



Emergency Operations Plan

March 1, 2019

Prepared and updated by the following UNM – Valencia Staff:

**Director of Business Operations
Physical Plant Manager
UNM – Valencia Police**

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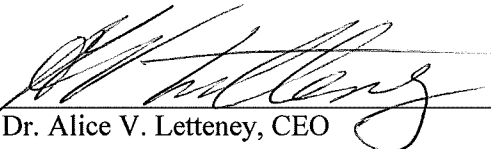
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APPROVAL & IMPLEMENTATION

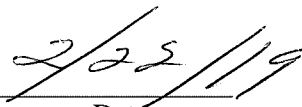
The University of New Mexico – Valencia Campus

Emergency Operations Plan

This Emergency Operations Plan is hereby approved. This Plan is effective immediately and supersedes all previous editions.



Dr. Alice V. Letteney, CEO



Date

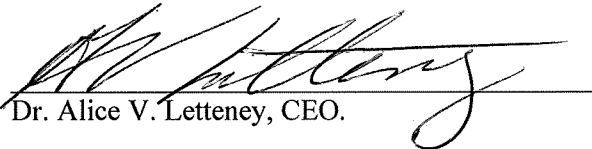
PROMULGATION STATEMENT by the Executive Director

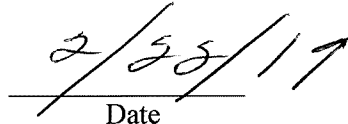
UNM – Valencia Campus is committed to the safety and security of students, faculty, staff and visitors. In order to support that commitment, the University has developed this ***Emergency Operations Plan*** to provide a basic procedural outline for emergency response. The ***Emergency Operations Plan*** that follows is the official policy of UNM – Valencia. It is a result of a comprehensive review and update of school policies. It provides a framework for use in performing crisis intervention actions during a major emergency or disaster on campus. This ***Plan*** will establish the definition of an emergency, the overall chain of command and the roles and responsibilities of University departments and individuals serving within those departments.

Our first priority in any emergency situation is the prevention of injury and attention to the personal needs of our faculty, staff and students. To the greatest extent possible, damage to University property and the environment must be limited and a plan for prompt recovery implemented. Regardless of the nature of the emergency, it is imperative that University resources be directed as quickly and effectively as possible.

The Director of Business Operations will be responsible for leading and coordinating this response effort as “Emergency Executive”. Some key “Emergency Response Plans” are provided as appendices to this document.

This planning document is approved effective immediately and supersedes all previous versions.


Dr. Alice V. Letteney, CEO.


Date

RECORD OF PLAN CHANGES

Change Number	Date of Change	Change Entered By	Description of Change
1			
2			
3			
4			
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RECORD OF DISTRIBUTION

Date of Distribution	Agency / Department	Recipient's Name	Method of Distribution (Electronic or Hard Copy)
3/1/19	Executive Director	Alice Letteney	Hard Copy & Electronic
3/1/19	Director of Business Operations	Richard Goshorn	Hard Copy & Electronic
3/1/19	Dean of Instruction	Laura Musselwhite	Hard Copy & Electronic
3/1/19	UNM Valencia – Police	Bryan Killinger	Hard Copy & Electronic
3/1/19	Director of Student Affairs	Hank Vigil	Hard Copy & Electronic
3/1/19	Facility Operations	Jimmy Gonzales	Hard Copy & Electronic
3/1/19	Business & Finance	Cheryl Klein	Hard Copy & Electronic
3/1/19	Human Resources	Shireen McDonald	Hard Copy & Electronic
3/1/19	Information Technologies	John Abrams	Hard Copy & Electronic
3/1/19	Website Publishing	MaryAnn Castillo	Electronic

Purpose:

The purpose of the UNM - Valencia Emergency Operations Plan, with its appendices and other attachments, is to provide the basis for a coordinated response operation before, during and after an emergency or disaster affecting the University. The guidance contained in this plan is designed to develop a state of readiness for all conditions of emergency.

This Emergency Operations Plan is intended to establish policies, procedures and organizational structure for response to emergencies that are of a magnitude to cause a significant disruption in the functional capabilities of the University. This plan describes the roles and responsibilities of units and personnel during emergency situations.

Through the use of annexes, this Emergency Operations Plan addresses several specific types of emergencies on an individual basis, providing guidelines for the stabilization of and recovery from the incident. These include emergency instructions and references in a concise format for the individuals designated to manage University resources.

Assumptions:

- A. An emergency or a disaster may occur at any time of the day or night, weekend or holiday, with little or no warning.
- B. The succession of events in an emergency or disaster is not predictable; therefore, published operational plans, such as this plan, should serve only as a guide and a checklist and may require modifications in order to meet the requirements of the emergency.
- C. An emergency or a disaster may be declared if information indicates that such conditions are developing or probable.
- D. Disasters may be community-wide. Therefore, it is necessary for the University to prepare for and carry out disaster response and short-term recovery operations in conjunction with local resources.

TYPES OF EMERGENCIES/LEVELS OF RESPONSE:

There are three levels or types of emergencies:

- **LEVEL 1 – MINOR INCIDENT:** A Minor Incident is defined as a local event with limited impact which does not affect the overall functional capability of the University. Planning and response is carried out at a limited local level (e.g., on a lab or room basis). The Emergency Operations Plan would not be activated.
- **LEVEL 2 – EMERGENCY:** An Emergency is defined as a serious event that significantly disrupts one or more operations of the University. Multiple University

resources are involved; the Emergency Operations Plan would be activated to the extent necessary.

- **LEVEL 3 – DISASTER:** A Disaster is defined as a very serious event that seriously impairs or halts the operations of the University. The Emergency Operations Plan is fully activated.

CHAIN OF COMMAND

The Director of Business Operations coordinates the University's response to all major incidents. In his/her absence, another Senior Management Team member shall be directed by the Executive Director to act as the Team Leader according to the following sequence: The Chain of Command for this University-Wide Emergency Operations Plan is as follows:

- 1) Executive Director
- 2) Dean of Instruction
- 3) Director of Student Services
- 4) UNM - Valencia Police Supervisor

ROLES AND RESPONSIBILITIES

Executive Director – The Executive Director is ultimately responsible for making critical decisions during emergency situations. The Executive Director delegates the implementation of these plans to the Director of Business Operations. The Executive Director is in close communication with the Director of Business Operations during all phases of the emergency. After consultation with the Executive Management Team, the Executive Director or his/her designee shall be responsible for declaring any major institutional emergency.

Director of Business Operations – The Director of Business Operations has the ultimate responsibility for overseeing implementation of this University Emergency Operations Plan, to monitor activities and to offer advice and guidance to other individuals in order that they may comply with their respective implementation responsibilities.

Executive Management Team - The Executive Management Team (“EMT”) is comprised of the Executive Director and his/her direct reports.

University Incident Commander - The Incident Commander (in most cases, the Director of Business Operations) is in charge of the Emergency Operations Team. The Incident Commander is the individual responsible for the command and control of all aspects of the emergency response. The Incident Commander must be able to quickly assess an emergency situation, determine the level of impact, assess the effect, contain the incident and assign the proper resources. The role of Incident Commander may be delegated by the Director of Business Operations to a designee under rules of succession. The Incident Commander is responsible for keeping the Executive Management Team informed and up-to-date on all important matters pertaining to the incident. The Incident Commander, or designate in his/her absence, has authorization to fully implement the operational aspects of this Emergency Operations Plan.

Emergency Operations Team - The Emergency Operations Team (EOT) is organized under Incident Command System headed by the Incident Commander. Under the direction of the University Incident Commander, the EOT is responsible for the execution of the Emergency Operations Plan during an emergency situation. The EOT reports directly to the Incident Commander. The EOT is comprised of senior operations personnel representing functional areas of the University that have critical Emergency Operations Plan execution responsibilities. Members are responsible for ensuring that their functional area has a Critical Operations Plan and necessary resources to execute their plan.

All Staff and Faculty – All Faculty and Staff should familiarize themselves with evacuation routes, areas to congregate should an evacuation take place, and assure that they have subscribed to LoboAlerts with their email and cellphone numbers. UNM Valencia's primary communication method is LoboAlerts in the event of any emergency or inclement weather situation. UNM Valencia's gunshot detection system also uses text messaging and email for threat notification.

Campus Department	Department Contributions
Academic Affairs (<i>Dean of Instruction</i>)	<ul style="list-style-type: none"> • Communicate with and account for teaching faculty in an emergency situation. • Identify alternate facilities where institution can be conducted in the event of the destruction, disablement, denial or lack of access to existing facilities. • Identify and prioritize critical support services and systems. • Identify and ensure recovery of critical assets.
Business Office (<i>Director of Business Operations</i>)	<ul style="list-style-type: none"> • Communicate with and account for staff during disaster operations. • Implement procedures for procuring emergency resources for responding to and recovering from emergencies. • Document the financial cost of emergency response and recovery operations. • Implement procedures for mobilizing resources needed for significant, longer-term emergencies. • Deploy emergency communication devices (e.g., radios, cell phones).
Central Administration or Designee (<i>Executive Director</i>)	<ul style="list-style-type: none"> • Provide resources and leadership support to drive the initiative. • Implement procedures for declaring an emergency, if necessary. • Identify alternate administrative facilities. • Coordinate procedures for recruiting volunteers and additional staff.
Facilities and Operations	<ul style="list-style-type: none"> • Responsible for management of facility operations related to emergency situation. • Participate in vulnerability and hazard assessments. • Provide floor plans with room layout, electrical sources and entrance and exit points for all campus buildings.
Food Services	<ul style="list-style-type: none"> • Implement procedures for providing food to students, staff and faculty during the emergency.
Human Resources	<ul style="list-style-type: none"> • Implement plans to hire or replace staff with temporary employees, if needed.
Information Technology	<ul style="list-style-type: none"> • Implement alert systems to disseminate emergency information via website, cell phone, e-mail and other mechanisms. • Deploy IT resources needed to facilitate the emergency operation of all campus departments. • Implement plans to continue academic programs that make significant use of

	technology for teaching purposes.
Public Information Office (PIO)	<ul style="list-style-type: none"> Implement procedures for coordinating with all departments in order to provide unified and factual messages to students, staff, faculty, families and the media using multiple modalities; act as the campus spokesperson.
Student Services	<ul style="list-style-type: none"> Implement procedures for responding to student-related issues.
UNM – Valencia Police	<ul style="list-style-type: none"> Assist in making initial assessment and responsible for law enforcement-related issues.
Miscellaneous Staff	<ul style="list-style-type: none"> Carry out duties as directed by Executive Team.

