

# American College of Acupuncture & Oriental Medicine

## ADMINISTRATIVE PROCEDURE

			EMERGENCY AND EVACUATION PROCEDURES		PROCEDURE NO.1413
					REVISION NO. 4
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REV	DATE	ACTION	PREPARED BY	APPV'D BY	
0	02/01/96	Initial Issue	HWJ	MJL	
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### 1.0 General

This document covers emergency handling procedures resulting from various incidents that take place on campus. The document also covers evacuation procedures for emergencies that require evacuation.

### 2.0 Emergency Handling Procedure

#### 2.1 Medical Emergencies

- Follow Code Blue Emergency Medical Protocol for medical emergencies. Medical emergencies include heart attack, choking, anaphylactic reaction, seizures, etc.
- Use the pager system or verbally announce the Code Blue and the location to summon healthcare providers in the building.
- Dial **911** if there are no physicians in the building.
- To reach an outside line dial **(9)** before dialing **911**. The building address is: 9100 Park West Dr. Houston, TX 77063
- Render first aid, if you are qualified, or assist qualified rescuers.
- Use Personal Protective Equipment (PPE) such as gloves and gowns if there is risk of exposure to blood-born pathogens.
- Perform the Heimlich maneuver for choking victims or initiate CPR in cases of Cardiac Arrest.

#### 2.2 Civil Disturbance

- Reassure patients and students, and encourage them to stay in the facility if danger is in the immediate vicinity.
- Close entrance door. Close window blinds and drapes.
- If individuals are on the premises with no official business or related reason, the Safety

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Officer shall approach the individuals and escort them off the premises. If these individuals object, dial 911. Secure and isolate these individuals, if possible. If security needs exceed the capabilities of the practice, contact an appropriate local agency or dial 911.

- Use telephone for emergencies only. Direct all calls from emergency agencies to the Safety Officer.
- If telephone services are impaired or inoperable, the Safety Officer will designate one person to act as a messenger until telephone communications are restored.
- Assemble staff and patients in the Tai-chi Room. If the disturbance renders any area of the facility unsafe for patients, visitors or staff, the Safety Officer will restrict access to that area of the facility until it is safe.
- Determine how staff will triage, treat and/or transfer patients to a safe location of the hospital, if necessary.
- Await further instruction from management. Discontinue all nonessential services and reassign personnel as determined by the Safety Officer.
- Cooperate with arriving Emergency Response personnel.
- Assist in the coordination of the transfer of patients, if requested.
- The Safety Officer shall contact supplies in the event of a shortage of necessary supplies, to continue to provide essential medical services.

### 2.3 Bomb Threat

If received a telephone bomb threat:

- Do not hang up. Remain calm and try to prolong the conversation to get as much information as possible
- Inform the caller that the building is occupied and that detonation could result in death or serious injury.
- Listen for background noise, such as music, voice, or cars.
- Note how the caller's voice sounds. Any accent/ what gender? What age? Any unusual words or phrases?
- Does the caller seem to know about the medical practice? How is the bomb location described? Does the caller use a person's name? Does the caller give his/her name?
- When the call is over, immediately complete the bomb threat checklist unless the detonation time given does not permit completion.
- Then dial 911 and report a bomb threat. Give the operator all the information you collected on the checklist. Identify yourself – give your name, address and phone number.
- After this is done, immediately notify your supervisor, then stand by for further instructions.
- If it is deemed necessary to evacuate, you will be notified by the Safety Officer, the supervisor or the overhead paging system. Evacuate via the primary route for your area, or by

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the alternate route, if so directed.

- You may be asked to assist in a search because you are familiar with the area.

## 2.4 Fire (Code Red)

If you smelled something burning, but see no smoke:

- Contact the Safety Officer to come and investigate.
- Activate the building fire alarm system, if necessary. State location of alarm: North-side entrance.
- Dial **911** if necessary.

If you see smoke or fire, remember **“R A C E”**

**R**escue those in immediate danger.

**A**larm

- Active the fire alarm.
- Dial **911** and give the exact location of the fire, your name and type of fire (if known).
- Remember: Let the operator hang up first.

