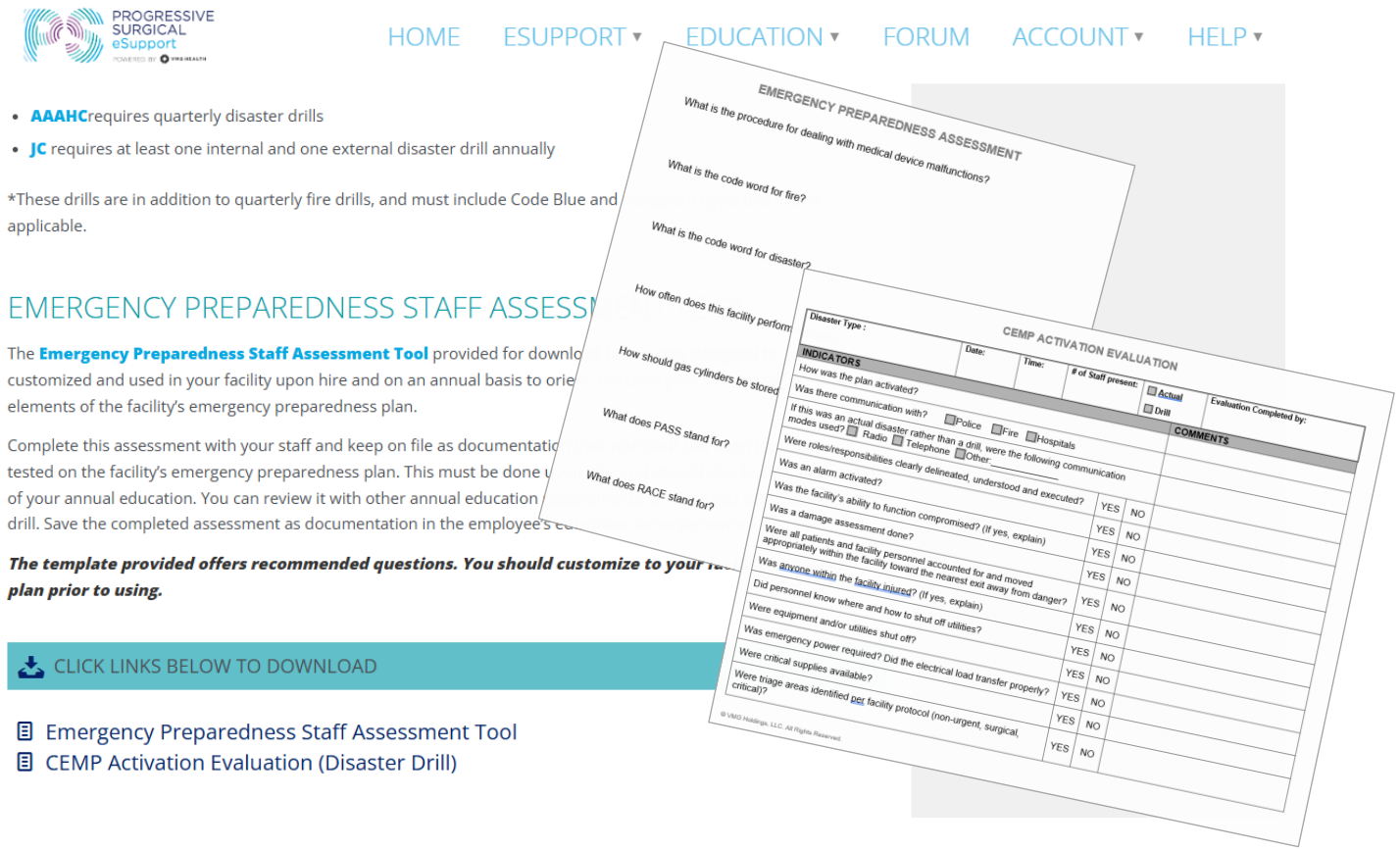
Thank you.