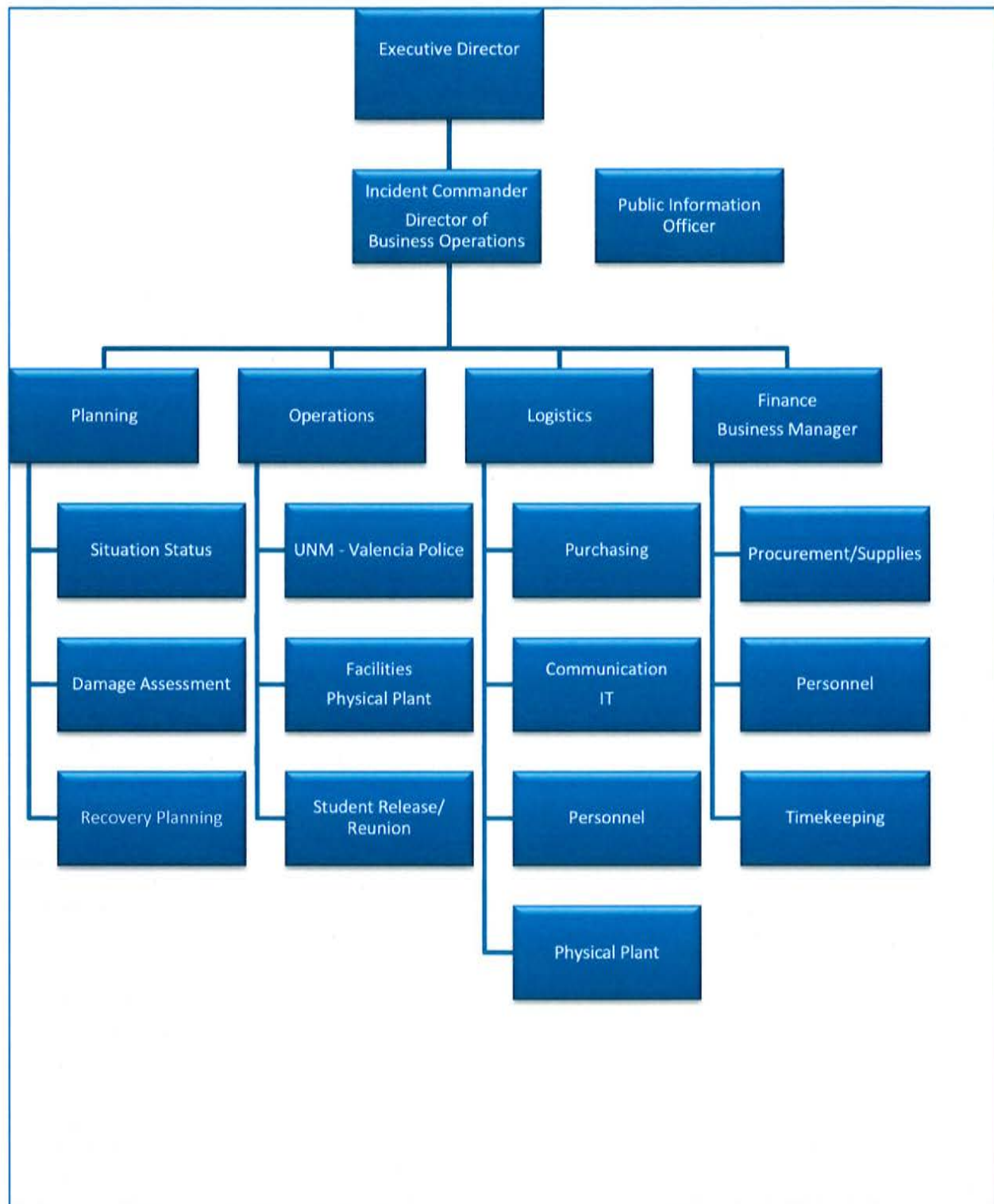
Hazard Identification / Risk Assessment

EVENT	PROBABILITY				SEVERITY of DISRUPTION				TOTAL
	None 0	Low 1	Med 2	High 3	None 0	Low 1	Med 2	High 3	
NATURAL EVENTS									
Hurricane	0				0				0
Dam Failure	0				0				0
Landslide	0				0				0
Volcano	0				0				0
Flood		1				1			2
Land Subsidence		1				1			2
Earthquake		1					2		3
Temperature Extremes				3			2		5
Wildfire		1					2		3
Epidemic		1					2		3
Tornado		1						3	4
High Wind			2				2		4
Severe Thunderstorm			2				2		4
Severe Winter Storm			2					3	5
Drought				3			2		5
HUMAN EVENTS									
VIP Situation		1				1			2
Civil Disturbance		1				1			2
Hazmat		1						3	4
Terrorism		1						3	4
Abduction		1						3	4
Hostage Situation		1						3	4
Bomb Threat		1						3	4
Fire		1						3	4
Active Shooter		1						3	4
INDUSTRIAL EVENTS									
Electrical Failure		1					2		3
Natural Gas Failure		1					2		3

Water Failure		1				2		3
Sewer Failure		1				2		3
Communication Failure		1				2		3
HVAC Failure		1				2		3
Information Systems Failure		1				2		3
Structural Damage		1				2		3

High Severity of Disruption = Health and Safety / Life Threat

NIMS Organization Chart



APPENDIX 1

Glossary of Terms and Abbreviations

(Releasable)

The following terms and abbreviations are either used in this plan or are common to the emergency management industry. They are contained here to provide a ready reference for those who may not use them on a daily basis, as well as to ensure common understanding of meaning.

Command Post - That location at which primary Command functions are executed, usually collocated with the Incident Base, also referred to as the Incident Command Post.

Coordination - The process of systemically analyzing a situation, developing relevant information and informing appropriate personnel of viable alternatives for selection of the most effective combination of available resources to meet specific objectives.

Critical - A term often used to describe something as being essential or very important. The use of the term implies that loss of whatever is being described, (e.g., a critical infrastructure), will result in the inability to carry out essential functions and/or the inability to achieve its mission.

Delegations of Authority - Pre-delegated authorities for making policy determinations and decisions at headquarters, field levels and other organizational locations, as appropriate.

Emergency - Any occurrence or threat, whether natural or man-made, that demands a crisis response which results, or may result, in substantial injury or harm to the population or substantial damage to or loss of property or natural resources.

Emergency Operations Center - This refers to the location where the emergency operations team controls its emergency operations; where information about the status of the emergency situation is officially collected, assimilated and reported on; and where coordination among response agencies takes place.

Emergency Operations Plan - A document which provides for a preplanned and coordinated response in the event of an emergency or disaster situation.

Emergency Management Team - This refers to those individuals identified as key in helping coordinate response to an emergency. Those on the Emergency Operations Team are frequently the people in charge of critical units within the organization who may have specific training and practice in handling emergencies.

Emergency Preparedness - Those measures taken in order to get ready to respond to and recover from an adverse event (e.g., a disaster). This includes obtaining equipment, developing plans, conducting exercises, training personnel, etc.

Essential Functions - Activities, processes or functions which could not be interrupted or unavailable for several days without significantly jeopardizing the operation of an organization.

Essential Personnel - Personnel designated by their division as critical to the resumption of essential functions and services.

Evacuation - Assisting people to move from the path or threat of a disaster to an area of relative safety.

First Responder - A term used to refer to those resources, (usually police, fire and emergency medical), immediately deployed in response to an adverse incident.

Hazardous Materials - Substances or materials in a quantity or form which may pose unreasonable risks to health, safety, property or the environment when used, transported, stored or disposed of which may include materials which are solid, liquid or gas. Hazardous materials may include toxic substances, flammable and ignitable materials, explosives or corrosive materials and radioactive materials.

Incident Command System - A model for disaster response that uses common terminology, modular organization, integrated communications, unified command structure, action planning, manageable span or control, pre-designed facilities and comprehensive resource management. In ICS there are five functional elements: Command, Operations, Logistics, Planning and Finance/Administration.

Incident Commander - The individual responsible for the management of all incident operations.

Infrastructure - The underlying resources that must be present in order to allow functions and processes to be carried out. Common critical infrastructures include electricity, transportation systems, pipelines, telecommunications, etc.

National Incident Management System (NIMS) - A consistent nationwide template to enable federal, state, local, tribal governments, private-sector and nongovernmental organizations to work together effectively and efficiently to prepare for, prevent, respond to and recover from domestic incidents, regardless of cause, size or complexity, including acts of catastrophic terrorism.

Plan - The written document that contains the policies and procedures used to guide the emergency operations team during a crisis.

Preparedness - The development of plans to ensure the most effective, efficient response to an adverse event (e.g., a disaster). This includes obtaining equipment, developing plans, conducting exercises, training personnel, etc. This is one of the four phases of emergency management.

Prevention - The event-specific measure(s) taken to reduce the impact from a risk or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property.

Public Information - Information that is disseminated to the public via the news media before, during and/or after an emergency or disaster.

Recovery - The returning of processes to a state of normalcy following a disaster.

Redundancy - This term refers to having multiple means of providing something such that if the primary means fails, the secondary can take over.

Resource - An item, (person, piece of equipment, funding, etc.), that is available and can be used to address a need.

Response - Those activities taken in order to reduce the immediate and short-term effects of an emergency or disaster. Generally, this starts with detection or notification of the event, dispatching of resources, taking action to resolve the event or its impact and the recovery of the resources.

Risk Assessment/Analysis - An evaluation of the probability that certain disruptions will occur and the controls to reduce organizational exposure to such risk.

Standard Operating Procedures - Approved methods for accomplishing a task or set of tasks. SOPs/SOGs are typically prepared at the department or agency level. May also be referred to as Standard Operating Guidelines (SOPs/SOGs).



BOMB THREAT PLAN

APPENDIX 2 BOMB THREAT PLAN

POLICY: This policy will provide guidelines to ensure the safety of students, faculty, staff and visitors when a bomb threat is received by UNM - Valencia. The duties and responsibilities governing the handling of a bomb threat will be followed and strictly adhered to by UNM - Valencia personnel.

SCOPE: This document applies to the UNM - Valencia Campus only.

PROCEDURE:

1. **Introduction** - This policy will be distributed to key personnel who must familiarize themselves with the contents and inform others under their supervision. Should it become necessary to evacuate a building, the respective Director or his/her designee will have responsibility for making that decision. If an actual device or suspicious package is found, an immediate evacuation of the area or building will take place.
2. **Authority** - Under no circumstances will any UNM - Valencia staff member handle or directly deal with a suspicious device or package.
3. **Response Actions/Procedures** – At any time a bomb threat, suspicious package or device is received or found, the University of New Mexico – Valencia Police will immediately be called at 5-8570.
 - a. Any UNM employee or student who receives a bomb threat via telephone shall do the following:
 1. Try to get as much information as possible (refer to bomb threat card);
 1. Time that device is set to detonate;
 2. Location of device;
 3. Type of device;
 4. The who, what, where, why, when and how of the threat.
 - Immediately contact UNM – Valencia Police at 5-8570;
 - i. Under no circumstances will UNM Staff or Faculty handle a suspected explosives device, to include manipulating or covering it in any way as the handling of such device could prompt sudden ignition, and the item used to cover the device could enhance the effects of the explosion with shrapnel and other hazardous debris.
 - ii. It is imperative that the area where the device is located be evacuated, and the call made to campus police and/or 911 should be made from a distance, and from behind cover.
 - iii. All personal cell phones and other electronic devices must be powered down so as not to cause an accidental ignition to the device as many explosives are crudely built with switches or timers that could be triggered by electric pulse.

- b. Any UNM employee or student who receives a bomb threat via e-mail or voicemail, or receives a suspicious package or letter, shall do the following:
- Immediately contact UNM – Valencia Police at 5-8570;
 - Save the e-mail or voicemail for the police; and
 - Take measures to preserve the letter or package without physically handling the letter or package.
4. **Evacuation** -- Should it become necessary to evacuate, all students, staff and faculty will evacuate in a calm but timely manner through nearest exits and proceed to the south end of the south parking lot. UNM - Valencia Police will call the appropriate emergency responders to assist, if necessary. Evacuations are authorized by the Executive Director or the Director of Business Operations or his/her designee. UNM – Valencia Police, Physical Plant or the Operator's Station will notify building coordinators to evacuate buildings.

PERSONS TO BE NOTIFIED:

Administration:

Richard Goshorn	Ext. 5-8508
Cheryl Klein	Ext. 5-8502

Public Information

Jon Lechel	Ext 5-8547
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Student Services:

Hank Vigil	Ext. 5-8581
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Academics:

Laura Musselwhite	Ext. 5-8601
Margaret Anaya	Ext. 5-8602

Learning Resources Center (LRC):

Barbara Lovato	Ext. 5-8991
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Student Center:

Beverly Zemke	Ext. 5-8810
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Physical Plant:

Jimmy Gonzales	Ext. 5-8850
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Fitness and Wellness Center:

Andre Bird	Ext. 5-8833
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Bookstore:

Nathaniel Cook	Ext. 5-8800
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- d. **Search** -- A cursory search of the area will be conducted. UNM - Valencia Police and/or other trained personnel will conduct this search and may request the assistance of key personnel.
- **Assistance** – UNM – Valencia Police will identify persons who work or have knowledge of the bomb threat area. Police will interview persons and gather as much information as possible pertaining to the area in question.
 - If a device is found, a full evacuation should take place immediately.
 - Under no circumstances should anyone other than the Bomb Squad touch or move any suspicious device or package.
 - Cell phones and radios shall be immediately turned off within 500 feet of a suspicious device, if one is found.
 - A perimeter of 300 feet should be observed as the minimum distance for a danger zone.
 - Once designated, no one will be allowed to enter the danger zone.
4. **Immediate Response Actions** - When area law enforcement arrives on scene, they will work in conjunction with UNM - Valencia Director of Business Operations or his/her designee to secure the area in question. The police will assist personnel with any evacuation, as needed, and control the vehicle and pedestrian traffic in the area. Other organizations, such as Physical Plant staff, may be utilized in assisting with these and any other emergency actions.
5. **Incident Management and Response Coordination** - The UNM - Valencia Executive Director or the Director of Business Operations and UNM – Valencia Police will, in most cases, manage the incident and will work in cooperation with other responding agencies, as the incident dictates.
- Only the Executive Director, Director of Business Operations or the Public Affairs Officer, or his/her designee, will be permitted to talk with the media concerning the incident.
- Building personnel should follow their area's emergency plan in making their internal notifications.
6. **Re-entry and Recovery** – The decision for employees and the public to re-enter an evacuated building will be made by the Executive Director or the Director of Business Operations, or his/her designee.

