

<i>Policy:</i>	EMERGENCY PREPAREDNESS PLAN	
<i>History:</i>	Reviewed & Updated 09/08/17, 09/01/2020, 3/29/2021, 7/28/2022, 04/28/2023, 07/17/2023, 06/04/2024	
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EVACUATION PROCEDURES

These evacuation procedures apply to all persons in SHCS at the time of a disaster, including patients, employees, and visitors.

1. There are six entry/exit routes in the Student Health and Counseling Services:
 - a. Main double door in the lobby. This is the only electrically powered door in SHCS. If power is lost, the door can be pushed open manually.
 - b. Two patio doors exit:
 - Door by Self Check-In Stations,
 - Door by Isolation Room 1187 on the medical clinic side.
 - c. Basement level emergency double door. (Access by going down the stairwell. Elevators are not to be use in disaster situations.)
 - d. Door next to the Counseling Waiting Area/Offices.
 - e. Conference Room door.

Be familiar with the exits closest to your work area. Do not use the elevator during a fire. Wheelchairs and stretchers are available in the Medical Records, the Treatment/Recovery and Surgery room and by the downstairs Basement exit, if needed for assisting the disabled. Go to the nearest building exit that is clear and relocate to the building's Assembly Area (lawn in front of SHCS).

EVACUATION OF THE DISABLED

Able-bodied persons should assist in the evacuation of those who are injured or disabled. They should be familiar with disabled persons who are routinely in their area and

- a. inform hearing impaired persons by gestures or notes that they should evacuate.
- b. assist visually impaired persons to the nearest exit.
- c. assist the mobility impaired to evacuate. In the extreme case where physical evacuation of a person is necessary, ask that person how to safely assist him/her before attempting to move the person. Student Health and Counseling Services has three wheelchairs, one mobile stretcher and one patient transfer sliding board. There are five blankets which may be used for evacuation carry. The blankets are located in the Recovery/First Aid Room. There are two bedspreads on the Recovery Room beds and three in CSR -1160 which may also be used for evacuation of injured if necessary. If blankets are used for the evacuation of the injured, wrap them in a manner in which they are secure in the blanket. With one person at the foot and one at the head, grasp the ends of the blanket and pull or carry the injured to safety.
- d. assist those who appear disoriented or manifest emotional distress.

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- e. inform University Police or call 911 about persons left in the building. They and VTL's (Volunteer Team Leaders) can assist.

FIRE EVACUATION PROCEDURES

These fire evacuation procedures apply to all persons in SHCS at the time of a fire, including patients, employees, and visitors.

General

- Upon observation of a fire, move away from the area. Close doors if time permits.
- Pull fire alarm as you leave the area.
- Before opening a closed door, touch it first. Do not open a door that is hot to the touch.
- Assist any handicapped or disabled persons.

Fire Alarms

Become familiar with the location of the alarms near your office. Fire alarm pulls in the SHCS are located as follows:

- In Lobby – on brick wall to right of entrance
- Across from Rm. 1201 (Administration/Medical Records)
- Across from RN Intake Room 1103
- To right of Rm. 1187 (near patio entrance to clinic)
- Counseling Waiting Area (Near Room 1141)
- To left of Basement Exit Doors

Evacuate the building immediately upon hearing the alarm.

Do not assume the alarm is connected to the Fire Department or to Public Safety; call 911 after leaving the building.

Proceed to the assembly area in front of Student Health and Counseling Services. Wait for the VTL to do a headcount. Do not re-enter the building until an announcement is made that it is safe to do so.

Fire Drills

SHCS participates in a university wide fire drill annually and drills separately as well on an as needed basis.

DISASTER PLAN

In a disaster, the Student Health and Counseling Services can be utilized as a treatment site and for stabilization of patients until transfer to a local hospital is facilitated. Employees will assist in the care of the injured. The intent of the plan is to establish a system that responds to two situations:

1. On-site: this response will prepare for the reception of casualties at SHCS.
2. Alternate site: this plan will be put in effect if SHCS is unsafe, inaccessible or as determined by need by the incident commander on scene.

In disasters that affect the integrity of the SHCS building such as fire involving our building and earthquake, evacuation of the building ensues. Once the University declares the building is safe for re-entry, the on-site plan takes into effect. If the University declares the SHCS building to be unsafe or not habitable and another building or site is temporarily chosen, then the alternate site plan is initiated.

Initiation of the disaster plan is declared by the SHCS Director. In his/her absence, the designated line of authority will be observed.

ACTIVATION OF THE ON-SITE DISASTER PLAN

On hearing the disaster information, the following will occur:

- A. The SHCS Director, Nursing Supervisor, Disaster Coordinator, Manager, Administration Services and Clinical Records Supervisor will meet for briefing in the COMMUNICATION CENTER (Clinical Records).
 1. The Director, or designee, will be the Disaster Coordinator and organize the Student Health and Counseling Services Disaster response with the University Emergency Operations Center.
 2. Admin Team Leaders will act as back up Coordinators.
 3. The Administration Services will keep statistics of the injured. He/she will assist in Recovery Room/First Aid Room also.
 4. The Clinical Records Supervisor will coordinate communications and public relations matters with the campus PIO (public information officer).
- B. Student Health and Counseling Services employees will:

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1. Direct all low-priority patients out of the Student Health and Counseling Services if safe to do so.
2. Begin pre-assigned Disaster Plan duties.
 - a. The Disaster Plan is located in the conference room.
 - b. Employee assignment cards are in holders next to the Disaster Plan Map. These may be pulled by employee if necessary.
3. Employees' without assignments will report to the Coordinator. Employees who are not busy will also report to Coordinator.

ON-SITE DISASTER PLAN

This plan provides a framework for the receiving and treatment of casualties at the Student Health & Counseling Services, keeping in mind the dynamic situation of a disaster, staffing, and resources.

LOCATION: FRONT ENTRY - "Movement Director"

Personnel: One employee

Assignment:

There will be one employee assigned to the outside entry area of the Student Health & Counseling Services to facilitate the flow of victims. The non-injured are directed to the outdoor Amphitheater for instruction or utilized for help. The injured will be directed into the Lobby for triage.

Equipment:

Disaster pack labeled – "Triage" stored in Medical Records area (Room 1204).
Pack contains the megaphone.

LOCATION: LOBBY - "Triage"

Personnel: One clinician, one R.N., and up to three runners (personnel assigned to other areas will work as back-up here until they become busy in their assigned area).