Available to eSupport Members

PROGRESSIVE SURGICAL eSupport
POWERED BY VMG HEALTH

eSupport > Emergency Preparedness > Training & Testing

Emergency Preparedness Staff Assessment Tool
CEMP Activation Evaluation (Disaster Drill)

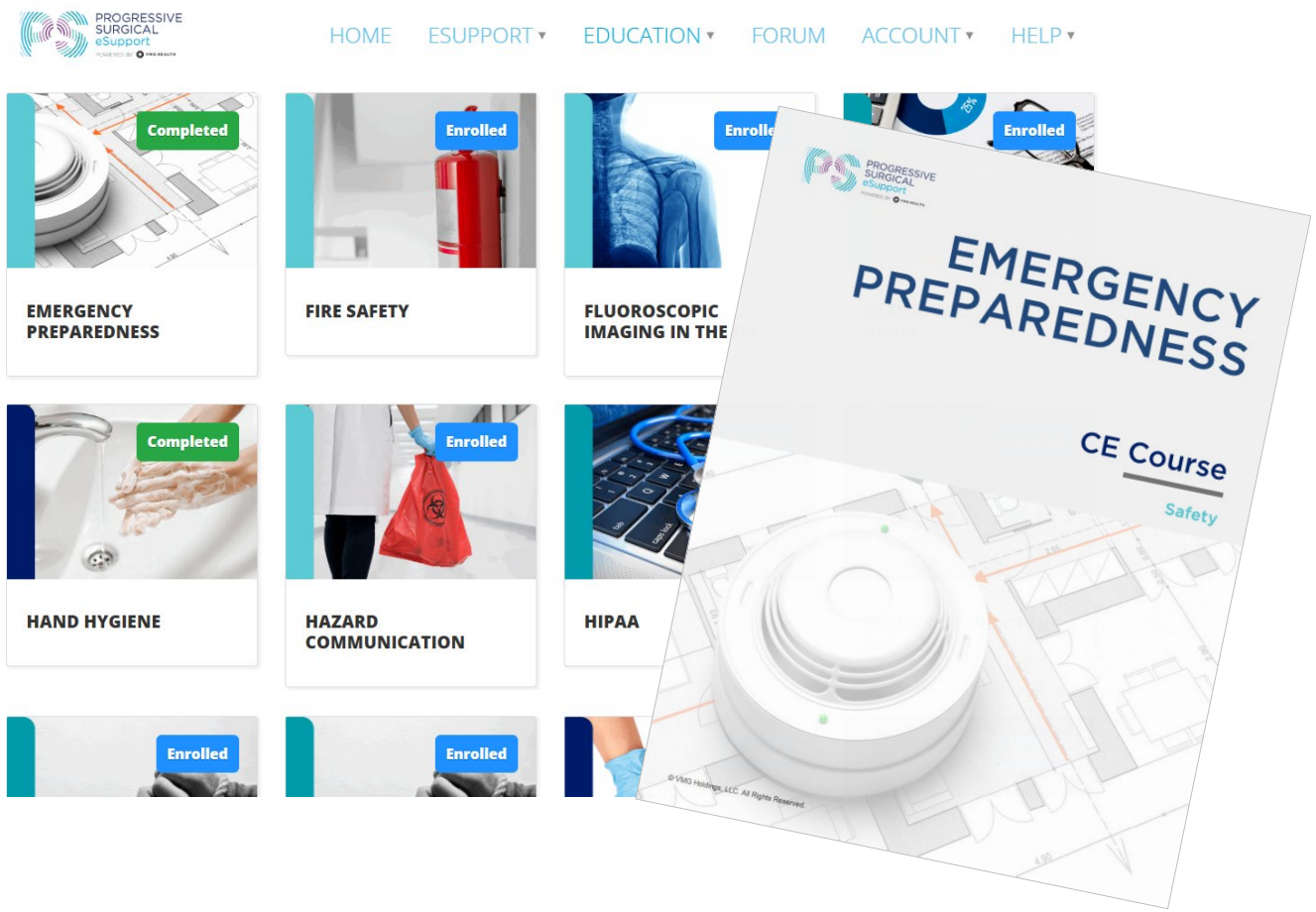


Education > My CE Courses

Available to eSupport Members

PROGRESSIVE SURGICAL eSupport
POWERED BY VMG HEALTH

Employee Education Course: Emergency Preparedness



Education > Webinars & Training > Quick Training

Available to eSupport Members

PROGRESSIVE SURGICAL eSupport
POWERED BY VMG HEALTH

Quick Training: Electrical Fire Prevention and Response

CE Credit

VMG Health is approved by the California Board of Registered Nurses, Provider #17841 and BASC, Provider #1016.