**C**ontain the fire by closing all doors and windows.

**E**xtinguish or Evacuate.

Evacuation

- If time allows, turn off all lights and close all doors behind you as you leave.
- If time allows, turn off machinery and medical gases.
- Do not use elevators.
- Do not run.
- Follow the evacuation route and plan outlined in this guide.

How to use a Fire Extinguisher – Remember **“P A S S”**

- **P**ull the activation pin.
- **A**im the nozzle at the base of the fire.
- **S**queeze the handle to release the extinguishing agent.
- **S**weep the stream over the base of the fire.

## 2.5 Violent Behavior

If a life-threatening incident occurs (weapon):

- If possible, get to the area where the attacker cannot reach you with a weapon.

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- Dial **911** or call the local police department.
- Get prompt medical evaluation and treatment after each incident, regardless of severity.

If an out-of-control person presents an immediate danger to self or others,

- Advise Administration department of location and explain the situation in detail.

Tip to de-escalate a potentially Violent Situation

- Position yourself so that you have immediate access to an exit.
- Position yourself at a right angle rather than directly in front of the person. Don't invade the individual's personal space. A good distance is 3 to 6 feet away.
- Don't make sudden movements that can be interpreted as threatening.
- Don't challenge, threaten, or dare the individual; don't belittle the person or make him or her feel foolish. Don't criticize or act impatiently toward the agitated individual.
- Project calmness. Move and speak slowly, quietly, and confidently.
- Don't use communication styles that produce hostility (hands on hips, arms crossed, and pointing fingers), apathy, brush-off, coldness, condescension, going strictly by the rules, or giving the runaround.
- Be an empathetic listener. Encourage the person to talk, and listen patiently. Indicate that you can see that he or she is upset.
- Ask for small, specific favors such as asking the person to move to a quieter area (preferably) where there are no objects that can be used as weapons).
- Don't attempt to bargain with a threatening person.
- Establish ground rules if unreasonable behavior persists. Calmly describe the consequences of any violent behavior.
- Use delaying tactics to give the person time to calm down. For example, offer a drink of water.
- Don't try to impact a lot of technical or complicated information when emotions are running high.
- Don't take sides or agree with distortions.
- Repeat back to him or her what you feel he or she is requesting of you.
- Don't make false statements or promises you can't keep.
- Be aware of anything in the room that can be used as a weapon.

## 2.6 Earthquakes

Earthquakes usually strike without warning and are over in seconds, which precludes preparatory action.

Most earthquake injuries are caused by:

- Partial building collapse; falling ceiling, lights and pictures.
- Flying glass from broken windows and mirrors.
- Overturned furniture, such as bookcases, and appliances.

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- Fires from open gas lines and other causes.

If a tremor strikes when you are inside:

- Stay inside. Watch out for falling debris. Cover your head and shoulders and try to protect yourself from falling objects and shattered glass.
- Stay away from windows and mirrors.
- Crawl under a table or desk, or sit or stand against an inside wall away from windows, or stand inside a strong doorway.

After the tremor is over:

- Check for injured people. Do not move seriously injured people unless they are in immediate danger.
- Ensure that all patients are wearing shoes to avoid injury from debris and broken glass.
- If you think the building has been damaged, evacuate. Aftershocks can level severely damaged buildings.
- Do not use the telephone except to report an emergency. If a call is necessary, dial **911**.
- Do not use plumbing or anything electrical (including elevators) until the utility and electrical lines have been checked.
- Open closets and doors carefully, watching for objects that may fall.
- Do not use matches or lighters. Watch for fires that may have started.
- Be prepared for additional aftershocks.
- Inspect the area to the extent it can be done safely to determine damage such as fire or fire hazards from broken electrical lines or short circuits.
- Inspect the area to determine injuries. Qualified people may administer appropriate first aid.
- The Safety Officer shall determine whether it is necessary to evacuate or if patient services may be continued or need to be rescheduled.
- Clean up spills according to established procedures.