Assignment:

One clinician and one R.N. will provide any immediate lifesaving interventions, then triage, tag, and log victims. Victims will be numbered as they come in and 2 personnel from "Post-Care Treatment" will assist in logging. Two or three people will act as runners, carrying victims to proper areas.

Triage completed in the lobby will be considered "secondary" triage/assessment and will follow **START** (*simple triage and rapid treatment*) protocols. This is under the impression that primary triage following **MARCH** (*massive hemorrhage, airway, respirations,*

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circulation, head injury/hypothermia) was already completed in the field. If casualties arriving are determined to not have undergone primary triage, then this team will perform the primary triage before a secondary assessment (e.g. A victim with arterial bleeding from the arm arriving to SHCS without a tourniquet already applied would first undergo MARCH assessment before a secondary START triage).

Triage Disposition

1. Deceased = Dead On Arrival (includes non-salvageable patients). To Rooms 1121-1125
2. Immediate = Emergency (Those with life-threatening injuries such as respiratory, circulatory, or mental status compromise: specifics include respiratory rate >30, cap refill >2 secs). To Recovery/First Aid Room, Surgery and Wound rooms, and overflow waiting area outside X-ray.
3. Delayed (Those whose therapy may be delayed without significant threat to life i.e. No respiratory, circulatory, or mental status compromise). To SHCS provider exam rooms at Nurses Station II (Rooms 1147-1187)
4. Minor = Non-emergency (Generally applies to ambulatory patients). To conference room First Aid Area

Equipment:

Disaster Pack labeled - "Triage & Traffic Director" and stored in Medical Records Area, Room 1204.

Pack contains tags, tape, pens, note pad, casualty log, bulky dressing, aces, and tourniquets.

Non-pack equipment - wheelchairs, stretchers, back boards, and blankets. Must assign runners to obtain these.

LOCATION: CONFERENCE ROOM - "Minor = Non-Emergency"

Personnel: One person (preferably clinical assistant) and helpers (possible Counseling Staff)

Assignment:

Receive and evaluate all cases coming into the area. Render first-aid and maintain a calm and secure atmosphere. Questionable cases should be re-directed to Triage. Dependent on staffing and willingness to assist, may consider using Peer Advocate for Wellness student volunteers.

Equipment:

Disaster Pack labeled - "Minor" stored in Medical Records Reception Area.

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Pack contains paper drapes, 2x2's, 4x4's, tape, aces, steri-strips, band-aids, Bacitracin ointment, kleenex, gauze bandages, Tidi-towel with poly backing, and gloves.

Non-pack equipment – Betadine Antiseptic Solution (location: in Wound Room cabinet), basins, blankets, plastic bags, tags, medical progress notes, and pens.

LOCATION: WOUND ROOM, SURGERY AND TREATMENT ROOM – “Immediate”

Personnel: Providers (M.D.'s, NP, R.N.'s, and some clinical aids)

Assignment:

These rooms will be used for emergencies only, surgical intervention and maintenance of circulatory integrity. Stabilization of patients until transfer to a local hospital for more definitive treatment is performed. When stabilized, patients will be sent to Physical Therapy Rooms for post care treatment (recovery). The Coordinator will set up a system for non-emergency care and treatment when no further urgent cases are present including the delayed then minor.

Equipment:

Equipment is in Recovery/First Aid Room, Wound Room, and CSR.

Other:

Overflow patients wait outside XR and Nurses Clinic.

LOCATION: PHYSICIAN EXAM ROOMS (Rms. 1147-1187) – “Delayed”

Personnel: Two employees (Clinical Aids)

Assignment:

Stand by in triage as runners. Stabilize patients with injuries awaiting evaluation and treatment by an MD including first aid, pain control, and simple splinting.

Equipment:

Supplies in CSR, Wound and Sport Medicine Rooms

LOCATION: MASSAGE AND PHYSICAL THERAPY ROOMS - “Post Care Treatment”

Personnel: Two employees (at least one clinical; preference for a clinician).

Assignment:

Assist in triage to keep statistics of the injured (number of immediate, delayed, deceased, and minor with regular updates--- See Exhibit A). Provide statistics to Communications or the Disaster Coordinator when requested (for situational analysis). Stand by in triage as runners. Observe and care for those who have received emergency intervention.

Equipment:

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Stored in Medical Records Area. Disaster Pack marked “Post-Care”.

Pack contains progress notes, tags, pens, blankets, plastic bags, 4x4's, ABD's, tape, paper drape sheets, Tidi-towel with poly backing, and gloves. Please obtain a suction machine from the “Immediate” room. Pack also contains form as shown in Exhibit A.

LOCATION: PHARMACY

Personnel: Pharmacist

Assignment:

Dispense medication as necessary, maintain mobile pack of medication and assist triage as necessary.

Equipment: Stored in Pharmacy - “Disaster Pack”. (See attached)

LOCATION: Rooms. 1118-1127 for Non- Salvageable and Deceased patients

Personnel: Laboratory Technologist and assigned staff.

Assignment:

Stand-by in triage. Coordinate Deceased consisting of dead and dying (non-salvageable) patients. Tag victims and collect, bag, and label valuables for the former. Provide pain control and comfort care to the latter.

Equipment:

Stored at Medical Records Reception Area. Disaster Pack labeled “Deceased”.

Pack contains tags, plastic bags, pens, progress notes, Kleenex, gloves.

LOCATION: X-RAY (no x-ray services available since April 2018)

Personnel: Radiologic Technologist

Assignment:

Take x-rays as needed Prepare rooms for easy access and assist in Triage as needed.

Equipment:

In XR department.

LOCATION: Clinical Records (Rm 1204)

Personnel: 2 Medical Records staff

Assignment:

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Coordinate communication with the EOC and Alameda County EMS. This includes monitoring information from the 800 MHz radio and/or regular radio. Using phone, radio, fax, runners, etc. to facilitate communication with the EOC. Providing information on status of SHCSS (facilities, personnel, number of injured) and our medical and basic needs---See Exhibit B. (Alameda County Medical/Health Status Report form is for Alameda County EOC and will be filled out by the CSUEB EOC). These are kept with the 800 MHz radio.

