University of

Arkansas

for medical sciences

kids first

Emergency PREPAREDNESS Plan

**Date Adopted:**

**Date Revised:**

**Prepared By: Matt Mills**

Last revised 5/26/21

## EMERGENCY PREPAREDNESS PLAN REVIEW AND REVISION LOG

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| --- | --- | --- | --- |
| Review/Revision Date | Revised By: | Date Sent to Emergency Management  Office and OH&S | Changes |
| 07/20/2021 | Matt Mills | 08/02/2021 | Original Document Creation |
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**EMERGENCY RESPONSE ACTIONS**

**UAMS NW Kids First**

The following are basic instructions for various emergency incidents:

**Medical Emergencies - Call 9-1-1 and Springdale Police (479)751-4542**

* Administer first aid if you are trained to do so
* Do not attempt to move a seriously injured person

**FIRE Activate nearest alarm**

* **Call 9-1-1 and report emergency**

**Fire Evacuation Procedures--If you hear the fire alarm or are instructed to leave the building:**

* + - Immediately obey evacuation alarms and orders. Tell others to evacuate.
    - No one may remain inside a building when an evacuation is in progress.
    - Classes in session must evacuate.
    - If involved with hazardous research or doing a dangerous procedure, immediately shut down operations that could create additional hazards if left unattended. Evacuate as soon as possible.
    - When you evacuate, take keys, coat, purse and any other critical personal items with you to the EAA. **REMEMBER, IN CASE OF A FIRE, IT IS IMPORTANT TO NOT DELAY EVACUATION.**
    - Close doors as rooms are vacated.
    - Assist those who need help, but do not put yourself at risk attempting to rescue trapped or injured victims.
    - Note location of trapped and injured victims and notify emergency responders.
    - Walk calmly but quickly to the nearest emergency exit.
    - Use stairways only. **Do not use elevators.**
    - Keep to the right side of corridors and stairwells as you exit.
    - Proceed directly to your designated Emergency Assembly Area (EAA). Stay away from the immediate area near the building you evacuated.
    - Remain in EAA until roll is taken and instructions are given.
    - Do not reenter the building until authorized personnel give the “All Clear” instruction.

**HAZMAT Spills (phosphors compound exposures seek immediately medical treatment: DO NOT USE WATER)**

**MINOR release in the lab (less than 1lb dry solid and less than 4 liters of liquids)**

* Follow lab eyewash, rinse or shower procedures
* Flush affected body area continuously for 15 minutes
* Vacate persons in immediate area if necessary
* Clean spill if you have suitable training **or call 9-1-1 and report emergency**
* Wear protective equipment
* Use appropriate kit to contain, neutralize and absorb spill
* Collect, containerize, and label waste

**MAJOR release in the department** - **Call 9-1-1 and report emergency**

* Report your name, location, phone number, the material spilled, possible injuries
* Assist injured persons **(call 9-1-1 for medical emergency)**
* Isolate contaminated persons **(by evacuating lab or removing injured person for lab)**
* Avoid contamination or chemical exposure
* Close doors or control access to spill site
* Alert Supervisor, Department head
* Communicate critical spill information to responders
* Follow evacuation instructions precisely

**Power outage**

* Assess the extent of the outage in your area
* Report the outage to UAPD at 479-575-2222
* Help co-workers in darkened work areas move to safe locations
* If practical, secure current experimental work, then move it to a safe location.
* If you move chemicals on carts between floors, get assistance.
* Hazardous spills are a significant risk during transport
* Keep lab refrigerators or freezers closed throughout the outage
* Unplug personal computers, non-essential electrical equipment and appliances
* Open windows for additional light and ventilation
* If you are asked to evacuate, secure any hazardous materials and leave the building
* Release of personnel after an extended outage is determined by the department head.

**Earthquake**

* Take cover immediately:
  + - Under a desk, table, or chair
    - Between seating rows in lecture halls
    - Against a corridor wall (cover head and neck)
    - Outdoors--in open area, away from buildings
* Be alert for aftershocks, avoid potential falling hazards

**Minor quake** (brief rolling motion)

* Restore calm. Examine your area for damage
* Report damage/hazardous materials releases
* Review safety procedures and kits
* Await instructions, evacuations are unlikely

**Major quake** (violent shaking)

* Restore calm. Assist others
* Report serious injuries to 9-1-1
* Report damage to Department head
* Evacuate carefully, be alert for aftershocks
* Take emergency supplies
* Do not use elevators
* Meet at Emergency Assembly Point
* Do not enter buildings until they are examined
* Report status to Incident Command Center
* Await instructions, be patient, help others.