RN	1 CE Contact Hour
CASC	1 AEU

Complete Course Evaluation sent via email by **Friday, September 25th**

Allow up to 2 weeks to process your certificates

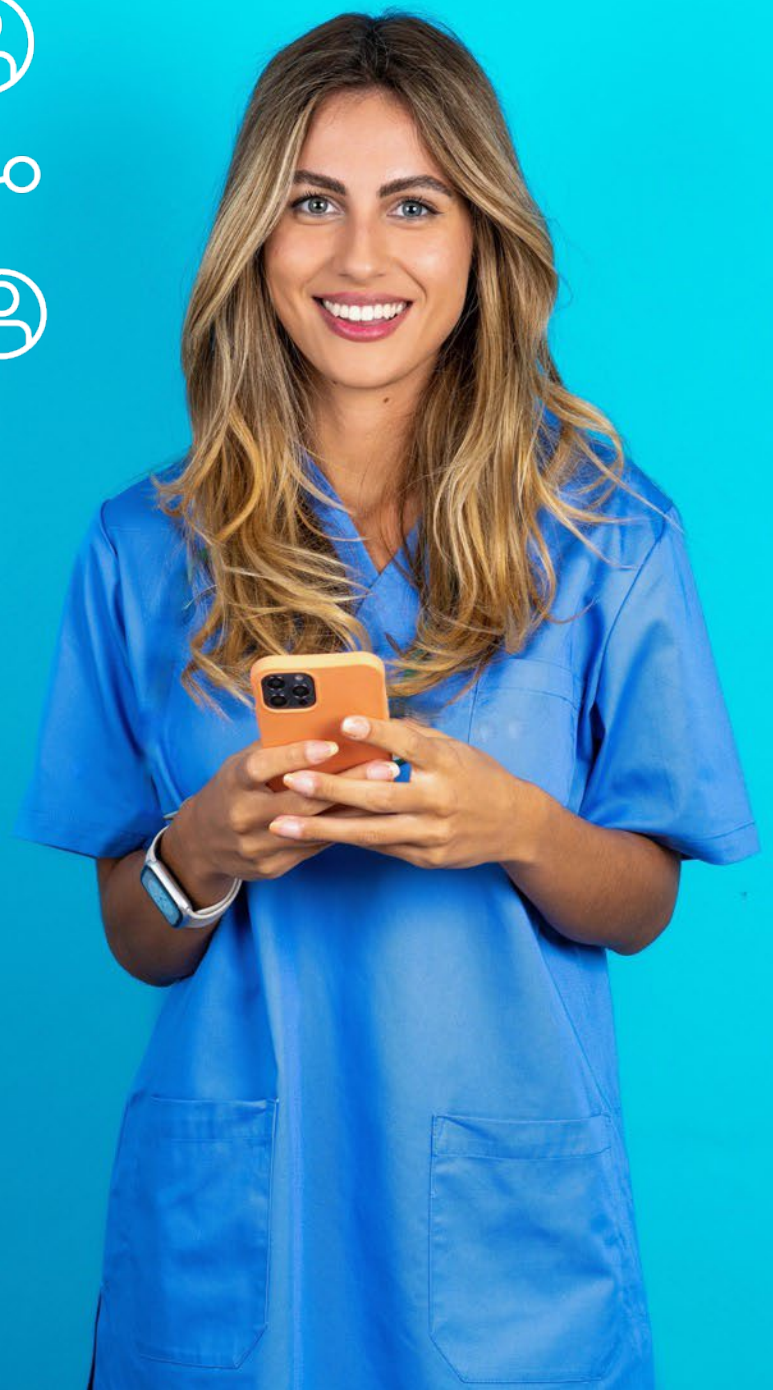
Any questions regarding CE Credit, contact Customer Support

support-asc@vmghealth.com

PROGRESSIVE SURGICAL eSupport
POWERED BY VMG HEALTH

The leading online membership for ASC nurse leaders who want to run a compliant, efficient, and profitable ASC with confidence.

RUNNING AN ASC CAN BE less OVERWHELMING



Join our *Private* Facebook Group

A place to **connect**, **support**, and **network** with other ASC managers all over the country.

VMG HEALTH

PROGRESSIVE SURGICAL eSupport
POWERED BY VMG HEALTH

2026 WEBINAR CALENDAR

Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
SEP 28	20		Maximizing Performance: Implementing KPI-Based Bonus Programs	Nancy Stephens *VMG Health*
OCT 30	60	RN, CASC	ASC Coding and Reimbursement Challenges	Kirk Mack, COMT, COE, CPC, CPMA *VMG Health*
NOV 23	20		Staying Ahead of the Surveyor: Key Findings and Focus Areas for 2026	Lisa Nagle, RN *VMG Health*
DEC 18	60	RN, CASC	A Guide to ASC Risk Assessments	Debra Stinchcomb, MBA, BSN, RN, CASC *VMG Health*