**DISASTER COORDINATOR
JOB DUTIES**

- Report to Communications Room (MR) to obtain information as to what has occurred.
- Know all assignments - where people are and what they are to do in each area.
- Take arm bands and position between Medical and Administration Wings - people will pick up their arm bands and report problems to Disaster Coordinator.
- Daily Report/attendance will show staff who are absent that day - extra people need to replace those vacant positions/jobs and also duties of any injured staff.
- All temporary workers are not assigned duties and will report to Disaster Coordinator. Utilize them in areas needing help.
- People assigned to back areas will come up to assist in busy areas if needed.
- Once injured come in they will be triaged to various locations in SHCS. The coordinator will adjust the locations based on need.
- Disaster Coordinator will stay in her/his position and have back-up people check to see where extra people are needed.
- Disaster Coordinator will need to know what activity is occurring in each area at all times.
- Provide information requested by Communications for the situational analysis: request for transportation of the injured, request for medical personnel, medical supplies, and other basic necessities (food, water blankets, generators, clothing, shelter, etc.).

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DISASTER: IN HOUSE AND ALTERNATE SITE DISASTER PLAN STAFF ASSIGNMENTS

AQUINO	Recovery/First Aid/Surgery
ASADULLA	Triage, Recovery/First Aid/Treatment/Surgery
CHENG	Recovery/First Aid/Surgery
CARBAJAL	Recovery/First Aid/Surgery
BANGI	Communications
DO	Delayed
CARBAJAL	Recovery/First Aid/Surgery
Pending	Movement Director, Delayed
Wong	Treatment/Recovery/First Aid/Surgery
Pending	Stand by Area, Minor
De Lara/Nkepsi	Deceased
MAGLALANG	Delayed
ANTHONY HONG	Stand-by Area, Pharmacy
Pending	Triage/Post Care Treatment
Pending	Triage/Post Care Treatment
Pending	Coordinator
COUNSELORS	Grief Counseling Center
ADMIN TEAM	Back up Coordinators

DISASTER PLAN FOR ALTERNATE SITE

This plan is put into effect if Student Health and Counseling Services is unsafe, inaccessible, non-habitable or determined to be in the best interest of the campus community as per the Incident Commander on scene (e.g See “Active Shooter/Aggressor” response plan). The staff member receiving the call will alert the Executive Director and Lead Physician or their designated alternates, giving details of the nature and extent of the emergency.

The Executive Director or designee will determine the alternate site according to the information received from the Incident Commander and/or Campus EOC (emergency operations center) and announce the appropriate information.

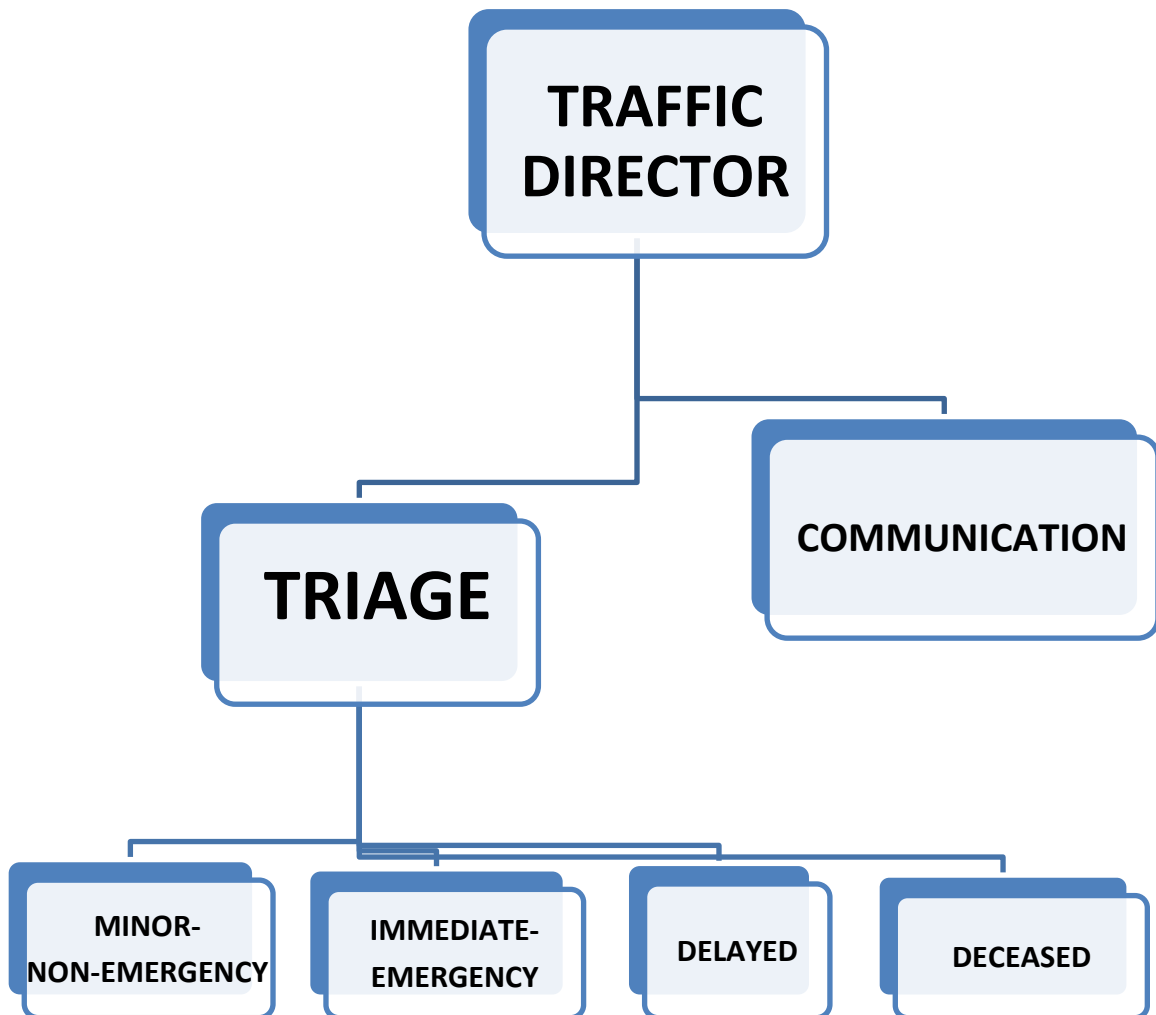
- I. The SHCS Director will act as Coordinator of the evacuation of Student Health and Counseling Services if needed.
- II. All employees will prepare for disaster care at the designated Alternate Site.
 - A. Employees will direct all patients out of Student Health and Counseling Services and help those needing assistance with ambulation ****if requiring evacuation****.
 1. If an alternate treatment site is needed/requested, but SHCS building does not need evacuation due to safety concerns, then non-critical patients can be rescheduled and services reduced to accommodate diversion of staff to the alternate treatment site.
 2. Check with Coordinator before leaving for assigned areas.
 - B. In situations where equipment can be moved, employees will assemble in the lobby to assist in moving equipment out of the health center. Nursing and Medical Staff will assemble all moveable equipment and take it to the lobby for loading. All moving carts, stretchers, and wheelchairs can be loaded with supplies.