Lobo Alerts:

A Lobo Alert message will be broadcast as soon as possible for this type of emergency situation. This message may be sent using any or all of the available communication methods (text message, email, voice message and inter campus instant message).

- Depending on the available information, the initial message may inform people of where the incident that is occurring. If no specific location is provided, the entire campus should be considered the area at risk.
- Communications, including the use of cell phones, land line phones, and the internet, of a non-emergency nature, should be kept to a minimum during the event.

Once the incident has been resolved, an additional Lobo Alert message will be sent out to update the incident status and provide further directions.



CHEMICAL INCIDENT RESPONSE PLAN

APPENDIX 3

CHEMICAL INCIDENT RESPONSE PLAN

GENERAL INFORMATION AND DESIRED OUTCOME:

This plan is intended to provide guidance on emergency response and emergency notification procedures involving hazardous material and chemical or oil spill incidents occurring at the University of New Mexico - Valencia Campus.

PROCEDURE:

- **Immediate Response Actions** - Upon realization or notification of a chemical or oil spill incident, ensure that the room is evacuated, all personnel are accounted for, and that the doors are closed. Post signs on entrances to alert others of a hazard spill. Notify UNM – Valencia Police, who will, in turn, ensure notification of additional appropriate person(s) for Incident Response, the appropriate Physical Plant Department and Area Manager/Supervisor. A Material Safety Data Sheet (MSDS) will be located for the chemical or hazardous material.
- Under no circumstance should the spill be cleaned or mopped up by unqualified personnel as this action could cause:
 - A spread in contamination that could prevent proper cleaning, or the spill could react through agitation, or by introduction of other substances resulting in a reaction.
 - An adverse reaction with remnants of unknown substances or detergents from the fabric or mop being used to clean the spill.

UNM – Valencia Police will log:

1. Time the spill was observed;
2. Location of the spill;
3. Identity of material or chemical spill;
4. Possible source of spill; and
5. Volume of spill and duration.

The lead Police Officer WILL:

1. Determine the emergency and location;
 2. Determine the magnitude and seriousness of the emergency;
 3. Contact the Director of Business Operations;
 4. Alert on-duty personnel;
 5. Seal off the area;
 6. Assign personnel to treat and transport injured persons; and
 7. Establish security for the affected area.
- **Re-entry and Recovery** - The Executive Director or the Director of Business Operations, or his/her designee, will control initial re-entry into the facility or clear zone area, as determined by the hazard degree of the incident.

Lobo Alerts:

A Lobo Alert message may be broadcast for this type of emergency situation. This message may be sent using any or all of the available communication methods (text message, email, voice message and inter campus instant message).

- Depending on the available information, the initial message may inform people of where the incident that is occurring. If no specific location is provided, the entire campus should be considered the area at risk.
- Communications, including the use of cell phones, land line phones, and the internet, of a non-emergency nature, should be kept to a minimum during the event.

Once the incident has been resolved, an additional Lobo Alert message will be sent out to update the incident status and provide further directions.



FIRE EVACUATION PLAN

APPENDIX 4

FIRE EVACUATION PLAN

POLICY: This policy will provide guidelines to ensure the quick and safe evacuation of all UNM-Valencia buildings necessary to ensure that all student, faculty, staff and visitors are safely evacuated out of and away from any emergency scene. The duties and responsibilities governing the response and evacuation of any UNM-Valencia facility will be adhered to by all UNM-Valencia personnel.

SCOPE: This plan applies to any fire that would create the need for an evacuation of any UNM – Valencia buildings.

AUTHORITY:

In the event of a fire, the Executive Director has authorized the Director of Business Operations to implement a full evacuation of all personnel. In the absence of the Director of Business Operations, the decision will be made by:

- The Executive Director;
- The Dean of Instruction;
- The Director for Student Services;
- The Director for Business Operations; or
- Fire management personnel on scene.

Evacuation, if deemed necessary, will affect all buildings on campus. If such evacuation is called for, the Director of Business Operations, or his/her designee as listed above, will have the authority to terminate all functions, classes, performances, experiments, etc., and require all occupants to be evacuated, regardless of individual circumstances. Should such evacuation occur during inclement weather, UNM - Valencia will designate alternative sites to house the evacuees, if necessary.

PROCEDURE:

- **Immediate Response Actions** – Due to the unpredictable nature of fire spread in some facilities, the immediate actions may vary. The following guidelines should be used:
 1. When noticing a fire situation, the individual noting the emergency must evacuate the immediate area and initiate the evacuation procedures. All occupants must be evacuated to the south end of the south parking lot.
 2. The individual noting the emergency will call UNM – Valencia Police Ext. 5-8570. Once notified, UNM – Valencia Police will notify the proper agencies.
 3. The individual calling must inform UNM – Valencia Police of the building name, room number and type of emergency (i.e., smoke, fire or smell of gas).

4. If it is safe to do so without threat of personal injury, and if the fire is small enough, attempt to extinguish the fire with the nearest fire extinguisher.
 5. When the building has been evacuated, no one will be allowed to re-enter the building until directed to do so by responding emergency personnel.
 6. When evacuating, it is best to close all doors on your way out. **DO NOT** lock them, except under security-required conditions.
 7. Upon evacuation of the affected building(s) it is imperative to maintain a safe distance as there is inherent risk of explosion and inhalation of hazardous smoke.
 8. The Valencia Campus has two designated collection points for evacuations, the south parking lot and the northwest parking lot. These should only be viewed as considerations as they do not account for wind conditions that may exist that would cause these areas to be subject to moving or settling smoke, and the need for evacuees to re-locate. It is important to stay upwind of this hazardous smoke.
 9. Senior staff in each building, which could vary depending upon the presence of managers or faculty, will need to assist with accounting for personnel present in the building once the evacuation is complete. Senior staff should be prepared to assist in the initial stages of a fire emergency by coaching others to evacuate to the extent that personal safety isn't infringed.
 10. Ensure that all evacuees stay clear of arterial pathways and do not block fire hydrants so as not to delay or disrupt the response of emergency fire personnel and the deployment of their equipment.
- **Incident Management and Response Coordination** – When a large fire evacuation is determined to be necessary, all UNM – Valencia personnel deemed necessary must report to a central location, which will be determined on the day of the incident. The purpose of the On-Scene Command Post will be to coordinate evacuation of the affected facilities, assist in relocation of personnel and equipment for the duration of the incident and, if necessary, provide for the temporary relocation of building occupants.

UNIT OR AREA SPECIFICS:

In some cases, special conditions may exist which require special actions to facilitate a safe evacuation of an exposure. In the case of a public assembly, the following will apply to assist in mitigation of the incident.

- The Event Manager will ensure that an accurate count of patrons is maintained throughout the event.
- The Event Manager will ensure that all patrons are evacuated by the safest route possible. All occupants must be evacuated to the south end of the south parking lot.
- Under no circumstances will the Event Manager, Event Security or other persons in charge of a public event attempt to re-route patrons or request that the event be allowed to proceed if it is determined that evacuation is required.

RE-ENTRY AND RECOVERY:

- After consultation with fire management personnel, the Executive Director or the Director of Business Operations, or his/her designee will control initial re-entry into fire-ground or clear zone area as determined by the hazard degree of the incident.
- An entry/egress point will be established for all personnel operating in the fire-ground or clear zone area and will be controlled by UNM – Valencia Police.
- Only those individuals directly involved in mitigation of the incident will be permitted inside the fire-ground area. Support personnel, media and other official agencies not participating in rescue, firefighting or other direct support functions, which requires their presence in the fire-ground area, will not be permitted entry until such time as determined by the Executive Director or the Director of Business Operations, or his/her designee.
- Full re-entry for building occupancy will be determined by the Executive Director or the Director of Business Operations, or his/her designee.

Lobo Alerts:

A Lobo Alert message will be broadcast as soon as possible for this type of emergency situation. This message may be sent using any or all of the available communication methods (text message, email, voice message and inter campus instant message).

- Depending on the available information, the initial message may inform people of where the incident that is occurring. If no specific location is provided, the entire campus should be considered the area at risk.
- Communications, including the use of cell phones, land line phones, and the internet, of a non-emergency nature, should be kept to a minimum during the event.

Once the incident has been resolved, an additional Lobo Alert message will be sent out to update the incident status and provide further directions.



INCLEMENT WEATHER POLICY

APPENDIX 5

UNM - VALENCIA INCLEMENT WEATHER POLICY

1. GENERAL

The Executive Director has authorized the Director of Business Operations to determine if and when the campus will close. Employees will be advised of early-release, late-report or no-report conditions through television announcements, with specific information about UNM – Valencia provided over UNM - Valencia's "Snow Line" at 505/ 925-SNOW (7669). The announcements will specify if UNM – Valencia is open, delayed or closed. The authority to make the final decision regarding status of the campus due to inclement weather situations will be determined in the following order:

1. Director of Business Operations
2. Executive Director
3. Dean of Instruction
4. Director for Student Services
5. Director of Business Operations

2. CRITICAL AREAS

In the event that UNM – Valencia is delayed or closed, certain critical areas, due to the nature of the activities, must remain open. The Physical Plant and UNM – Valencia Police will open at the regular time when a delay is deemed necessary due to inclement weather and will remain open when UNM – Valencia is declared closed due to inclement weather. Managers of critical activities will prepare contingency plans, keep plans updated and communicate such plans to employees. An employee should direct any questions about job expectations during a delay or closure to his/her supervisor. Any employee required by his/her supervisor to work during a delay or closure will be paid for hours worked and shall be granted additional compensatory time off, at the straight-time rate, for actual hours worked during the delay or closure. Compensatory time taken in such cases shall not be considered time worked for overtime compensation purposes.

3. DELAYS AND CLOSURES

For the purpose of this policy, a "delay" means that:

- Employees who do not work in critical areas will not be expected to report to work until the time specified in the delay announcement; and
- Classes scheduled to begin before the time specified in the delay announcement will not be held; classes scheduled to begin at or after the time specified in the delay announcement will meet as usual.

A closure means that the UNM – Valencia will **not** open for the day or will close before the end of the regular workday. Employees will be expected to return to their normal shift or work schedule beginning at or after 6:00am on the following day, unless otherwise specified on the “Snow Line”. Employees on shift assignments should check the “Snow Line” two (2) hours prior to the start of their shift to determine if UNM – Valencia will re-open prior to the automatic re-opening at 6:00am on the day following a closure.

Final Exam Week

In the event of delays or closures during final exam week, faculty whose final exams are affected by the delay or closure may select one of three options. Faculty must choose one of the options prior to final exam week and clearly communicate to their students which option they have chosen. The options are:

- Faculty may assign as final grades, the current grades that students have going into final exam week;
- Faculty may make provisions for communicating with students whose exams are canceled for the purpose of scheduling make-up exams or to make alternative arrangements; or
- Faculty may, as a last resort, choose to assign incomplete grades.

4. WORK SCHEDULES

During periods of inclement weather, both employees and supervisors should keep two (2) major goals in mind:

- The safety and well-being of employees; and
- The need for UNM – Valencia to conduct business on a regular basis.

During periods of inclement weather, employees are expected to be at work as scheduled, but should take reasonable and safe measures in attempting to meet their employment obligations. Also, an employee may need to leave work early to avoid hazardous driving conditions which may occur late in the day as temperatures drop. An employee's ability to keep regular hours due to inclement weather or hazardous driving conditions may be adversely affected by such things as the employee's own medical or physical limitations, where the employee lives, availability of transportation and family care responsibilities. If operations permit, supervisors should attempt to accommodate the needs of the employee. These decisions should be made on an individual basis, taking into consideration the employee's specific situation. Supervisors are expected to be flexible in these situations in accordance with the business needs of the organizations and the reasonable health and safety needs of employees.