Bomb Threat

**When a bomb threat is received:**

* Signal a coworker to call the Springdale Police Department at 9-1-1 or 479-751-4542. Also call UAPD at (479)575-2222. Locate the Bomb Threat Check List in the back of the Building Emergency Preparedness Plan in the template section for reference.
* Keep the caller on the line as long as possible. Ask him/her to repeat the message. Record every word spoken by the person.
* If the caller does not indicate the location of the bomb or time of possible detonation, you should ask him/her for this information.
* Be alert for distinguishing background noises such as traffic, music, voices, aircraft, church bells, etc.
* Note distinguishing voice characteristic (sex, voice quality, impediments, and demeanor).
* Note if caller indicates knowledge of the Hospital or Campus by his/her description of locations. Lead him/her on; kill time.
* Complete the Bomb Threat Check List found in the template section of your building emergency preparedness plan while you are on the phone or as soon as the party hangs up.
* Immediately phone the Springdale Police Department at 9-1-1 or 479-751-4542. Also call UAPD at (479) 575-2222.and state that you have received a bomb threat. Supply the details and follow instructions.
* Do not alert patients, visitors, or any other personnel that you have received a threat unless advised to do so by Hospital Administration or the Vice Chancellor for Campus Operations.
* Do not use cell phones and portable handheld radios.

**When a Letter Containing a Bomb Threat or a Demand for Extortion is received:**

* Immediately place the page(s) and envelope between pieces of blank paper. Do not handle more than necessary.
* Notify the Springdale Police Department at 9-1-1 or 479-751-4542. Also call UAPD at (479)575-2222. Relay the contents of the letter in as great as detail as possible.
* The UAPD Police Dispatcher will notify the UAMS NW Hospital Administrator on call and/or the Vice Chancellor for Campus Operations.
* Springdale PD or UAPD will pick up the envelope and letter.
* On scene Incident Command will determine if internal disaster procedures shall be initiated.

**EMERGENCY SHELTER IN PLACE PROCEDURES**

**Types:** You may be required to Shelter in Place for events such as:

* Tornado warning or other severe weather events.
* Bomb threat.
* As directed by police personnel for any other situation that requires you to find protection within a building.

**Shelter in place** means seeking immediate shelter inside a building or University residence. This course of action may need to be taken during a tornado, earthquake or bomb threat. When you hear the sirens or announcement immediately go to a safe location.

Remain in place until police, fire, or other emergency response personnel provide additional guidance or tell you it is safe to leave.

**When to Shelter in Place:** You must **immediately** seek shelter in the nearest facility or building (preferably in a room with no windows) when:

* + - Directed by Emergency Notification System (RazALERT, National Weather Service, etc)
    - Directed by police or fire department personnel.

**General Shelter in Place Procedures:** The University’s emergency warning notification system, will be used to notify the UAMS NW community of a “shelter in place” situation.

* + - If you are “sheltering” due to a **tornado warning**, immediately go to a safe location in your building.
      * Proceed to the lowermost floor, interior area of the building. Position yourself in the safest portion of the area away from glass. Be prepared to kneel facing a wall and cover your head.
      * In high-rise (four stories or more) buildings, vacate the top floor and move to the lowest floor possible. Position yourself in an interior corridor away from glass. Be prepared to kneel facing the wall and cover your head.
      * Any occupant who encounters a student or visitor should direct them to take appropriate actions.
      * Any occupant that encounters a physically disabled individual should assist them if possible.

**EMERGENCY LOCKDOWN PROCEDURES ACTIVE SHOOTER**

If you are **locking down** due to an **active shooter, building intruder or a civil disturbance** on campus, immediately go to a safe location in your building and lock and/or barricade the door.

* + - * If possible, take refuge in a room that can be locked.
      * If possible, close and lock the building’s or room’s door (s). If unable to lock the door secure it by any means possible (etc. furniture, copier, file cabinets, refrigerator and other materials).
      * The room should also provide limited visibility to anyone that is outside of it.
      * Hide under a desk, in a closet, or in the corner.
      * Report any suspicious activity if you can do so without jeopardizing your safety…Call 479-575-2222 or 911 if possible.

Upon determination by the UNIFIED COMMAND the campus no longer needs to operate within Security Alert, Active Shooter status, the Incident Commander will notify appropriate personnel to cancel Active Shooter.

**BUILDING SPECIFIC EVACUATION PROCEDURES**

Evacuation procedures must take into account any specific building and occupant needs. Add maps, exit routes, other steps, actions, or precautions specific to your building or work area.