The Coordinator will assign 2 persons for each designated area (see Attachment A - SUPPLIES FOR ALTERNATE SITE DISASTER). Their role is to review the following checklist of priority items and move them to the lobby for transfer, if necessary.
 - C. Pharmacist will lock Pharmacy taking the Disaster Drug Pack to the Alternate Site. Bring rest of medication if time permits.
 - D. Employees will inform Coordinator of absences so Coordinator can redirect personnel as necessary.

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- III. All employees will meet in the lobby stand-by area to assist in the transportation of equipment to the Alternate Site if the indication for an alternate site is due to operational need. If an alternate site location is needed due to non-habitable or structurally unstable SHCS building, employees will meet at the designated Assembly Area with as much supplies that were possibly grabbed/available during evacuation. Employees are not to risk their lives going back into an unsafe building to gather supplies unless specifically trained in urban search and rescue or structural evaluation.
 - A. The Medical Records staff will check and secure the building once it has been evacuated.
- IV. At the Alternate Site similar processes as arranged for In House Disaster processing can be implemented.



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Attachment A- SUPPLIES FOR ALTERNATE SITE DISASTER

This list is meant as a guideline, not to be inclusive. Items listed as a “Few” = approximately 2-3 and “Many” = approximately 5-10 with more being better. Obtain clear trash bags from CSR (shelf above sink) if needed to carry some supplies.

1. Clinical Records:
Disaster Packs
2. Lobby:
Automated External Defibrillator
3. Recovery/First Aid Room (Treatment Room): SHCS Room 1104
Treatment Cart (contains glucose meter, pulse oximeter, Treatment Blue Bag – with medication, oto/ophthalmoscope, oxygen tank with dolly)
Orange First Aid bag (contains air splint and dressing supplies)
IV pole and supplies (IV bags and catheters) in the 2 drawers left of the sink
Instant Cold Pack
ECG machine
Nebulizer units
All wheelchairs and stretchers
4. Wound Room:
Many bags of kling bandages (2, 3 and 4 inches)
Few boxes needles of each size (18, 20, 22, 23, 25)
Few boxes of 3 cc syringes with 25 gauge needles
Any antibiotic ointment, and lidocaine (Nursing Station I, lock cabinet)
Any bottles of Betadine (cabinet)
Saljet
Steri-strips
Sterile water and saline bottles
Halogen lamp with caster base
Left cabinet - Many bottles of sterile saline & water
5. Minor Procedures Room:
Any lidocaine
Few boxes of sterile gloves, small/med/large
Oxygen tank
Moveable lamps
6. Sport Medicines Room:
Few boxes of tube gauze & stockinets (left cabinets above sink)
All orthopedic supports: wrists/ankles/etc
All ortho-glass splinting material (on counter)
All ace bandages and finger splints (left drawers)
All crutches and canes

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7. CSR: SHCS Room- 1160

Smaller room: (instruments)

All suture packs & sterile instruments including needle holders and scissors

Few boxes of scalpels, sutures, few bottles of gauze packing

Main room: CSR 1160

Left shelves – 1 sharps container

Small quantity of 10 cc syringes

2nd shelves - Many boxes of gauze (4 x 4)

Many boxes of alcohol swabs, Betadyne swabsticks

Many boxes of telfa (3 x 4)

Many boxes of bandaids (various sizes)

Few boxes of tape

Few boxes cotton tip applicators

Few boxes of tongue depressors

3rd shelves - Few boxes gloves (S/M/L)

1 package ear specula

Few boxes Kleenex

Many towels, drapes

8. Nursing Intake Rooms:

All portable BP cuffs, stethoscopes and Temperature monitors (extra unit in exam rooms and Treatment room)

9. Provider offices:

Lab coats with stethoscopes

9. General:

Blankets (in Recovery/First Aid Room and CSR)

Coats

Flashlights, + portable lights (CSR- small room cabinet)

Batteries (CSR- small room cabinet)

Personal supplies of food & water

DISASTER PLAN FOR THE MOBILE TEAM

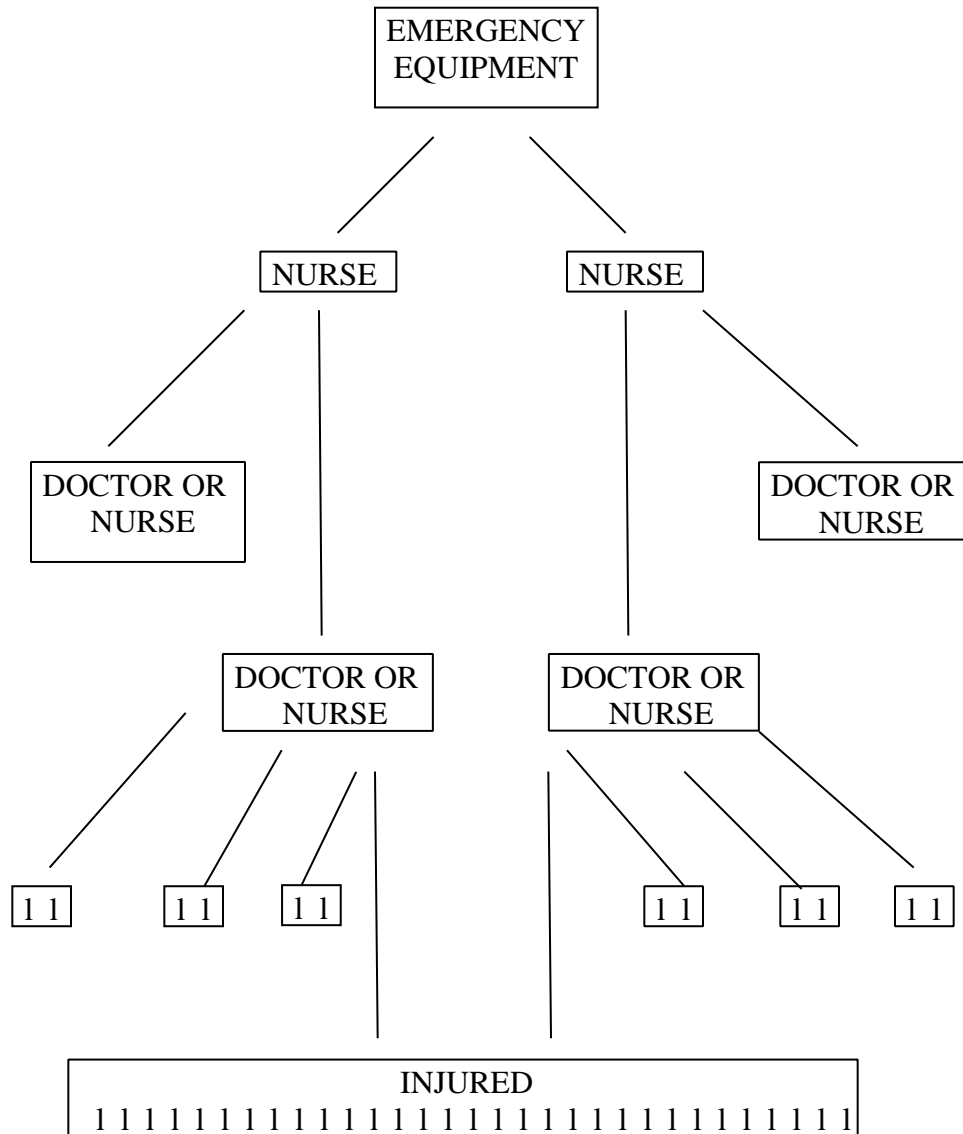
This sub-plan goes into further details for localized disasters in which injured are treated on location, but does not require full evacuation of SHCS building. The staff member receiving the call will alert the SHCS Director or the designated alternates, giving details of the nature, extent, and site of the disaster.