Absences Due to Delays and Closures

When a delay has been announced, employees in non-critical areas will be expected to report to work at the time indicated by the media and “Snow Line” (505/925-SNOW) messages. Time off due to the announced delay or closure will be reported as paid administrative leave and shall not be considered as time worked for overtime compensation purposes. Employees on previously approved sick or annual leave or on a shift assignment not affected by the delay are not eligible for the paid administrative leave.

When an employee is unable to be at work at the expected time, the employee must notify his or her supervisor, explain the reason for the absence and provide an estimated time of arrival at work. If the employee's individual situation permits, the employee should attempt to get to work when possible. In most cases, driving conditions improve later in the day, enabling the employee to get to work safely. When an employee misses additional work time beyond the time indicated for the delay or because he or she needs to leave early when UNM – Valencia is not closed, the employee must:

- Make up the time missed under suitable conditions approved by the supervisor, if operational needs permit (up to two [2] hours);
- Take annual leave; or
- Take leave without pay.

Lobo Alerts:

A Lobo Alert message will be broadcast as soon as a decision is made regarding the safety of the campus and roads. This message may be sent using any or all of the available communication methods (text message, email, voice message and inter campus instant message).

- Depending on the available information, the initial message may inform people of the type of closure (two-hour delay, early dismissal, closure).



LOCK DOWN PLAN FOR HOSTAGE SITUATION

APPENDIX 6

LOCK DOWN PLAN FOR HOSTAGE SITUATION

POLICY: This policy will provide guidelines to ensure the safety of students, faculty, staff and visitors when a hostage situation occurs at UNM - Valencia. The duties and responsibilities governing the handling of this type of threat will be followed and strictly adhered to by UNM - Valencia personnel.

SCOPE: This document applies to the UNM - Valencia Campus only.

PROCEDURE:

1. **Introduction** - This policy will be distributed to key personnel who must familiarize themselves with the contents and inform others under their supervision. Should it become necessary to lock down the facility, the Director of Business Operations or his/her designee:

- Executive Director;
- Dean of Instruction;
- Director of Student Services

will have the responsibility to make that decision.

2. **Response Actions/Procedures –**

- As the UNM-VC Police Department has direct contact with Valencia Regional Emergency Communications Center, they should be called immediately at 5-8570 so as not to cause unintended delay in emergency service.
- The caller should provide the location of the incident, as well as provide a description of the offender(s), to include weapons information if known. The more accurate the information conveyed to the PD, the better.
- If a hostage situation occurs, priority phone calls should be made to **911**, then notify UNM – Valencia Police immediately at 5-8570. All entrance doors should be locked. Everyone should stay away from windows. Students, faculty and staff should proceed to designated areas in their building.
- These areas are as follows:

ADMINISTRATION

All building occupants will proceed to the Cashier's Office, Room 103A. If the situation does not allow for all occupants to go to the Cashier's Office, Student Services staff should go to

Room 113. The roll down gate must be closed and adjacent offices should have their doors closed to limit window exposure.

BUSINESS & TECHNOLOGY

Students in the South half of the building should proceed to the Fine Arts Lab, Room 104 and lock the door. Computer Lab(s) 110 and 111 will proceed to Room 110A or 111A and lock the door. Classrooms 117-127 will proceed to Computer Lab 123 and lock the door.

STUDENT CENTER / CAFETERIA

Occupants in the dining area will proceed to Kitchen Prep Area, Room 108. Kitchen personnel will lock the doors and stay in the kitchen. Computer Support Services personnel should stay in their office area and lock the doors.

ACADEMICS / ARTS & SCIENCES

East-West and North-South hallway classes, as well as Academic Office staff, should proceed to the Lecture Hall, Room 101. Students in the labs should proceed to Chemistry and Biology Prep Lab, Room 130, and lock the doors.

LEARNING RESOURCES CENTER ("LRC")

All students and staff should proceed to the IT hallway and offices. If additional space is required, Title V staff and students should proceed to Classroom 130 and lock the door.

BOOKSTORE

Lock the doors and stay in storage area.

FITNESS & WELLNESS CENTER

Proceed to Classroom 134 and lock the doors. If additional space is required, the locker area could also be utilized.

COMMUNITY EDUCATION AND SMALL BUSINESS DEVELOPMENT

Proceed to Community Education storage area and lock the door.

STUDENT COMMUNITY CENTER

Classes should remain in the classrooms and lock the doors.

HEALTH SCIENCES

Classes proceed to Lecture Room 101 and lock the doors.

VOCATIONAL CAREER TECHNICAL CENTER

Classes proceed to TRiO Lab, Room 110, and lock the doors.

Immediate Response Actions – When UNM – Valencia Police arrives on scene, they will assume full responsibility to secure the area in question. Law enforcement will begin evacuation when the areas are secured.

Incident Management and Response Coordination - The UNM - Valencia Executive Director or the Director of Business Operations will, in most cases, manage the incident and will work in cooperation with other responding agencies as the incident dictates.

Only the Executive Director, the Director of Business Operations or the Public Affairs Officer will be permitted to talk with the media concerning the incident.

Building personnel should follow their own area emergency plans in making their internal notifications.

Re-entry and Recovery – The decision for employees and the public to re-enter an evacuated building will be made in conjunction with UNM – Valencia Police, the Executive Director and the Director of Business Operations, or their designee.

Lobo Alerts:

A Lobo Alert message will be broadcast as soon as possible for this type of emergency situation. This message may be sent using any or all of the available communication methods (text message, email, voice message and inter campus instant message).

- Depending on the available information, the initial message may inform people of where the incident that is occurring. If no specific location is provided, the entire campus should be considered the area at risk.
- Communications, including the use of cell phones, land line phones, and the internet, of a non-emergency nature, should be kept to a minimum during the event.

Once the incident has been resolved, an additional Lobo Alert message will be sent out to update the incident status and provide further directions.



MEDICAL RESPONSE / AED PLAN

APPENDIX 7A

MEDICAL EMERGENCY RESPONSE PLAN

<u>Table of Contents</u>	<u>Section</u>
Basic Response Plan Recommendations	A
Basic First-Aid Kit Contents and Checklists	B
Location of Emergency Medical Equipment	C
Medical Emergency Situation / When to call EMS and the AED	D
Exposure Control Plan	E
AED Policy	F

Section A

Basic Response Plan Recommendations:

1. As the UNM-VC Police Department has direct contact with Valencia Regional Emergency Communications Center, they should be called immediately at 5-8570 so as not to cause unintended delay in emergency service
2. Use designated first-aid staff trained in first-aid and CPR. This staff should be trained on a bi-annual basis. This will ensure up-to-date skills and fresh knowledge of the policies and procedures in the case of a medical emergency.
2. Train 50% or more of your team in emergency level first-aid. This is an eight-hour course that includes CPR and first-aid.
3. Determine the distance from the nearest Emergency Medical Services (EMS or 9-1-1) response vehicle that will most likely respond for your location. All work sites will be different.
4. When calling for EMS, specific directions should be given as to where to send the emergency unit (e.g., front or back door of building or exact location in office).
5. In all cases, someone should meet the emergency unit at the entrance to the property to direct them to the location and to the patient(s).
6. All staff should be trained on the emergency procedure to follow in contacting EMS via phone, two-way radio or cell phone (this information is also covered in a first-aid course).
7. All first-aid kits should contain Personal Barrier Protection Equipment and appropriate first-aid supplies.
8. The emergency plan should be tested/reviewed once per year, minimally.
9. Ensure that the percentages of appropriately-trained personnel are maintained by training new staff and re-training current staff.
10. In all emergency cases, the person initiating the emergency should fill out an incident report and report the incident to his/her direct supervisor, who will in turn notify his/her manager. The incident report should also be reviewed and signed by the manager or designee.

Section B

Basic First-Aid Kit Contents and Checklists:

- 1- CPR mask barrier
- 5- Safety pins
- 3- Pair of disposable gloves
- 1- Emergency blanket
- 4- Triangular bandage
- 6- 4x4 dressing
- 2 - Rolls of gauze bandage
- 1- Roll of tape
- 2- Large pressure dressing
- 2- Small pressure dressing
- 2- Abdominal pads
- 20- Band-Aids
- 1- Ice pack (contained in a Ziploc bag)
- 1- Pair of paramedic shears (or regular shears)

First-Aid and AED Checklists

First-Aid Kit

Item	Recommended Quantity	Actual Count
CPR Barrier	1	
Disposable Gloves	3 pair	
Safety Pins	5	
Emergency Blanket.	1	
Triangular Bandage	4	
4x4 Gauze Dressing	6	
Roll of Tape	1	
Gauze Bandage	2 rolls	
Large Pressure Dressing	2	
Small Pressure Dressing	2	
Abdominal Pad	2	
Band-Aids	20	
Ice Pack	1	
Shears	1	

AED Kit

Item	Recommended Quantity	Actual Count
Razors	2	
Hand Towel(s)	1	
Alcohol Swabs	3	
Electrode Pads	2	
Battery	2	
Scissors	1	
CPR Barrier	1	
Disposable Gloves	2 pair	
Medical Assist Report	2	

Section C

Location of Emergency Medical Equipment:

- First-aid kit is located in the UNM – Valencia Police Office. Since an emergency requiring materials from the first-aid kit will prompt an incident report, it should be noted to the individual inspecting the first-aid kits that the kit utilized will need replenishing immediately.
- The AEDs are located in the *Student Center, UNM – Valencia Police Office, Room 122 and Fitness & Wellness Center, Room 131*. They should only be utilized when a cardiac emergency is suspected. If the unit has been utilized, the person in charge of inspecting the unit on a regular basis should be notified immediately so that replacement electrode pads and other necessary material can be ordered. (Please note the AED unit must NOT be LOCKED in any kind of cabinet - it must be visible and accessible to all employees).

Section D

Medical Emergency Situations:

Go to: Rescue Breathing
 Cardiac Emergencies
 CPR
 AED
 Choking
 Bleeding
 Nose Bleeds
 Minor Cuts & Abrasions
 Burns
 Head or Spinal Injury
 Shock
 Sudden Illness
 Heat Emergency
 Cold Emergency - Hypothermia
 Poisoning

Rescue Breathing

Signals: No breathing, has a pulse

- Check the scene and victim
- Check for responsiveness
- No response - call 911
- Care for the victim
- Open airway (head tilt-chin lift)
- Check for breathing (look, listen, feel for 5 seconds)
- If no breathing, give 2 slow breaths
- If breaths go in, check pulse (for 10 seconds)
- Check for severe bleeding
- If victim has a pulse, give rescue breaths
 - Adult - 1 every 5 seconds
 - Child or infant - 1 every 3 seconds (breathe in less air, do not tilt head as much; for infants, cover both nose and mouth with your mouth)
- Recheck the pulse every minute (begin CPR if pulse stops)
- Stop rescue breaths when the victim begins to breath on his/her own, when another qualified rescuer takes over or when EMS arrives and takes over
- Continue to provide care until qualified help arrives and takes over

*If you suspect a head or spinal injury - open the airway by lifting the chin without tilting the head.
Modifications - mouth to nose or mouth to stoma breathing*

Cardiac Emergencies

Signals: Chest pain or pressure, pain spreading to shoulder arm or jaw, trouble breathing, sweating, pale or bluish skin

- Check the scene and the victim
- Call 911
- Have the person stop all activity and rest in a comfortable position (sitting may make breathing easier)
- Loosen restrictive clothing
- Assist with prescribed medication
- Monitor breathing and pulse
- Care for shock
- Be prepared to begin Rescue Breathing or CPR if necessary
- Continue to care for the person until qualified help arrives and takes over

CPR

Signals: No pulse, no breathing

- Check the scene and the victim
- Check for responsiveness
- No response - call 911
- Start chest compressions. Place the heel of your hand on the center of the victim's chest. Put your other hand on top of the first with your fingers interlaced.
- Press down so you compress the chest at least 2 inches in adults and children and 1.5 inches in infants. 100 compressions every minute is the suggested rate.
- If you are not trained in CPR, continue to do chest compressions until help arrives or victim wakes up;
- If you've been trained in CPR, you can now open the airway with a head tilt and chin lift.
- Pinch closed the nose of the victim. Take a normal breath, cover the victim's mouth with yours to create an airtight seal, and then give two, one-second breaths as you watch for the chest to rise.
- Continue compressions and breaths -- 30 compressions, two breaths -- until help arrives.