## 2.7 Floods

- The Safety Officer is responsible for following emergency warnings and subsequently issuing advisories to staff, patients and visitors.
- Move patients, visitors and staff to the safest area of the building.
- Move unsecured equipment into a safe area.
- Discontinue nonessential services and evacuate, if possible. If flooding is in the vicinity, move to a higher story and dial **911**.

## 2.8 Hurricanes

- The Safety Officer is responsible for following emergency warnings and subsequently issuing advisories to staff, patients and visitors.

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- Close windows, drapes and blinds. Move unsecured equipment into a safe area.
- Move patients, visitors and staff to the safest area of the building.
- Avoid all telephone calls and pages, except for emergencies.
- Follow instructions given by civil authorities.

#### 2.9 Severe Thunderstorm Watch

- Issued when conditions are right for severe thunderstorms. Be alert for changing conditions.

#### 2.10 Tornado Watch

- Issued when weather conditions exist that could produce a tornado. A tornado watch may last for several hours.
- If a tornado watch is announced, the Safety Officer should keep apprised of local atmospheric conditions and monitor, via the media (radio or television), to determine if weather conditions are deteriorating.
- If advised by the Safety Officer, employees must be prepared to move all individuals to a safe area and move unsecured equipment and hazardous chemicals to a safety area (if time allows). Do not stand near window glass during high wind conditions.

#### 2.11 Severe Thunderstorm Warning

- Issued by the National Weather Service when storms with strong winds, rain, and hail are expected in the area. A severe thunderstorm warning may last for up to one hour.

#### 2.12 Tornado Warning

- Issued when a tornado has actually been sighted and is threatening the community. At this time, the Civil Defense warning sirens are sounded, and emergency messages are broadcast by the media including the tornado's location, direction and speed. A tornado warning usually lasts for 30 minutes or less.
- If a severe thunderstorm or tornado warning is issued, direct patients to the safest area of the building. A good rule of thumb is to go to a low area and get low.
- If time permits, move all unsecured equipment into a safe area/storage. Follow the safety tips below.

#### Tornado Safety Tips

- The best shelter from a tornado is a basement. Alternatively, go to an inside room without

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windows on the lowest level of the building, such as a closet, bathroom or interior hall. Protect your body with a heavy blanket or something similar.

- Avoid windows. Do not open windows. Go find shelter instead.
- If you are caught in an open space or an open, large building, get into a bathroom, if possible, because bathrooms are usually made of concrete block and will offer more protection.
- If there is no time to relocate, try to get up against something that will support or deflect falling debris. Protect your head with your hands and arms.
- If you are in your car, get out if you find shelter. An underpass of a bridge, a culvert or ditch can all provide shelter if a substantial building is not nearby.

### Damage Reporting

- Report structural damage (area involved, type, and extent of damage) to management by phone, if possible. If phone service is interrupted, take a verbal message to management who will assess tornado damage and determine priority of repair work needed

### System Failure Response

System Failure	Who To Contact	What To Do
Power Failure, generators are working	Angelia Guinara 7130780-9777	Use power appropriately to maintain essential functions, such as medical equipment, backing up of computer data, or obtaining urgent medical data to provide to emergency personnel.
Electrical Power, Total Failure	Angelia Guinara 7130780-9777	Discontinue all nonessential services. Utilize flashlights to evacuate people to the outside until the office is closed down. Inform employees when and how to check back about reporting to work.
Fire Alarm System Disabled	Angelia Guinara 7130780-9777	Institute fire watch. Minimize fire hazards. Use phone/runner to report fire.
Patient Care Equipment	Carlota Quinero 713-780-9786	Remove from service and tag defective equipment. Transfer patients, as necessary.
Water: Sink, Toilets Inoperative	Nidia Gutierrez 713-780-9777	Institute fire watch. Conserve water; use bottled water for drinking. In the event that the facility must be closed or evacuated, turn off the water in the sinks.
Water, Non-Portable	Nidia Gutierrez	Acquire bottled water. Use it for drinking.