The SHCS Director or designee will activate the Alternate Site Plan and announce the appropriate information over the megaphone.

Activation of the Alternate Site plan will include the following:

- A. The Emergency Mobile Team will go to the site ahead of additional SHCS resources.
 - 1. This team will be composed of at least a clinician, and R.N.
 - 2. Additional staff will be assigned by the SHCS Director and/or Nursing Supervisor, if appropriate.
 - 3. For active shooter response, please review Active Aggressor/Shooter protocol.
- B. The Emergency Mobile Team will assemble the necessary equipment and prepare for transport.
 - 1. Emergency equipment, stored in the Recovery/First Aid Room (Treatment Room).
- C. The SHCS Director, or designee, will determine by information received, what method of transportation will be utilized
 - 1. Alternate On-Campus transportation
 - a. University police
 - b. Plant Operations (trucks)

FORMATION PLAN FOR MOBILE DISASTER



EMERGENCY RESPONSE FOR EMERGENCIES OCCURRING ON CAMPUS

- I. Individual at emergency scene initiates first-aid or CPR as necessary and has someone dial 911 for on-campus emergency assistance.
- II. Alameda County Sheriff's Dispatcher obtains information regarding location and type of injury/illness, then dispatches UPD officer to the scene. The dispatcher will ask the caller if an ambulance is requested. If determined to be necessary, the dispatcher will do so.
- III. Public Safety Officer Actions.
 - A. As the officer nears the scene, she/he will utilize bystanders to clear crowds.
 - B. Assess injured/ill person(s), and based on their judgment, take appropriate action.
 1. Transport minor injuries to Student Health and Counseling Services
 2. Summon ambulance
 3. Call SHCS if officer determines that SHCS response will make a difference (such as a delay in the 911 response and ambulance arrival)
 - C. If additional help has been summoned to the scene, the University Police Officer sends bystanders to strategic locations to guide incoming help (ambulance, fire, Student Health and Counseling Services, etc.).
- IV. Student Health and Counseling Services Response
 - A. Front Desk Response
 1. Answer Emergency call. Obtain information from UPD and write it clearly for the nurse
 2. Page "Triage Nurse to the Front Desk".
 3. Personnel handling emergency will be relieved of other duties.
 4. Medical Records personnel will give written emergency information to responding nurse.
 5. Medical Records Supervisor monitors all emergencies and upon hearing "Triage Nurse to the Front Desk" returns to the department, if in another area.
 - B. Triage Nurse

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1. Obtain written information from Front Desk Personnel.
2. Take appropriate clinician along as necessary.
3. Notify the Director of Student Health and Counseling Services, or their designated alternates, in the event of a serious emergency.
4. Take appropriate equipment.
 - a. First-aid bag
 - b. Consider: automated external defibrillator, oxygen, treatment cart, etc.

C. Public Safety Pick Up

1. Public Safety will notify which entrance they will pick up personnel and equipment.
2. Transport all necessary equipment to that entrance.
3. Alternative transport: Use electric cart if available.

V. Emergency Scene

A. Clinician/Nurse will be responsible for treatment and disposition of victim(s).

1. Obtain information from University Police Officer.
2. Assess
3. Treat
 - a. University Police Officer will stand-by to assist.
 - b. University Police Officer will summon ambulance or additional assistance as necessary.
 - c. Building VTL (volunteer team leaders) may lend CPR and first-aid assistance if available.
4. Record all necessary information on SHCS Progress Note form or similar/equivalent documentation in EHR on returning to SHCS. All emergencies (even those not returning to SHCS) still need documentation.

B. Transportation of victim(s).

1. Ambulance transport.
 - a. Fire department automatically responds to all ambulance calls within 5 minutes.

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- b. Ambulance arrives between 5-14 minutes on average.
 - c. Physician or Nurse reports to paramedic in charge providing information on SHCS Progress Note or similar form.
 - d. Paramedic will assess, treat, and transport victim(s).
 - e. Upon return to SHCS, document transferred emergency into the electronic health record system.
2. Victim transport to Student Health and Counseling Services.
- a. If victim is stable, notify Student Health and Counseling Services of imminent arrival requesting proper assistance as necessary.

VI. Evaluation of event

- A. After the emergency, Student Health and Counseling Services staff and University Police staff may discuss the emergency regarding issues, problems, and improvements to emergency response.