Victim must be on a firm surface for CPR to be effective

AED

- Check the scene and the victim
- Check for responsiveness

- No response, call 911
- Open airway (head tilt, chin lift)
- Check for breathing (look listen and feel for 5 seconds)
- If no breathing, give 2 slow rescue breaths
- If breaths go in, check pulse (for 10 seconds)
- Check for severe bleeding
- If no pulse, perform CPR until AED is available and is appropriate to use
 - Turn on AED
 - Wipe the victim's chest dry
 - Attach the pads to the victim; place one pad on the victim's upper right chest and the other pad on the victim's lower left side
 - Plug the electrode cable into the AED
- Let the AED analyze the victim's heart rhythm (or push the "analyze" button)
 - Make sure no one is touching or moving the victim
 - Say "everyone stand clear"
- Deliver a shock, if prompted
 - Make sure no one is touching the victim
 - Say "everyone stand clear"
 - There are no hazards present (such as standing puddles of water)
 - Deliver a shock by pushing the "shock" button
- *Repeat* – Let the AED analyze the victim's heart rhythm (or push the "analyze" button) - see above.
- Deliver a shock, if prompted (see above)
- *Repeat* – Let the AED analyze the victim's heart rhythm (or push the "analyze" button) – see above
- Deliver a shock, if prompted (see above)
- Re-check for signs of circulation

Signals: No pulse, no breathing

- Do 1 minute of CPR and then re-check for signs of circulation
- If still no pulse, repeat analysis and set of 3 shocks as indicated
- Continue to care for the victim until qualified help arrives and takes over

Signals: Signs of circulation and breathing

- Place victim in recovery position and monitor for signs, of circulation and breathing
- Continue to care for the victim until qualified help arrives and takes over

Choking

Go to: Conscious Adult or Child
 Unconscious Adult or Child
 Conscious Infant
 Unconscious Infant (under 1 year)

Choking – Conscious Adult or Child

Signals: Unable to speak, cough or breathe; high-pitched wheezing, clutching throat with hands

- Check the scene and the victim
- Check for responsiveness of victim
- Call 911
- Place thumb side of fist against the middle of the abdomen just above the navel
- Grasp fist with your other hand
- Give quick, upward thrusts (Heimlich maneuver)
- Repeat until the object is dislodged and the person can breathe or the person becomes unconscious
- Continue to give care for the person until qualified help arrives and takes over

Modifications for children ages 1-8 years: kneel or lean forward to modify your height so thrusts are effective. Encourage someone coughing forcefully to continue

Choking – Unconscious Adult or Child

Signals: Unable to make the chest rise when attempting rescue breaths

- Check the scene and the victim
- Check for responsiveness of victim
- Call 911
- Open airway (head tilt, chin lift)
- Look, listen and feel for breathing (for 5 seconds)
- Give 2 slow breaths
- If air will not go in, re-tilt the head and give 2 more breaths
- If air still does not go in, give 15 chest compressions (see CPR)
- Give up to 5 quick, upward thrusts (Heimlich maneuver)
- Lift the victim's lower jaw and tongue and attempt to sweep the object out (exception: for a child, only attempt to remove the object if it is visible)
- Give 2 slow breaths. If breaths do not go in, re-tilt and give 2 more breaths
- Repeat the cycle of 15 chest compressions, attempt to remove object and 2 breaths until you are able to get rescue breaths in
- Once the object is dislodged and breaths go in, check the pulse and give appropriate care
- Continue to give care until qualified help arrives and takes over

Modifications for a victim who is noticeably pregnant or too large for you to reach around - give chest thrusts

Signals: Signs of circulation but no breathing

- Give rescue breathing

- Continue to care for the victim until qualified help arrives and takes over

Choking - Conscious Infant

Signals: Unable to cry, cough or breathe. Coughing forcefully for several minutes without results, coughing weakly or making high-pitched sounds

- Check the scene and the infant
- Check for responsiveness of infant
- Call 911
- With infant face down on your forearm, forearm supported on your thigh, give 5 back blows with the heel of the hand between the shoulder blades; support the infant's head and neck
- Position the infant face up on your forearm, forearm supported on your thigh
- Give 5 chest thrusts in the center of the breastbone with 2 fingers, one finger width below the nipple line
- Repeat back blows and chest thrusts until the object is dislodged and the infant can breathe or the infant becomes unconscious
- Continue to give care to the infant until qualified help arrives and takes over

Choking - Unconscious Infant (under 1 year)

Signals: Unable to make the chest rise when attempting rescue breaths

- Check the scene and the infant
- Check for responsiveness of infant
- Call 911
- Look, listen and feel for breathing (for 5 seconds)
- Cover the infant's mouth and nose with your pocket mask and give 2 slow breaths
- If the air does not go in (the chest does not rise), re-tilt the head and attempt 2 more breaths
- If the air still does not go in, with the infant face down on your forearm, give 5 back blows with the heel of the hand between the shoulder blades; support the infant's head and neck
- Position the infant face up on your forearm
- Give 5 chest thrusts in the center of the breastbone with 2 fingers, one finger width below the nipple line
- Lift the jaw and tongue and check for an object in the throat. If the object is visible, sweep it out
- Give 2 slow breaths. If air does not go in, re-tilt the head and give 2 more breaths
- Repeat cycle of back blows, chest thrusts, look for the object, 2 breaths, re-tilt and 2 breaths until you are able to get breaths in
- Once the object is dislodged and breaths go in, check the pulse and give appropriate care
- Continue to give care to the infant until qualified help arrives and takes over

Bleeding

- Check the scene and the victim

- Check for responsiveness
- If no response or bleeding is severe, call 911
- Bleeding is severe if the blood is spurting, flowing heavily from the wound or cannot be stopped
- Care for the victim; all rescuers should be wearing latex gloves
- Apply direct pressure (exceptions: head or neck wounds, open fractures)
- Reassure the victim and care for shock
- Continue to provide care until qualified help arrives and takes over

If the wound is to the victim's arm or leg:

- Elevate the wound if you don't suspect a fracture and it doesn't cause the victim further pain
- Apply a pressure bandage
- If the bleeding doesn't stop, apply pressure on the nearest artery or pressure point (either the brachial artery in the arm or femoral artery in the leg)
- Re-apply the pressure bandage if blood soaks through

If the wound involves a severed body part:

- Wrap severed body part in sterile gauze or clean cloth and place in a plastic bag
- Put the plastic bag on ice if possible and take to the hospital with the victim

If the wound involves an impaled object:

- Do not remove the object
- Place bulky dressings around the object to support it in place
- Bandage around the object to prevent the object from moving and causing further injury

Nose Bleeds

- Have the person lean slightly forward and pinch his/her nostrils together
- If bleeding doesn't slow or stop, apply an ice pack to the bridge of the nose
- Pressure can be applied to the upper lip, just below the nose if bleeding doesn't stop

Minor Cuts and Abrasions

- Wear latex gloves to care for the victim
- If the wound is open and is not bleeding severely, clean with soap and water
- Apply a sterile wrap or bandage

Refer the victim for medical treatment if:

- There is a puncture wound
- The wound is long or wide and may require stitches
- The wound is from a bite (human or animal)
- There are signs of infection (pain, redness or swelling)

Burns

- Check the scene for safety and check the victim
- Call 911 if necessary
- Stop the burning; remove the person from the source of the burn; cool the burned area with large amounts of cool water
- Cover the burn with dry, clean dressings
- Care for shock
- Continue to care for the victim until qualified help arrives and takes over

Call 911 for:

- Burns involving breathing difficulty
- Burns covering more than one body part
- Burns to the head, neck, hands, feet or genitals
- Burns (other than very minor) to child or elderly person
- Burns resulting from chemical, explosions or electricity

Head or Spinal Injury

Signals: Changes in consciousness, severe pain or pressure in the head, neck or back; tingling or loss of sensation in the hands, fingers, feet and toes, partial or complete loss of movement of any body part; unusual bumps or depressions on the head or over the spine; blood or other fluids in the ears or nose, heavy external bleeding of the head, neck or back; seizures; impaired breathing or vision as a result of the injury; nausea or vomiting; persistent headache; loss of balance; bruising of the head (especially around the eyes and behind the ears)

- Check the scene and the person
- Call 911
- Keep the person's head and spine from moving; support the person's head in line with the body in the position you find it
- Move the victim only if necessary to care for life-threatening emergencies; if the person must be moved, do so without twisting or bending the body
- Check for breathing and pulse and give appropriate care
- To open the airway, lift the chin without tilting the head
- Comfort the victim
- Control any external bleeding
- Keep the victim from getting chilled or overheated
- Continue to provide care until qualified help arrives and takes over

Shock

Signals: Restlessness or irritability; altered consciousness; pale, cool or moist skin; rapid breathing; rapid pulse

- Check the scene and the victim
- Call 911 (this condition is life-threatening)
- Place the victim in a comfortable position; lying down is often the most comfortable for the person
- If you don't suspect a broken bone or head, neck or back injury, elevate the legs about 12 inches
- If the victim is having trouble breathing, place him/her in a sitting position
- If the victim is feeling nauseous, place him/her lying down on his/her side
- Maintain the person's normal body temperature
- Reassure the victim
- Do not give the victim anything to eat or drink, unless he/she is fully conscious
- Continue to provide care until qualified help arrives and takes over

Sudden Illness

Signals: Person feels lightheaded, dizzy, confused or weak; changes in skin color; nausea or vomiting; changes in consciousness; seizure; paralysis; slurred speech; difficulty seeing; severe headache; breathing difficulty; persistent pressure or pain

- Help the person rest comfortably
- Keep the person from getting chilled or overheated
- Reassure the person
- Watch for changes in consciousness and breathing
- Do not give anything to eat or drink, unless person is fully conscious

If the person:

- Vomits:
 - Place the person on his/her side
 - Call 911 (take any containers with you to the telephone)
 - Never give anything to eat or drink unless directed to do so by a medical professional
 - Continue to provide care until qualified help arrives and takes over
- Faints:
 - Position the person on his/her back, elevate the legs 8 inches if you do not suspect a head or back injury
- Has a diabetic emergency:
 - Give the person some form of sugar
- Has a seizure:
 - Do not hold or restrain the person or place anything between the person's teeth. Remove any nearby objects that might cause injury. Cushion the person's head using folded clothing or a towel

Heat Emergency

Signals: In the early stages, the person may have cool, moist, pale or flushed skin; headache; nausea; dizziness; weakness; exhaustion; heavy sweating. In late stages, red, hot, dry skin; changes in level of consciousness; vomiting

- Move the person to a cool place
- Loosen tight clothing
- Remove perspiration-soaked clothing
- Apply cool, wet cloths to the skin
- Fan the person
- If conscious, give cool water to drink

If the person refuses water, vomits or starts to lose consciousness:

- Call 911
- Place the person on his/her side
- Continue to cool by placing ice or cold packs on person's wrists, ankles, groin, neck and armpits
- Continue to check breathing and pulse
- Continue to provide care until qualified help arrives and takes over

Cold Emergency – Hypothermia

Signals: Shivering; numbness; glassy stare; apathy, weakness, impaired judgment; loss of consciousness

- Check the scene and the person
- Call 911
- Gently move the person to a warm place
- Check breathing and pulse
- Give rescue breathing and/or CPR, as necessary
- Remove any wet clothing and dry the person
- Warm the person slowly by wrapping in blankets or by putting dry clothing on him/her
- Do not warm the person too quickly
- Continue to provide care until qualified help arrives and takes over

For frostbite:

- Warm the affected area gently by soaking in warm water
- Loosely bandage with a dry, sterile dressing (place sterile gauze between fingers or toes)

Poisoning

Signals: Breathing difficulty; nausea; vomiting; diarrhea; chest or abdominal pain; sweating; changes in consciousness; seizures; burns around the lips, tongue or on the skin; open or spilled containers; unusual odors; flames, smoke.