(Map will be attached after drone footage is completed of the building)

**Emergency Assembly Area Location (after you have evacuated your building)**

* + - Primary location (should be ***outside***, in an area away from the building): Located on north side of building in grass area. Location is more than 50 feet away from building entrance and away from responders.
    - Secondary location (should be ***inside*** ***a nearby building*** in case of inclement weather): Staff and children will relocate to Cross Church located at 1709 Johnson Road, Springdale, AR 72764.

**BUILDING SPECIFIC SHELTER IN PLACE PROCEDURES AND LOCATIONS**

Each classroom has its own bathroom where students and teacher(s) will shelter. Staff will utilize a centralized conference room or storage rooms, depending on location. Kid’s First staff is modifying their building map/diagrams to reflect these locations.

**BUILDING SPECIFIC LOCKDOWN PROCEDURES AND LOCATIONS**

Children will be directed into a bathroom located in each classroom. Staff will remain with them. Staff will either enter in their bathroom located at nursing station or lock individual office doors.

**EVACUATION PLANNING FOR PERSONS WITH DISABILITIES**

**List self-identified disabled persons who request evacuation assistance during an emergency.**

**Designate evacuation assistants to wheelchair users to assist them during an emergency.**

**Evacuation Guidelines for People Requesting Additional Assistance**

Expand on any specific procedures for occupants requiring additional assistance here.

* 1. Check on people with additional needs during an evacuation. A “buddy system,” where people with additional needs arrange for volunteers (co-workers) to alert and assist them in an emergency is recommended.
  2. **Only** attempt an emergency evacuation if you have had emergency assistance training **or** the person is in immediate danger and cannot wait for emergency services personnel.
  3. **Always ask** someone requiring additional assistance how you can help **before** attempting any emergency evacuation assistance. Ask how he or she can best be assisted or moved, and whether there are any special considerations or items that need to come with the person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | **Employee Name** | **Phone** | **Disability & Instructions** | **Room/Bldg** |
| NA | NA | NA | NA | NA |
|  |  |  |  |  |
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**BUILDING/DEPARTMENT CALL TREE**

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**Kid’s First**

**EMERGENCYCOORDINATOR:**

**TEAM ROSTERS**

**(SEND A COPY TO UAMS OCCUPATIONAL HEALTH AND SAFETY FAX: 501-296-1339)**

**BUILDING EMERGENCY COORDINATOR TEAM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Room** | **Office Phone** | **Home/Cell Phone** |
| **Building**  **Emergency Manager/Coordinator** | **Kim Cox** | Click here to enter text. | **479-750-0130** | **501-764-8383** |

**Department Emergency Coordinators**

**Coordinator’s Name Room Work Phone Home/Cell Phone**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ENTER DEPARTMENT NAME HERE** | **Kim Bain** | Click here to enter text. | **479-750-0130** | **479-200-9982** |
| **ENTER DEPARTMENT NAME HERE** | **Clinic Cell Phone** | **NA** | **NA** | **479-306-9853** |
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**EMPLOYEE ACCOUNTABILITY CHECKLIST**

Department: Kid’s First

Emergency Coordinator/Alternate: Kim Cox/Kim Bain

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start time: \_\_\_\_\_\_\_\_\_\_\_ am/pm End Time: \_\_\_\_\_\_\_\_\_\_\_ am/pm

**Place one of the symbols below over the name** Total number of each symbol

**as roll is check**

**LEGEND:** **A** = Accounted for \_\_\_\_\_\_\_\_\_\_\_\_

**Blank means** = Not accounted for \_\_\_\_\_\_\_\_\_\_\_\_

**This total adds up to everyone in department \_\_\_\_\_\_\_\_\_\_\_\_ (Total)**

Staff Directory:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enter staff name and cell number | Enter staff name and cell number | Enter staff name and cell number | Enter staff name and cell number | Enter staff name and cell number |
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**CHECK LIST FOR RECEIVING BOMB THREAT**

Time and Date Reported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Reported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exact Words of Caller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Caller ID Display on Telephone (if possible): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions to Ask:**

1. When is bomb going to explode? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Where is the bomb right now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What kind of bomb is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What does the bomb look like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Why did you place the bomb? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Where are you calling from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Callers Voice:**

Male\_\_\_ Female\_\_\_ Young\_\_\_ Middle Age\_\_\_ Old\_\_\_ Accent\_\_\_

Tone of Voice\_\_\_\_\_\_\_\_\_\_\_\_\_ Background Noise\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Voice Familiar? \_\_ Who did it sound like?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Voice Characteristics:

Slow\_\_\_ Rapid\_\_\_ Normal\_\_\_ Excited\_\_\_ Loud\_\_\_ Disguised\_\_\_ Broken\_\_\_ Sincere\_\_\_

Time Caller Hung Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name, Location, Telephone Number of Recipient:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EQUIPMENT AND FURNISHING INVENTORY ASSESSMENT**

Use this form to describe all current furnishings, office-laboratory-research equipment, and materials as a baseline. This form should also be expended during the emergency. Send the information along with any before and after photographs/videos to Occupational Health and Safety, with the Department head’s signed cover memo after an emergency has occurred for insurance purposes.