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	713-780-9777	Place “Do Not Drink” signs on all drinking fountains and sinks. Label ice machine or trays “Not for Human Consumption”.
Sewer Stoppage	Nidia Gutierrez 713-780-9777	Do not flush toilets. Do not use water. Restrict access to unsafe areas.
Telephone Out of Service	Angelia Guinara aguinara@acaom.edu	Use the pay phone, cell phone, radios or use e-mail, if available.
Ventilation	Nidia Gutierrez 713-780-9777	Open windows. Obtain blankets, fans, etc. until the facility can be evacuated. Restrict the use of odorous/hazardous materials.
Other System Failure	Angelia Guinara 7130780-9777	

### 2.13 Chemical Spill

- Act quickly to contain the spill. Cordon off the area, if an employee or visitor could come in contact with the spill.
- Check MSDS (yellow and black binder) for precautions and cleanup instructions.
- Wear protective equipment, including heavy-duty glove and, if necessary, goggles, mask and gown.
- Notify Safety Officer to report large or dangerous spills before attempting to clean up.
- If the chemical spill is toxic or gives off strong fumes, evacuate the area and get professional help.
- Clean up the spill following precautions listed in the MSDS for that chemical.
- Use approved absorbent neutralizing materials or a spill kit to wipe up, if necessary.
- Disinfect area after cleaning. Allow to air dry.
- Dispose of all contaminated material in proper hazardous waste container.

### 2.14 Cytotoxic Drug Spill

- Use cytotoxic drug spill kit.
- Dispose spills of the following drugs in an EPA-regulated cytotoxic drug container:
  - Chorambucil
  - Cyclophosphamide
  - Daunorubicin
  - Melphalan
  - Mitomycin
  - Streptozotocin

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- Uracil Mustard

For large spills of cytotoxic drugs which pose a threat to human health or the environment, contact the large Chemical Spills Emergency Response Hotline: **(404) 639-0615**.

### 2.15 Mercury Spill

If a mercury thermometer or a blood pressure gauge break or leaks:

- Evacuate and restrict access to the room.
- Put on a mask and clean up the mercury beads:
  - Use a commercial mercury spill kit, or
  - Roll the bead on a sheet of paper, or
  - Suck it up with an eye dropper – **do not vacuum!**
- Dispose according to the spill kit instructions or call your local Environmental Protection Agency (EPA) or the health department for recommendations.
- Use a fan to speed ventilation and open a window (if possible). Otherwise, close off the room for at least one hour.

For large mercury spills, call emergency Response Hotline (open 24 hours) at the Agency for Toxic Substances and Disease Registry: **(404) 639-0615**.

### 2.16 Suspicious Letters or Packages

If you receive a suspicious package or letter indicating that “anthrax” is either on the letter or in the envelope:

- Do not handle the mail piece or package suspected of contamination.
- Make sure that damaged or suspicious packages are isolated and the immediate area cordoned off.
- Ensure that all persons who have touched the mail piece wash their hands with soap and water.
- Notify your local law enforcement authorities.
- List all persons who have touched the letter and/or envelope. Include contact information and have this information available for the authorities.
- Place all items worn when in contact with the suspected mail piece in plastic bags and have them available for law enforcement agents. If possible, change clothing at the workplace.
- As soon as practical, shower with soap and water.
- Notify the Center for Disease Control Emergency Response at **(770) 488-7100** for answers to any questions.
- Following notification of local law enforcement authorities, coordinate the reporting of the

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incident to the FBI field office, state and local health department.

- Local health officials will determine whether exposed employee will need antibiotic prophylaxis. In most circumstances, this decision will be delayed until the presence or absence of Bacillus anthracis is determined.

### 3.0 *Evacuation Procedures*

#### 3.1 Emergencies That May Require Evacuation:

- Bomb threat
- Chemical release/natural gas leak/radiation release
- Fire/explosion
- Aircraft/train/vehicle incident nearby
- High winds (expected and unexpected), other severe weather situations.
- Civil unrest or outside disturbance.