- Check the scene for safety and check the person

- Gather clues about what happened
- Move the person to safety, if necessary
- Call 911 (take any containers with you to the telephone)
- Never give anything to eat or drink, unless directed to do so by a medical professional; if the person vomits, place him/her on his/her side
- Continue to provide care until qualified help arrives and takes over

When to call EMS and the AED:

- **ANYTIME YOU FEEL THAT IT WOULD BE BEST!
THESE ARE ONLY GUIDELINES!**
- Unconsciousness from ANY cause
- Decreased levels of consciousness from any cause
- Cardiac arrest
- Chest pain or pressure
- Chest trauma
- Respiratory arrest
- Respiratory distress (shortness of breath) from any cause
- Airway obstruction
- Severe bleeding
- Abdominal pain or pressure that does not go away
- Vomiting or passing blood
- Head injury
- Head trauma
- Severe headache or slurred speech
- Shock
- Stroke
- Seizures
- Diabetic crisis of any type
- Severe allergic reaction
- Suspected spinal injuries involving back or neck
- Gross fracture of any limbs
- Open fracture of any limbs
- Serious burns
- Major trauma

Also call for these situations:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle collisions
- Persons who cannot be moved easily
- Anytime you feel that it would be best; the above are only guidelines

**** Remember:** The first-aid attendant (the first one on the scene with training) **MUST** make sure that EMS has been activated prior to rendering any assistance to a patient. ******

When a patient has lost consciousness and is unresponsive to his/her environment, the first-aid attendant must call for the AED at the scene.

To determine unresponsiveness, the first-aid attendant should attempt to arouse the patient into consciousness by completing the "tap & shout" procedure. If the patient does not respond to your calls and taps, he/she is not conscious. At this time, the first-aid attendant must call for the AED at the scene, while he/she is determining the ABC's (Airway, Breathing & Circulation) of the patient.

If it is determined that the patient is not breathing and circulation is absent, the first-aid attendant must begin Cardio Pulmonary Resuscitation (CPR) while waiting for the AED to arrive at the scene. Once the AED has arrived on the scene, it should be applied to the patient following proper procedure (i.e., cutting away clothing and applying electrode pads to the patient's bare chest) and await further instructions from the AED unit.

If it is determined that the patient is not breathing but circulation IS present, the first-aid attendant should begin rescue breathing while waiting for the AED. The AED should only be applied in **absence** of breathing AND circulation. It should be noted that an AED will not shock a patient unless it identifies a shockable rhythm.

Section E

Exposure Control Plan:

Go to:

- Methods of Compliance
- Personal Protective Equipment
- HBV Vaccination
- Post-Exposure Evaluation and Follow-Up
- Information and Training

Methods of Compliance

Universal precautions shall be observed to prevent contact with blood and other potentially infectious materials, unless those precautions would interfere with the proper delivery of health care or public safety services in a particular circumstance or would create a significant risk to the personal safety of the worker

- Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials
- All personal protective equipment shall be removed immediately upon leaving the work area or as soon as possible, if overtly contaminated, and placed in an appropriately-designated area for storage, washing, decontamination or disposal
- Eating, drinking, smoking, applying cosmetics, including lip balm, or handling contact lenses is prohibited in areas where there is a potential for occupational exposure

- All procedures involving blood or other potentially-infectious materials shall be performed in such a manner so as to minimize splashing, spraying and aerosolization of these substances

Personal Protective Equipment

- **General**

- When there is a potential for occupational exposure, employees must use appropriate personal protective gear, such as gloves, masks, eye protection, resuscitation bags and pocket masks
- Personal protective equipment in the appropriate sizes is readily accessible in first-aid kits. Hypoallergenic gloves are available to those employees who are allergic to latex gloves
- Inform your supervisor if/when your protective equipment requires cleaning, laundering or disposal
- Personal protective equipment will be repaired or replaced, as needed, to maintain its effectiveness. Immediately inform your supervisor if your equipment is in need of repair or replacement

- **Specific Equipment**

- Gloves shall be worn when the employee has the potential for the hands to have direct skin contact with blood, other potentially-infectious materials, mucous membranes, non-intact skin and when handling items or surfaces soiled with blood or other potentially-infectious materials.
- Disposal (single use) gloves, such as surgical or examination gloves, shall be replaced as soon as possible when visibly soiled, torn, punctured or when their ability to function as a barrier is compromised; they shall not be washed or disinfected for re-use
- Masks and eye protection shall be worn whenever splashes, spray, spatter, droplets or aerosols of blood or other potentially-infectious materials may be generated and when there is potential for eye, nose or mouth contamination
- Disposal of all infectious waste shall be in accordance with applicable federal, state and local requirements
- Laundry that is contaminated with blood or other potentially-infectious materials shall be treated as if it were contaminated and shall be handled as little as possible and with a minimum of agitation
- Contaminated laundry shall be placed and transported in bags that are labeled as contaminated. Whenever this laundry is wet and presents the potential for soak-through or leakage from the bag, it shall be placed and transported in leak-proof bags
- The employer shall ensure that laundry workers wear protective gloves and other appropriate equipment to prevent occupational exposure during handling or sorting

HBV Vaccination

HBV vaccinations are available to all employees occupationally exposed on an average of one or more times per month to blood or other potentially-infectious materials, unless the employee has a previous HBV vaccination or unless antibody testing has revealed that the employee is immune. If the employee initially declines HBV vaccination, but at a later date while still covered under the standard, decides to accept the HBV vaccine, the employer shall provide the vaccine at that time. Should a booster dose(s) be recommended at a future date, such booster dose(s) shall be provided according to standard recommendations for medical practice

HBV antibody testing is available to an employee who desires such testing prior to deciding whether or not to receive the HBV vaccination. If the employee is found to be immune to HBV by virtue of adequate antibody titer, then the employee is not required to offer HBV vaccine to that employee

Post-Exposure Evaluation and Follow-Up

Following a report of an exposure incident, the employer shall make available to each employee a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) of exposure, HBV and HIV antibody status of the source patient(s), if known, and the circumstances under which the exposure occurred
- If the source patient can be determined and permission is obtained, collection of and testing of the source patient's blood to determine the presence of HBV or HIV infection
- Collection of blood from the exposed employee as soon as possible after the exposure incident for the determination of HIV and/or HBV status. Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date if the employee so requests
- Follow-up of exposed employees includes antibody or antigen testing, counseling, illness reporting and safe and effective post-exposure prophylaxis, according to standard recommendation for medical practice

Information and Training

Employers shall ensure that all employees with occupational exposure participate in a training program about these regulations within 30 days of employment and at least annually thereafter. Employers shall also ensure that all employees endure monthly skills audits to demonstrate comprehension pertaining to these regulations. Documentation of such training is required

Forms (attached):

First Report of Accident (Department of Safety & Risk Services)

Body Fluid Exposure Assessment (Employee Occupational Health Services)



THE UNIVERSITY of NEW MEXICO

Department of Safety & Risk Services

FAX# (505) 277-9006
FIRST REPORT OF ACCIDENT – WCA E1.1
RETURN TO: UNM SAFETY AND RISK SERVICES
BUILDING 233

THIS FORM TO BE COMPLETED BY EMPLOYEE AND HIS/HER SUPERVISOR

1. Name of Employer University of New Mexico				2. Department Name			
3. Department Mailing Address				4. Department Phone#		5. Employee Work Phone #	
6. Name: Last	First	Middle	7. Male <input type="radio"/>	Female <input type="radio"/>	8. Social Security #	9. Employee Home phone #	
10. Home Address		11. City or Town			12. State	13. Zip Code	
14. Date of Birth	15. Age	16. Marital Status Married <input type="radio"/> Single/Divorced <input type="radio"/> Separated <input type="radio"/> Unknown <input type="radio"/>			17. No. of children under 18 yrs.		
18. Date Hired	19. No. of hours worked/day	20. No. of days worked/week	21. Normal starting time <input type="radio"/> AM <input type="radio"/> PM		22. Average earnings: hour week bi-week month year \$ PER <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		
23. Date of Injury	24. Time of Injury <input type="radio"/> AM <input type="radio"/> PM	25. First date unable to work	26. Was injured paid in full for this day? <input type="radio"/> YES <input type="radio"/> NO		27. Did injury occur on employer's premises? <input type="radio"/> YES <input type="radio"/> NO		
28. Where did the accident, illness, or exposure occur?		29. City or Town		30. State NM	31. Zip Code		
32. Occupation when injured		33. Were these normal duties? <input type="radio"/> YES <input type="radio"/> NO		34. If no, describe normal duties			
35. If occupational illness, date of diagnosis		36. Estimated time off work From To		37. Date employee returned to work		38. If fatal, date of death	
39. Describe in detail how the injury/illness occurred and what the employee was doing when the injury/illness occurred.							
40. Identify objects/substances which directly injured the employee (e.g. machine, vapor, poison, radiation, chemical, etc.)							
41. Describe the nature of the injury or disease in detail and indicate the part of the body affected (e.g. amputation, broken bone, inhalation, etc.)							
42. Name, address and phone number of witness(es)							
43. Name & address of physician treating injury/illness				44. Name & address of hospital or facility where treated			

DO NOT
WRITE IN
THIS
COLUMN

ORG CODE

JOB CODE

LOCATION CODE

ENTERED BY

DATE ENTERED

PLEASE COMPLETE REVERSE SIDE. FORM MUST BE COMPLETED ON BOTH SIDES.

FORM E1.1 REVISED 03/2012

Mailstop Code: MSC07 4100

45. DESCRIPTION OF ACCIDENT: Circle the most appropriate description in each category (total of four circles):

Source of Accident (Circle Only one)		Causative Action (Circle Only one)		Body Part Injured (Circle Only one)		Injury Result (Circle Only one)	
Air pollutants	S01	Bite(s), sting(s)	C01	Abdomen, internal organs	4101	Amputation	1001
Blood	S02	Bodily assault	C02	Ankle(s)	5201	Burn, chemical	1301
Bodily motion	S03	Caught in or between	C03	Arms (both)	3181	Burn, heat	1201
Bodily fluid—patient	S04	Contact with:		Arm, lower	3151	Cardiovascular condition	3101
Boxes, barrels, etc.	S05	Flying/falling object(s)	C04	Arm, upper	3111	Concussion	1401
Building structural parts	S06	Hot object(s), substance(s)	C05	Back, lower	4202	Contusion, crushing, bruise	1601
Cart	S07	Stationary object(s)	C06	Back, upper	4201	Cut, laceration, puncture	1701
Chair	S08	Conductive surface(s)	C07	Brain	1101	Damage to prosthetic device	9501
Chemical liquids/vapor	S09	Frayed wire(s)	C08	Buttocks	4402	Dislocation	1901
Cleaning compound(s)	S10	Intact wire(s)	C09	Chest	4301	Electric shock, electrocution	2001
Door	S11	Irritant(s)	C10	Chin	1401	Exposure to:	
Dust, particle(s), chip(s)	S12	Machinery	C11	Ear(s), outside	1211	Chemical(s)	2702
Elevator	S13	Moving object(s)	C12	Ear(s), inside	1241	Contagious agent(s)	1502
Employee	S14	Exposure to: Chemical(s)	C14	Elbow(s)	3130	Hepatitis B	3301
Fire, smoke	S15	Cold	C15	Eye(s)	1301	Hepatitis C	3302
Food	S16	Contagious agent(s)	C16	Face	1481	HIV	2721
Glass	S18	Heat	C17	Finger(s)	3401	Measles	2703
Hand tool (manual)	S19	Hepatitis B	C18	Foot or feet	5301	Radiation	2901
Hand tool (power)	S20	Hepatitis C	C19	Groin	4401	Tuberculosis	1371
Heparin lock	S21	HIV	C20	Hand(s)	3301	Other, specify _____	2704
Hospital bed	S32	Tuberculosis	C22	Head	1001	Fracture	2101
IM injection	S22	Other, specify _____	C21	Heart	4304	Hearing loss or impairment	2301
Insulin injection	S23	Fall from: Chair	C23	Hip(s)	4401	Heat stroke	2401
IV catheter	S24	Seat	C24	Jaw	1411	Hernia, rupture	2501
IV direct push	S25	Vehicle	C25	Knee(s)	5131	Infection	1301
IV piggyback	S26	Foreign object(s)	C26	Legs (both)	5181	Influenza, pneumonia, asthma	3720
IV pole	S27	Handling trash	C27	Leg, lower (calf)	5151	Joint(s) inflammation	2601
Linen	S28	Ingestion	C28	Leg, upper (thigh)	5111	Mental disorder(s)	3401
Machinery	S29	Inhalation	C29	Lung(s)	4303	Multiple injuries	4001
Office equipment, furniture	S30	Lifting	C30	Mouth	1442	Needle stick—clean	1702
Other, specify _____		Needle handling	C31	Multiple body parts	7001	Needle stick—contaminated	1703
S99		Needle handling trash	C32	Neck	2001	Neoplasm, tumor	3501
		Needle resheathing	C33	Non-intact skin	9991	Nervous system condition	3601
		Other, specify _____	C39	Nose	1461	No illness	8001
Patient	S31	Pushing/pulling	C34	Other, specify _____	7001	No injury	9001
Phlebotomy—blood drawing	S35	Repetitive motion:		Ribs	4302	Occupational disease, specify _____	9901
Sharp instrument	S36	Leg(s), arm(s)	C35	Scalp	1301	Other injury, specify _____	9951
Step(s), ladder(s)	S37	Torso	C36	Shoulder(s)	4501	Poisoning	2701
Stretcher	S38	Wrist(s)	C37	Skull	1601	Repetitive stress injury	2831
Syringe handling	S38	Restraining patient	C38	Throat	1441	Respiratory system condition	3701
Vehicle	S39	Restraining visitor/other	C39	Thumb(s)	3401	Scratch(es), abrasion(s)	3001
Visitor/other	S40	Sharp disposal	C40	Toe(s)	5401	Sharp object injury	1704
Walking/standing surface	S41	Sharp handling trash	C41	Tooth or teeth	1443	Skin condition	1851
Water	S42	Sharp object handling	C42	Wrist(s)	3201	Sprain(s), strain(s)	3101
Wheelchair	S34	Shock	C44			Strangulation	1101
		Slip/trip—no fall	C45				
		Slip/trip/fall:					
		Ladder/scaffolding	C46				
		Same level	C47				
		Stair/ramp	C48				
		Splash/splatter blood	C49				
		Splash/splatter body fluid	C50				
		Twisting torso	C52				
Enter Accident Code		Enter Action Code		Enter Injury Code		Enter Results Code	