**EMERGENCY ROUTINE FOR EMERGENCIES OCCURRING
WITHIN STUDENT HEALTH AND COUNSELING SERVICES**

- I. Patient with an emergency medical problem may present in our clinic in various locations.
 - A. Medical Records lobby: When an emergency arrives at the SHCS lobby, the Front Desk, the Medical staff will use the phone or the walkie talkie to summon nursing staff. An example of a summons could be: “Nurse to Lobby with wheelchair”.
 - B. Occasionally, UPD or some other person may call the Front Desk to say an Emergency is coming or being brought in. The Medical Records staff will call nursing to inform them of the impending emergency. SHCS is not an emergency room. If a patient arrives with an emergency problem, SHCS will evaluate the patient and provide care until he/she/they can be transported out to an appropriate facility (ie. Hospital Emergency room). Therefore, in answering such a call, the Medical Records staff should inform the caller that, if this is a true emergency, they need to call 911.
 - C. Within the clinic. A patient may have an emergency in another part of the clinic such as the lab when they may have syncope or in a provider’s exam room or treatment room. The involved staff may use telephone to call the Front Desk or Nursing Station I for assistance. The Medical Records staff will then use the phone or walkie talkie and informed “Nurse to room _____”.
- II. Medical Records: once a staff member is informed of the emergency:
 - A. They will inform the Front Desk supervisor or designee of the emergency, when necessary.
 - B. The Front Desk supervisor/lead will inform/update staff in his/her department when necessary.
 - C. The supervisor or designee will monitor the emergency and be available for assistance. Personnel handling the emergency may be relieved of other duties, when necessary.
- III. Clinician(s) and nurse(s) will respond to the emergency.
 - A. They will transport emergency equipment to the location, when necessary.
 - 1. Treatment Blue Bag with additional equipment.
 - B. Nursing personnel will keep hallways clear when necessary.

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- C. Assess and treat patient. Clinicians may ask nursing or Front Desk to call for an ambulance. At this time, the nursing supervisor should be informed (if not already aware) and be in charge of coordinating the emergency, which includes summoning the ambulance, facilitating the arrival and exit of emergency personnel from the building. In his/her absence, the Front Desk supervisor will coordinate.
- IV. Summoning the ambulance. Nursing supervisor and Clinical Records Lead will generally coordinate this.
 - A. Nursing usually calls for the ambulance. However, nursing could ask the Front Desk staff to call. Clinical Records personnel will pick up the black emergency phone, or dial 911 on a campus phone and inform the dispatcher of the need for an ambulance Code 3 and briefly explain the emergency. Example: cardiac arrest or serious abdominal bleeding. The dispatcher should be reminded to have UPD direct/guide the ambulance to the health center, street entrance (West Loop road)
 - 1. Nursing supervisor or Clinical Records Lead will assign an appropriate person to meet the ambulance at the street level. The UPD officer (if available) or available health center staff could be asked to do this.
 - a. Go to the street level (open both lower level doors) and guide both fire and ambulance personnel.
 - b. Assist with elevator, direct emergency personnel to proper location.
- V. Transportation of the victim.
 - A. The treating physician will report information to the paramedics who will assume responsibility for the situation.
 - B. Information recorded on the Request for Consultation Referral Form will be given to the paramedics.
 - 1. Clear transfer route out of the building, if necessary.
 - 2. Once the patient has been transported out of SHCS, the physician can then call the receiving emergency room (if known) to give report if necessary, and based on clinical judgment.
- VI. Evaluation of Actions.
 - A. After the event, personnel from University Police and Student Health and Counseling Services may discuss what occurred to make revisions/improvements if necessary.

Ambulance codes:

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1. Code 1: Transportation performed by an ambulance
2. Code 2: Not immediately life threatening. Ambulance does not operate lights and Sirens
3. Code 3: Life threatening. Ambulance operates light and sirens.

TRAINING CHECKLIST FOR DISASTER AND EMERGENCY

NEW EMPLOYEES

Orientation for all new employees in Emergency Preparedness

DISASTER AND EMERGENCY ORIENTATION:

1. Complete CSU Online Training "Emergency Response"
2. Review in Power DMS
 - a. Review **Campus Wide EOP** (Emergency Operations Plan):
<https://www.csueastbay.edu/upd/files/docs/eop-2020.pdf>
 - b. Review **"Emergency Preparedness Plan"** (this current document).
 - c. Review **"Emergency Medical Operations"**
 - d. Review **"Active Aggressor/Shooter Protocol"**
 - e. Add new employee to "Google Spaces" SHCS Emergency (group chat).
3. Tour SHCS and show them Emergency and Disaster Equipment and Rooms used for Emergency and Disaster
 - a. Disaster Equipment: Disaster Packs are stored in SHCS Room 1204.
 - b. Disaster Scenario: Describe (show Disaster Board) how we will use SHCS for Reception of Wounded for in-house and what we do for evacuation. Show system of how we set up and work.
 - c. Treatment/First Aid Equipment:
 - 1) Show binder of Treatment Cart and AED check list on a monthly basis. Show equipment for monthly check plus full Treatment/First Aid, Wound, Surgery, and Central Supply Rooms
 - 2) Explain and show Equipment for in-house and On Campus Emergency Response

ON-GOING UPDATE OF DISASTER AND EMERGENCY SYSTEMS

1. Update Emergency/Disaster Written Plan periodically.
2. Update staff periodically on Emergency/Disaster at General Staff Meeting.
3. Quarterly drills: rotate disaster, fire, medical, and other pertinent drills for preparedness.
4. Have doctors, nurse practitioners and nurses check all Treatment Equipment and supply periodically.
5. Check disaster packs and rotate out supplies.

SAMPLE TRAINING CHECKLIST FOR DISASTER AND EMERGENCY

1. Update Emergency/Disaster Plan					
2. Review of Treatment Equipment and Supply by the Medical Providers					
3. Orient all new employees to Emergency/Disaster					
4. On-Site/Alternate Site Disaster Plan					
5. Fire Drills					
6. Resuscitation drills					
8. Disaster Pack Check (Summer)					

TRAINING CHECKLIST FOR DISASTER AND EMERGENCY

Personnel						
Read Disaster Plan and Emergency Routines						
On-Site Disaster Plan						
Alternate Site Disaster Plan						
Mobile Team Disaster Plan						
On-Campus Emergencies						
In-House Emergencies						
Treatment Equipment & Supply Check						

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EMERGENCY PREPAREDNESS PLAN

EMERGENCY PHONE NUMBERS

HOSPITALS:

San Leandro Hospital:

Emergency Room	667-4545
Main Line	357-6500

Eden Hospital, Castro Valley:

Emergency Room	727-3015
Main Line	537-1234

Highland Hospital, Oakland:

Emergency Room	437-4559 ext 7
Main Line	437-4800
Chief Resident	437-8383
Appointment line	437-8500, 8589
Fax	437-5180

John George Pavilion

Emergency	346-1421
Main Line	346-7500

Kaiser Permanente, Fremont

Emergency	248-7206
Main line	248-3000

Kaiser Permanente, Hayward:

Emergency	784-4348
Main line	784-4000

Kaiser Permanente, Oakland

Emergency	752-7667
Main Line	752-1000

St. Rose Hospital, Hayward:

Emergency Room	264-4026
Main Line	264-4000
Occupational Clinic	264-4046

Washington Hospital, Fremont:

Emergency Room.	818-7490
Main Line	797-1111

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EMERGENCY PREPAREDNESS PLAN

AMBULANCES:

- | | |
|------------------------------|----------|
| 1. American Medical Response | 481-5111 |
|------------------------------|----------|

Fire Stations near campus:

Hayward Fire Station 2
Hayward Fire Station 5
Hayward Fire Station 7
Hayward Fire Station 9

CSUEB

- | | |
|---|----------------|
| 1. DPS DISPATCHER(Emergency) | ext. 911 |
| 2. EOC | ext. 7404-7407 |
| 3. EOC fax# | 583-0919 |
| 4. Environmental health and safety fax# | 885-4690 |

Alameda County Dispatch	667-7721
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Alameda County EOC (Dublin)	(925) 803-7800, 7888
	Fax (925) 803-7878

Alameda County EOC Medical Health Branch	Fax (925) 803-2720, 7872
	Email: med1@acgov.org

****Alameda County EOC is in process of updating #'s per staff. These numbers are active and current as of 04/21/2023. EDPC chair is on email list to receive updated #'s when they complete switch****

Hayward EOC	583-4948, 583-4930
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ReddiNet-
NetRIMS - Internet communication system for disaster

Alameda County Public Health (report disease outbreak for regular hours)	267-3250
	Fax# 268-2111

Alameda County Public Health (will ring at Lawrence Livermore and for physicians to report emergency outbreaks 24 hours daily)	(925) 422-7595
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Jim Morrissey, EMT-P
Alameda County EMS, Disaster and WMD Coordinator
Jim's Office (510) 618-2036 Main EMS (510) 618-2050

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EMERGENCY PREPAREDNESS PLAN

EMS Fax (510) 618-2099 Cell (510) 551-3232
Pager (415) 208-0936
jim.morrissey@acgov.org

Alameda County EMS Protocols can be found here:

<https://ems.acgov.org/ClinicalProcedures/FieldTreatmtProtocols.page?>

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EMERGENCY PREPAREDNESS PLAN

Exhibit A- Injured Seen at SHCS

Date: _____

[illegible]

Exhibit B – Situation Analysis Checklist

1. Facilities – Status of the building.
 - Structural integrity (list damage to building and state if overall functional)
 - Operational status (electricity, lighting, heat, water)
 - Presence of hazards (fire/smoke, gas, leak, toxic fumes, water damage)
2. Personnel
 - Employees (# injured, # employees able to function including MD, NP, nursing staff)
 - Casualties (# of each type—See Exhibit A)
3. Needs
 - Request for transportation of the injured (ambulance, helicopter, etc.)
 - Request for medical personnel (MD, nursing)
 - Request for basic necessities (food, water, generators, lighting, heaters, blankets/clothing, shelter)
 - Request for medical supplies
 - Request for general help (BSA's, facilities)

TREATMENT ROOM 1104 - EQUIPMENT CHECK LIST

- I. 1 wheelchair
- II. 2 Oxygen Tanks:
 - 1 with mask and Ambu Bag; location: on Treatment Cart in Room 1104
 - 1 with mask and nasal cannula, extension tubing, and Ambu Bag; location in Minor Procedure Room 1108
- III. 1 Patient slider board
- IV. 1 Treatment Cart
 - 1. Top of Cart:
 - a. Suction device
 - b. Trauma box
 - c. AHA guidelines folder
 - d. Flashlight
 - e. Hand sanitizer
 - f. Gloves (Small, medium, large – located on wall)
 - g. Sharps container (located on wall)
 - h. Treatment Cart Lock Log
 - 2. Sides of Cart:
 - a. Oxygen tank
 - b. AMBU (Resuscitator Bag with Bag Spur)
 - c. Oxygen tank holder
 - d. CPR Backboard (attached to back of cart)
 - 3. Inside Cart:
 - a. Drawer 1: CPR Mask, CPR Microshield, ammonia, nasopharyngeal airways, oral airways, lubricant, nasal cannula, oxygen extension tubing, oxymask, non-rebreather, glucometer (including strips, and controls 1 and 2), stethoscope, BP cuff, pulse oximeter, thermometer, flashlight, batteries (for flashlight and thermometer)
 - b. Drawer 2: IV fluids and tubing, IV supplies (start kit, extension tubing, angiocatheters -18g, 20g, 22g-), IO kit and needle stabilizer, saline flushes, needles and syringes, alcohol pads, medication cups, tape, arm board, coban, epi pen, epi kits (contains epi ampule, alcohol pad, filter needle, IM needle, syringe, band aid).
 - c. Drawer 4: suction connection tubing, yankauer suction tube, 14Fr nasal suction catheter, Salem Sump nasogastric tubes (14Fr, 16Fr,

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EMERGENCY PREPAREDNESS PLAN

18Fr)

- d. Treatment Bag (blue)

V. First-Aid Bag

- 1. Large dressing (ABD Pad), clamps, bandage scissor, Ace bandages- 3 inches, 4 inches, and 6 inches, assorted Band-Aids, gauze 2 x 2, and 4 x4, sterile cotton applicator, sterile Tongue Depressor
- 2. Other supply can be added as needed

VI. Orange Large Bag

- 1. Air Splints Bag:
 - a. 1 full arm splint
 - b. 1 hand and wrist splint
 - c. 1 half arm (wrist and arm)
 - d. 2 full leg splint
 - e. 1 foot and ankle splint
 - f. 1 half leg splint
- 2. Blankets (yellow)

VII. Countertop (by sink)

- 1. Various sizes of Stay-Dry Ice Pack
- 2. Instant Cold Pack
- 3. Instant Warm Pack