**DEPT/BLDG:** Click here to enter text.

**ROOM:** Click here to enter text.

**Item:**Click here to enter text. **Manufacturer:** Click here to enter text.

**Model#:** Click here to enter text. **UAMS Property Tag #:** Click here to enter text.

**Original Cost:** Click here to enter text.

**Damage description:** Click here to enter text.

**Est. repair cost:** Click here to enter text. **Est. replacement cost:** Click here to enter text.

**ROOM:** Click here to enter text.

**Item:** Click here to enter text. **Manufacturer:** Click here to enter text.

**Model#:** Click here to enter text. **UAMS Property Tag #:** Click here to enter text.

**Original Cost:** Click here to enter text.

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**Est. repair cost:** Click here to enter text. **Est. replacement cost:** Click here to enter text.

**ROOM:** Click here to enter text.

**Item:** Click here to enter text. **Manufacturer:** Click here to enter text.

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**Est. repair cost:** Click here to enter text. **Est. replacement cost:** Click here to enter text.

**ROOM:** Click here to enter text.

**Item:** Click here to enter text. **Manufacturer:** Click here to enter text.

**Model#:** Click here to enter text. **UAMS Property Tag #:** Click here to enter text.

**Original Cost:** Click here to enter text.

**Damage description:** Click here to enter text.

**Est. repair cost:** Click here to enter text. **Est. replacement cost:** Click here to enter text.

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**BUILDING DEPARTMENTS**

List all departments with employees in your building.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | **Number of Employees** | **Phone** | **Email Address** | **Room** |
| NA | NA | NA | NA | NA |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Building Potentially Hazardous Operations**

In this section, include information about potentially hazardous operations that require special care during an emergency. Be sure to check with each department before completing this section. This information must be readily available to first responders to assist them in their emergency response efforts.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Operation** | **Room** | **Department** | | **Responsible Person** | **Phone** | |
| NA | NA | | NA | NA | | NA | |
|  |  | |  |  | |  | |
|  |  | |  |  | |  | |
|  |  | |  |  | |  | |

**Appendix A: Approved Emergency Assembly Area**

**Building** **Emergency Assembly Area**

**Appendix B: Kid’s First**

**EMERGENCY**

**SUPPLY LOCATIONS**

**DEPARTMENT EMERGENCY SUPPLY LOCATIONS**

|  |  |  |
| --- | --- | --- |
| **Building** | **Room** | **Other** |
| Kid’s First- Ground Floor | Nurses’ Station | “Go bag” in each classroom with limited supplies |
| NA | NA | NA |
| NA | NA | NA |
| NA | NA | NA |

**First Aid Kit(s)**

**Lab Spill Kit(s)**

**Communications Equipment**

**Other supplies**

**Appendix C: DETAILED SPACE ASSESSMENT**

Use this form to describe damage to utilities, fixtures, ceilings, walls, floors, windows, etc. on each floor of your Department’s building(s). Send the information to your Department head. The Department head or Department Emergency Coordinator should then send a prioritized list to the ICC and Occupational Health and Safety Department with a signed cover memo.

**DEPT/BLDG:** Click here to enter text.

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**Appendix D: Automatic External Defibrillator (AED)**

**\*\*AED’S ARE BEING ORDERED\*\***

|  |  |  |
| --- | --- | --- |
| **AED Location** | **Contact Person** | **Contact Person’s Phone #** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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For any questions about AED’s or to report a purchase of one, please contact Sonja Hart at 501-296-1060

**Appendix E: Resource List**

**UAMS LR Incident Command Center: 501-686-6999**

**Emergency Preparedness Office:**  479-879-5717 Fax: 479-575-7784

This office assists all parts of the UAMS NW community in planning and preparing for responding to and recovering from emergencies and disasters.

**Occupational Health and Safety Office:** 501-686-5536 Fax: 501-296-1339

This department serves as the focal point for emergency preparedness in research and education buildings questions and issues.

**Engineering and Operations:** 501-526-0000

This department is responsible for the installation and repair of facility safety equipment and building maintenance services.

**Springdale Police:** 479-751-4542 or 9-1-1

**UA Police:** 479-879-5717

This department is responsible for personal safety in the workplace.