46. Date supervisor knew of injury

47. Was safety device or regulation provided?

☐ YES ☐ NO ☐ N/A

48. Was safety device or regulation used?

☐ YES ☐ NO

49. Was injury caused by injured's failure to use safety device?

☐ YES ☐ NO

50. If injury was caused by failure to use safety device, please describe.

51. Supervisor comments

52. Supervisor Name (Please Print)

53. Supervisor UHM NetID

54. Date

55. Supervisor phone #

56. Supervisor's Signature

57. Supervisor Title

58. Employee Signature

59. Date

Body Fluid Source (DONOR) **Assessment Instructions**

1. **Obtain Source Name, MR# and Location (This is the person who's fluid exposed the employee or pt).**
 - If the Source is under 9 months of age, do the Risk Assessment on the mother and draw Source labs from the mother.
 - **Complete Source Medical History Review**
 - **Look up any available lab results for HIV, Hepatitis C, and Hepatitis B.**
 - If HIV, Hep C and/or Hep B (HBsAg) were done in the past 2 weeks or if prior HIV, Hepatitis B or Hepatitis C positive then do not repeat that test. Obtain results for the provider.
 - If blood was drawn for other reasons/studies, use those samples if they are still in the lab and order the lab panel.
 - **Review Medical Record (answer the Source Assessment questions from medical records and from a Source interview if appropriate).**
 - **Consent is needed to test for HIV, but is not needed for Hepatitis C or HbsAg testing.**
2. **Obtain Source HIV testing consent.**
 - If Source is conscious and competent, interview the Source to obtain signed HIV testing consent.
 - If the Source is unable to give consent (including anyone under the legal age for consent), follow New Mexico state law on obtaining HIV consent. Assistance from Epidemiology, Occupational Health, or HSC Legal Counsel may be obtained.
 - If you are able to make contact only by phone, HIV Consent may be obtained but must be repeated by the Source to a 2nd staff witness.
3. **Order source HIV, Hepatitis C, and Hepatitis B (HbsAg)—order as "Needle Don" lab panel**
4. **Provide the source information to the evaluating provider**
5. **Refer the source to their primary care physician to obtain the results of their Source Labs**
6. **For afterhours exposure assessments**
 - Notify OHS of all after-hour exposures by calling the clinic the next working day.
 - If "Donor Lab" results are needed prior to next Clinic business day then the Administrative Supervisor should obtain the results and relay these to the Recipient's provider (ED) so that treatment of the recipient may be modified as needed.

Source / Donor Assessment (must be completed and sent to ED for evaluation)

<input type="checkbox"/> Unknown Source: No further source assessment required					
Source Name:				MRN #:	
Source with history of	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> HIV	<input type="checkbox"/> None	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Liver disease	<input type="checkbox"/> Blood Transfusion prior to 1985			<input type="checkbox"/> Injection drug use
	<input type="checkbox"/> Multiple or SAME sex partners				
Source blood draw	<input type="checkbox"/> Consent for HIV test obtained		<input type="checkbox"/> "Needle Don" panel ordered		<input type="checkbox"/> Source refused testing

Body Fluid Exposure Assessment

Name _____ Home Phone _____ Cell Phone _____

 Work Phone _____ (Preferred number for clinic to contact: ☐ Home ☐ Work ☐ Cell)

 Date of Incident _____ Time of Incident _____

 Work Department _____ Job Category _____

 Location of the exposure (ED, Patient room, OR, Lab, etc.) _____

Employee Medical History

Have you ever had? HIV ☐ Yes ☐ No Hepatitis C ☐ Yes ☐ No Hepatitis B ☐ Yes ☐ No

 Other significant medical history _____

 Last Tetanus Booster (date) _____

 Have you received the Hepatitis B Vaccination? ☐ Yes ☐ No

 If yes, do you know if you are HBV immune / protected? ☐ Yes ☐ No ☐ Unknown

** Is the Source patient (the person's whose body fluid it was) identifiable? **

☐ Yes ☐ No ☐ Unknown

Complete #1-11 if NEEDLESTICK or other SHARP OBJECT injury

 (Skip to # 12 for blood or body fluid splash/other exposures)

1. Were you the original user of the sharp item? ☐ Yes ☐ No ☐ Unknown
2. Did the sharp item have blood visible on it? ☐ Yes ☐ No ☐ Unknown
3. For what purpose was the sharp item originally used?
 - ☐ Unknown ☐ Injection through the skin ☐ Drawing venous/arterial blood
 - ☐ IV use: injection into/aspiration from an IV injection site/IV port, connecting or starting IV
 - ☐ Placing a central line ☐ Suturing/cutting/electrocautery ☐ Other _____
4. How did the injury occur?
 - ☐ During use ☐ After use ☐ Recapping needle ☐ Restraining a patient ☐ Preparation for reuse of reusable equipment
 - ☐ Device left on floor, bed or other inappropriate place ☐ While disposing of item
5. What device was involved in the injury?
 - ☐ Unknown
 - ☐ Hollow bore Needle: Identify (gauge of needle, etc.) _____
 - ☐ Other sharp: Identify (lancet, suture needle, scalpel, glass, etc.) _____
- 5a. Brand/Manufacturer of the sharp item: _____ Model: _____
6. Did the item causing the injury have a "safety design" such as retractable or shielded needle?
 - ☐ Yes ☐ No ☐ Unknown If yes, describe feature _____
- 6a. Was the device activated? ☐ Yes, fully activated ☐ Yes, partially activated ☐ No ☐ Unknown
7. What was the physical location of your injury? (ex. Right index finger) _____
8. Was the injury? ☐ Superficial (little/no bleeding) ☐ Moderate (skin punctured/some bleeding)
 - ☐ Severe (deep stick/cut, profuse bleeding) _____

Person Exposed

 Complete before coming to ED

9. If the injury was to the hand, did the sharp item penetrate?
- ☐ Single pair of gloves ☐ Double pair of gloves ☐ No gloves
10. Are you primarily? ☐ Right handed ☐ Left handed
11. Do you have any opinion as to how this injury could have been prevented?

Complete #12-21 for **OTHER BLOOD/BODY FLUID Exposure**

 (Skip to signature if had needlestick or other sharp object injury)

12. Type of Body Fluid: (please check)
- ☐ Unknown ☐ Blood ☐ Other body fluid: list type (Sputum, vomit, etc.) _____
- If "other," was visible blood present in the fluid? ☐ Yes ☐ No ☐ Unknown
13. What body part was exposed? (Skin on the right hand, eye, mouth, etc)
- _____
14. Did the blood/body fluid?
- ☐ Touch unprotected skin ☐ Soak through protective garment or clothing
15. What barrier garments were worn at the time of the exposure?
- ☐ None ☐ Gloves ☐ Goggles/eyesield ☐ Surgical mask ☐ Gown/apron/lab coat
- ☐ Other: _____
16. How did the exposure occur? _____
17. Did equipment failure occur? ☐ Yes ☐ No If yes, please specify equipment type and manufacturer: _____
18. How long was the blood/body fluid in contact with your skin/mucous membrane?
- ☐ Less than 5 minutes ☐ 5-14 minutes ☐ 15 minutes to 1 hour ☐ Over 1 hr
19. Did you flush/clean area? ☐ Yes ☐ No Comments: _____
20. What was the volume of blood/body fluid? ☐ Unknown
- ☐ Small (up to 1 teaspoon or 5cc) ☐ Moderate (up to quarter cup or 50cc) ☐ Large (over 50cc)
21. Do you think this injury could have been prevented with controls in place?
- ☐ Yes ☐ No If yes, please describe: _____
- _____

Employee Signature _____

Date _____

Section F

AED Policy:

UNM – Valencia will have access to one AED units in each building. All AED units will be installed in a central, but secure location determined by the Director of Business Operations, and all will include a child pad.

UNM – Valencia will identify a point of contact who will be responsible for all AED units owned by UNM – Valencia and who will report to the appropriate Johnson Center authority (Program Director).

Staff members from Administration, Physical Plant, UNM – Valencia Police and Fitness & Wellness Center will be trained in the use of an AED and certified by a nationally-recognized authority. Students, faculty and staff will be informed that there are two AED units on campus; and, if an incident should occur, how to contact the appropriate individual(s).

The procedure during normal business hours will be to contact UNM – Valencia Police, located in the Student Center, at 5-8570 or call the UNM – Valencia Campus Operator by dialing “0”. After hours, contact UNM – Valencia Police at 925-8570. When responding to a call, ensure that one trained person is responding with an AED unit and appropriate equipment.

Ensure that all other Medical Emergency Response Plan procedures are being followed and standard practices are in place.

AED Procedures

Maintenance

A weekly check of each AED will be made by the AED Site Point-of-Contact (POC). The purpose of this check is to ensure that the device is charged and that all necessary components are with the AED.

A record of weekly checks, maintenance and use will be kept with each AED, with copies provided to the Program Director on a monthly basis (see Operator's Checklist below).

If a defect, malfunction or need for new accessories (e.g., pads, battery) is found, the POC will immediately notify the Program Director in writing. The manufacturer of Philip's HeartStart will be notified at 1-866-333-4246 (1-866-DEFIBHOME) or 1-888-744-5477 to make repair arrangements or to purchase parts. Other State-approved AEDs at UNM must be registered with the AED Program Director.