VIII. Freestanding Equipment in Room 1104

- 1. Ultrasound machine
- 2. 1 waste can
- 3. 1 biohazard bin
- 4. 1 Freezer
- 5. 2 Bedside stands
- 6. 2 Beds
- 7. 1 Night stand equipped with drapes, tidi towel

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EMERGENCY PREPAREDNESS PLAN

TREATMENT CART – ROOM 1104

Month _____	√	Earliest date to expire
TOP and SIDES OF CART:		
Suction device		
Trauma box		
AHA guidelines folder		
Flashlight		
Hand sanitizer		
Gloves (Small, medium, large – located on wall)		
Sharps container (located on wall)		
Treatment Cart Lock Log		
Oxygen tank		
AMBU (Resuscitator Bag with Bag Spur)		
Oxygen tank holder		
CPR Backboard (attached to back of cart)		
#1 DRAWER:		
CPR Mask		
CPR Microshield		
Ammonia Inhalants	Lot number:	
Nasopharyngeal airways		
Oral airways		
Lubricant	Lot number:	
Nasal cannula		
Oxygen extension tubing		
Oxymask		
Non-rebreather		
Glucometer		
Glucometer: Test strips	Lot number:	
Glucometer: Control Level 1	Lot number:	
Glucometer: Control Level 2	Lot number:	
Stethoscope		
Blood pressure cuff		
Pulse oximeter		
Thermometer		
Flashlight		
Batteries (for flashlight and thermometer)		
#2 DRAWER:		
Lactated Ringer's IV Solution	Lot number:	
0.9% Sodium Chloride IV Solution	Lot number:	
IV fluid tubing		
IV start kit		
IV extension tubing		
Angiocath 18g, 20g, 22g		
IO kit and needle stabilizer		
0.9% Sodium Chloride flush	Lot number:	
Needles – various sizes		
Syringes – various sizes		
Alcohol pads		
Medication cups		

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Tape			
Arm board			
Coban			
Epinephrine Pen	Lot number:		
Epinephrine 1mg/ml kit	Lot number:		<i>First item in kit to expire</i>
Epinephrine 1mg/ml kit	Lot number:		<i>First item in kit to expire</i>
#3 DRAWER:			
Suction connection tubing			
Yankauer suction tube			
Nasal suction catheter 14Fr			
Salem Sump nasogastric tube 14Fr, 16Fr, 18Fr			
#4 DRAWER: Treatment Bag			

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EMERGENCY PREPAREDNESS PLAN

TREATMENT BAG SUPPLY LIST

Month _____	√	<u>Earliest</u> date to expire
Chart/Transfer papers and pen		
Gloves – small/medium/large		
Tourniquets (2)		
Alcohol prep/Plastic bag with band-aids		
Ziploc plastic bag and paper bag		
Ophthalmoscope/otoscope w/ ear speculums		
Syringes		
Needles (including blunt and filtered)		
Tubex		
Reflex Hammer		
Sterile gloves: small, medium, large		
Dressings: ABD (2), 4x4 gauze (4), 2x2 gauze (4) Kling (2", 3", 4")		
Tape		
C.A.T. tourniquet (1)		
Blood pressure cuff and stethoscope		
Laerdal pocket mask		
Nasopharyngeal and oropharyngeal airways		
Manual suction		

MEDICATIONS

Month _____	√	Lot Number	<u>Earliest</u> date to expire	RN	Pharm
Ammonia inhalant (10)					
Diphenhydramine 50 mg/ml (2)					
Promethazine 25 mg (2)					
Epinephrine 1:1000 (2)					
NaCl (sodium chloride) 0.9% 10 ml, sterile (4)					
Nitroglycerin 0.4 mg (1/150g)					
Aspirin 81 mg (36)					
Glucose Paste					
Glucagon ER Kit (1)					
Ketorolac 60 mg/2 ml					
Midazolam 10 mg/2 ml (2)					
Eye Wash					
Naloxone Nasal Spray 4 mg (2 pack)					
MAD Nasal Atomizer device (3)					

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EMERGENCY PREPAREDNESS PLAN

Disaster Bag Supplies (@ Concord Campus) and Semester Checklist

Item	Quantity	Fall Semester	Spring Semester	Summer Semester
Main pocket		√	√	√
Regular blood pressure cuff	1			
Large blood pressure cuff	1			
Stethoscope	1			
Otoscope/Ophthalmoscope	1			
Small gloves (box)	1			
Medium gloves (box)	1			
Ambu bag	1			
Flashlight w/ batteries	1			
Biohazard bag	3			
Tongue depressors	5			
Front pocket				
3" ace wrap	2			
4" ace wrap	1			
Heat pack	2			
Cold pack	2			
Front left pocket				
CPR microshield	1			
Front right pocket				
Vomit bag	6			
Side left pocket				
Sal-jet	10			
2"x2" gauze	15			
4"x4" gauze	10			
8"x10" ABD pads	3			
Coban	3			
Side right pocket				
Paper tape	2			
Alcohol pads	-			
Band aid (various sizes)	-			
Nonadherent pads (various sizes)	-			
Triage tags (bundle)	1			
Notepad	1			
Pen	5			
Sharpie	2			

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EMERGENCY PREPAREDNESS PLAN

PHARMACY DISASTER MEDICATIONS

DRUGS	QUANTITY	EXPIRATION DATE:						
Acetaminophen 500mg	#100 Tablets							
Aspirin 81mg	#36 Tablets							
Ibuprofen 200mg	#100 Tablets							
Ondansetron ODT 4mg	#30 Tablets							
Albuterol HFA inhaler	#8gm.							
Loratadine 10mg	#30 Tablets							
Azithromycin 250mg	#6 Tablets							
Doxycycline Hyclate 100mg	#50 Tablets							
Penicillin VK 250mg	#100 Tablets							
Ceftriaxone 500mg (Generic)	#2 Vials							
(Diluent- Lidocaine 1%)	#2 x10ml Vials							
(Bacteriostatic Water)	#4 Vials							
Nitroglycerin 0.4mg	#25 Tablets							
Epinephrine 1:1000 (1 mg/ml)	#2 Ampules							
Sodium Chloride 0.9%	#4 x10ml Syringe							
Flumazenil 1mg/10ml	#1 x10ml Vials							
Midazolam Inj. 10mg/2ml	#2 x2ml Vials							
Narcan Nasal Spray	#2 Sprays							
Syringes and Needles	Various							
MAD Nasal Atomization	#3							
Initial/Date								