#### 3.2 Evacuation Procedures

- Evacuate patients, visitors or personnel closest to the danger first. Close any fire doors between the danger and the individuals.
- Assist visitors and patients to an outside assembly point at 50 feet from premises. If wind shifts smoke, evacuate to alternate points at least 50 feet farther up wind.
- Move non-ambulatory patients by means of appropriate carriers (wheelchair). If carriers are not available, use one of the following methods:

##### Hip Carry (one person)

Roll patient onto his or her side. With your back towards the patient, pull his arm over your shoulder and slide your other hand under the patient's armpit. Release your hold on the patient's arm, grip behind knees, then pull the patient against your hips and straighten up. To unload, back up against a wall, drop to one knee and let the patient slide down against the wall to the floor.

##### Cradle Drop (One Person)

Fold blanket in half lengthwise and place it on the floor beside the exam table or chair. Slide one arm under the patient's neck and shoulders and the other under patient's knees. Pull patient to the end of the table/chair, drop down to one knee and lower patient so that your knee supports patient's back. Let the patient slide gently onto the blanket and pull from the room, head first, on the blanket.

##### Swing Carry (Two Persons)

The first person raises the patient to a sitting position at the edge of the chair or exam table and places one arm behind the patient's shoulder and the other arm under the patient's

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knees. The second person places one arm behind the patient and grasps the first person's shoulders, then places the other arm under patient's knees and grasps the first person's wrist. The patient sits on rescuers' clasped hands and wrist and leans back against their arms.

Extremely Carry (Two Persons)

The first person raises the patient to a sitting position, then, from behind, reaches under the patient's armpits and grasps his or her own wrists in front of the patient's chest. The second person moves between the patient's legs with his or her back to the patient and encircles the patient's legs at the knees with each arm. The first person hugs and lifts, the second carries the patient's legs while the patient is moved feet first.

Procedures for employees to follow who remain to operate critical facility operations (before they, too, evacuate)

Employees should then proceed to this same assembly point and await instructions from the Safety Officer who will conduct a head count to assure full evacuation of employee from the premises.

Evacuate internally only in the event of unexpected high winds or outside disturbance.

Lock doors and dial **911** if this occurs. Internal assembly will be Administration area.

Do not linger or leave the premises unless instructed or as imminent danger dictates. Do not return to the building unless instructed to do so by the Safety Officer.

3.3 Sharp Injury

If an employee has been exposed to a patient's body fluid, either through the skin (for example, a needle stick) or onto a mucous membrane (splash or spray to the eyes, nose, or mouth):

Provide immediate first aid:

- For a splash into the eyes, flush the eyes with lots of water.
- For a needle stick, cut, wound, or splash onto the body or mucous membrane other than the eyes, wash the exposed body part with lots of soap and water.
- Remove soiled clothing, wash skin, and change into clean clothing.
- Inform the Safety Officer Angelia Guinara, **extension 106**, as soon as possible after the initial first aid.
- In the event that a practitioner sticks himself or herself with a contaminated needle, inform supervisor first, then it is strongly recommended that he or she consult a physician immediately for HIV, Hepatitis A, B, and C tests within 24 hours. If a patient or injured employee does not have a preferred medical doctor, please contact Dr. Jerry Tso, 7850 Parkwood Drive, Suite A-6, Houston, TX 77036. Phone: 713-772-8885. The physician may refer to an infectious disease specialist and may

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recommend treatment within 36 hours. CDC recommends testing the source (patient) and the person exposed for diseases or immunity to the following diseases: hepatitis B, hepatitis C, and the presence of the HIV/AIDS virus. Please complete a Sharp Injury Log or appropriate incident report from the OSHA Safety Officer and follow up with any recommended treatment and/or evaluation.

### 3.3 Definitions of Patient Body Fluid

- “Blood” include plasma, platelets, wound exudates and medications derived from blood such as immune globulins, albumin, and factors 8 and 9.
- “Other Potentially Infectious Materials” (OPIM) include unfixed tissues or organs; body fluids such as cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids; semen and vaginal secretions; saliva (in dental procedures only); any body fluid visibly contaminated with blood; all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

### 3.4 Sharp Injury Information to be recorded and retained with OSHA records

- Where and when the sharps injury occurred
- The type and brand of device in use.
- The exact circumstances surrounding the incident.