AED Station Inventory

Suggested minimum quantities of supplies:

- √ HeartStart AED (or other approved AED)
- √ User's Guide
- √ Extra set of electrodes
- √ Extra battery

Suggested optional items:

- √ Carrying case or container
- √ Wall cabinet
- √ PC data card
- √ Mouth barrier device
- √ Razor
- √ Pair of scissors
- √ Set of gloves
- √ Gauze

Location of AED Stations

Station: _____

Device Serial #: _____

Building: _____

Floor: _____

Location on floor: _____

Station: _____

Device Serial #: _____

Building: _____

Floor: _____

Location on floor: _____

Operator's Checklist

(Each AED POC will have a copy of this checklist)

List expiration date: Battery _____ Pads _____

Extra Battery _____ Extra pads _____

Instruction	Recommended Corrective Action	Date	Initials
1. Check for damage, cracks in unit	Contact authorized personnel for service	11/18/03	CM
2. Examine battery pins for bending, discoloration	Discard/replace battery, if damaged		
3. Examine accessory cables for damage (cracked, broken, bent)	Replace damaged/broken parts		
4. Turn on unit			
a. Look for self-test messages, LED, LCD lights			
b. Look for battery low/replace battery messages	Replace battery immediately		
c. Look for service indicator or call service	Contact authorized personnel for service		

Post-Incident AED procedures

These steps should be completed as soon after AED use as possible:

- Replace electrodes immediately (if none are available, put unit into storage until new electrodes are available)
- Replace other supplies as needed (gloves, face shield, etc.)
- Check battery gauge to ensure sufficient charge
- Check status indicator, if applicable
- Fill out an incidence report (AED Use Reporting Procedures) and forward to Program Director, Medical Director and Safety & Risk Management
- Program Director, with signature of the Medical Director, will forward AED Use Reporting Procedures to the Department of Health

AED Use Reporting Procedures

The following form must be completed for all uses of the AED:

Date _____ Time of incident _____

Time 911 called _____ Time of arrival of EMS _____

Patient information:

Name _____

Age _____ Gender _____ Phone # _____

Emergency Contact & Phone # _____

Known medical history _____

Site of incident _____

Persons present at time of incident/level of training (example: Jane Garcia, *CPRIAED* certified, American Red Cross)

Time CPR initiated _____ By whom _____

Time AED use initiated _____ By whom _____

Number of shocks administered _____

Breathing upon arrival of designated responders: Y N

Pulse upon arrival of designated responders: Y N

Efforts terminated at site of incident? Y N

Any complications? If yes, list _____

Patient transferred to _____

Post-arrest status (awake/alert, spontaneous breathing, pain, unresponsive, etc.)

Additional Comments:

AED Weekly Checklist

Department / Location: _____

**** UNIT ONE ****

Location: _____

Inventory: ___ AED Unit ___ Gloves
 ___ Adult Pad ___ Instruction Sheet
 ___ Child Pad ___ Case
 ___ Scissors ___ Battery in Unit

Expiration Dates: Battery _____ Adult Pads _____ Child Pads _____

Condition of Unit: Damage ___ Y ___ N Explain: _____

Self-test: Completed successfully ___ Y ___ N Explain: _____

Ready Indicator: Green "Ready" light blinking ___ Y ___ N Explain: _____

Additional Comments: _____

**** UNIT TWO ****

Location: _____

Inventory: ___ AED Unit ___ Gloves
 ___ Adult Pad ___ Instruction Sheet
 ___ Child Pad ___ Case
 ___ Scissors ___ Battery in Unit

Expiration Dates: Battery _____ Adult Pads _____ Child Pads _____

Condition of Unit: Damage ___ Y ___ N Explain: _____

Self-test: Completed successfully ___ Y ___ N Explain: _____

Ready Indicator: Green "Ready" light blinking ___ Y ___ N Explain: _____

Additional Comments: _____

Inspected by: _____ Date: _____

Copies to: *AED Program Director, Employee Health Promotion Program*
1 University of New Mexico – MSC10 5550
Albuquerque, NM 87131-0001 FAX #: 505/277-8913



RESPONDING TO SUSPICIOUS MAIL AND PACKAGES

APPENDIX 8

How to Respond to Suspicious Mail and Threat Letters or Packages Potentially Contaminated with Anthrax or Other Biological Materials

Various office locations around the country have received, and continue to receive, threat letters through the mail. These letters may state that you have been exposed to anthrax or other biological materials. Additionally, these envelopes or packages may contain some type of powder or granules. The following information and recommendations (collected from various sources) are being provided to help you safely and effectively handle these types of incidents.

1. First, all campus personnel should maintain an enhanced awareness of receipt of suspicious letters or packages. Some common things to look for include:

- Packages with no return address or excessive postage
- Misspellings of common words or restrictive markings such as "personal" or "confidential"
- Items protruding from the envelope or package, wet areas, openings or strange odors
- Unusually-heavy envelope and/or the presence of small bulges of powder or granules

If you are concerned about a particular envelope or package, **DO NOT HANDLE OR OPEN IT**. There is no risk of a release of materials or risk of exposure to you if the envelope or package remains intact and unagitated. Evacuate the immediate area, and if the package is in a office or closable space, close the door to secure it. Notify the Director of Business Operations or his/her designee, who will notify the appropriate agency of the suspicious envelope or package.

2. If you open an envelope or package and you find a letter that contains a threatening message or states that you have been contaminated with anthrax or some other biological substance, and no substance is found:

- Replace the letter in the envelope and place the envelope in a plastic bag
- Wash your hands with soap and water
- Notify the Director for Business Operations or his/her designee, who will notify the appropriate agency of the suspicious envelope or package, or call 911 immediately; remain at your work location and wait for emergency responders to arrive

3. If you open an envelope or package and you observe some type of powder, **REMAIN CALM** and slowly and carefully place the letter back in the envelope and put the envelope in a plastic bag, if possible, and seal it. If a plastic bag is unavailable, place the envelope on a counter or floor and cover the envelope with an empty garbage or recycling container. Do not walk around the office to show other people, nor invite co-workers to come in and take a look. Immediately wash your hands with soap and water. Extensive body decontamination (i.e., removing clothing, showering) is not indicated. Notify the Director of Business Operations or his/her designee, who will notify the appropriate agency of the suspicious envelope or package, or call 911 immediately and remain in place to assist emergency responders.

4. If any powder spills out of the envelope or package:

- Do not clean it up yourself and prevent others from contacting it
- Do not brush off your clothes and disperse the powder into the air
- Wash your hands with soap and water
- Notify the Director of Business Operations or his/her designee, who will notify the appropriate agency of the suspicious envelope or package, or call 911 immediately, inform the emergency dispatcher of the incident and what steps you have taken
- Remain in place and carefully remove your clothing and place them in a plastic bag
- If possible, shower with soap and water and put on fresh clothing; it is not necessary nor is it recommended that you wash with bleach.

5. If there is a small explosion or release of an aerosol spray from a package:

- Vacate the space immediately and prevent others from entering
- Notify the Director of Business Operations or his/her designee, who will notify the appropriate agency of the suspicious envelope or package, or call 911 immediately and remain on the premises to provide information to emergency responders
- Treat yourself and your clothing as in #4 above

People who may have been present in the room, but did not directly contact the letter or substance, are at minimal risk for exposure. Individuals not in the room at the time when the envelope or package was opened are not at risk.

For biological agents to be effective terrorist agents, they must be aerosolized into an extremely fine mist that can be inhaled. This is a technically-difficult task. Generally, opening mail and handling biologically contaminated objects (e.g., those containing anthrax) are not sufficient activities to aerosolize particles. These organisms simply don't leap into one's body. Therefore, the likelihood of becoming infected through the inhalation route is extremely small. However, if you handle contaminated items with sores or cuts on your hands, there is a small probability that you could develop a cutaneous (skin) infection. In any scenario, prompt diagnoses and the availability of effective antibiotic treatments can lead to recovery from a potential infection. Anthrax is not contagious and cannot be transferred from person to person.

Lobo Alerts:

A Lobo Alert message will be broadcast as soon as possible for this type of emergency situation. This message may be sent using any or all of the available communication methods (text message, email, voice message and inter campus instant message).

- Depending on the available information, the initial message may inform people of where the incident is occurring. If no specific location is provided, the entire campus should be considered the area at risk.
- Communications, including the use of cell phones, land line phones, and the internet, of a non-emergency nature, should be kept to a minimum during the event.

Once the incident has been resolved, an additional Lobo Alert message will be sent out to update the incident status and provide further directions.



ACTIVE SHOOTER PLAN

Active Shooter Emergency Plan

POLICY: This policy will be distributed to key personnel who must familiarize themselves with the contents and inform others under their supervision. This policy will provide guidelines to ensure the safety of students, faculty, staff, and visitors in an Active Shooter Situation at UNM - Valencia. The duties and responsibilities governing this type of incident will be followed and strictly adhered to by UNM - Valencia personnel.

SCOPE: This document applies to the UNM - Valencia Campus only.

AUTHORITY:

In the event of an Active Shooter Incident, the Executive Director has authorized the Director of Business Operations, to implement the plan accordingly, which could include full evacuation or lockdown of all personnel. In the absence of the Director of Business Operations, the decision will be made by:

- The Executive Director;
- The Head of UNM – Valencia Police
- The Dean of Instruction;
- The Director for Student Services

If evacuation is determined to be necessary, the Director of Business Operations, or his/her designee as listed above will have the authority to terminate all functions, classes, performances, experiments etc., and require all occupants to be evacuated regardless of individual circumstances. Should such evacuation occur during inclement weather, UNM - Valencia will designate alternative sites to house the evacuees if necessary.

PROCEDURE:

BEFORE A SHOOTING

All students, faculty and staff must be continually vigilant to the risk of violence on campus. Every college employee is urged to be aware of:

- Unusually aggressive, odd, or scary behavior of student(s) or coworker(s)
- Threats of violence or retribution, either serious or said jokingly
- Co-worker(s) or student(s) who are distraught or suicidal
- Overheard comments or rumors of some kind of planned or intended violence
- Presence of gangs or cults that have a history or suggestive behavior of violence
- Fights or other acts of violence on campus
- Presence of guns, other weapons, suspicious objects

IF A SHOOTING OCCURS - - Emergency Safety Guidelines

Based on the imminent threat of mass injury and death in an “active shooter” incident, it is imperative that law enforcement officers respond immediately and without distraction to Locate, Isolate, Contain, and Eliminate the threat (LICE). This is in accordance to the Active Shooter Threat Tactics Program that our department has adopted, and the discipline in which I instruct via the New Mexico Department of Public Safety and the Department of Homeland Security. This rapid response approach enhances the officers’ safety and mitigates casualties. As is such, I would recommend amending the language of the Law Enforcement Response protocol as these concerns are all secondary to the officers’ legal obligation of stopping the action. Instead, the designated Building Coordinators, based on the Emergency Response Guidebook, are the facilitators to an evacuation or shelter-in-place. Once the Active shooter-threat incident has ceased, and a secondary search for suspects is conducted, then responding officers, assisted by other local law enforcement and emergency medical personnel will enter and tend to victims or injured parties. And only after the scene is no longer active, will there be a re-entry of students and staff to collect belongings, etc

The UNM Valencia Campus is equipped with a Eagle Gunshot Detection System. This system is high-tech and will automatically notify the campus staff and faculty of a gunshot on campus or a bullet shot from a distance passing through the campus.

The following guidelines cannot cover every possible situation that might occur. Nevertheless they serve as an awareness and training tool likely to reduce the number of injuries or death if followed as soon as a situation develops.

Immediate Action:

Secure the immediate area. Whether a classroom, office, or restroom, when the shooting begins or individuals are advised that a shooting on campus has taken place, the following guidelines should be followed:

- If able, occupants should lock or barricade the door using whatever is available: desks, tables, file cabinets, other furniture, books, etc.
- After securing the door, they should stay behind solid objects away from the door as much as possible. In classrooms, get as many people into the room as possible and press the door lockdown button near the front of the classroom.
- If an assailant enters your room and leaves, occupants should lock or barricade the door behind him/her.
- If safe to do so, they should allow others to seek refuge with you.
- Take appropriate steps to reduce your vulnerability:
 - Close blinds.
 - Block windows.
 - Turn off lights, radios and computers.
 - Silence cell phones.
 - Keep people calm and quiet.

- After securing the room, people should be positioned out of sight and behind items that might offer additional protection – walls, desks, file cabinets, bookshelves, etc.
- Do not sound fire alarms. This may cause others to flee the buildings and put them at risk.
- Call University Police at 925-8570 (5-8570 from a campus phone) or 911 if safe to do so
- **Unsecured Areas:** If individuals find themselves in an open area, they should immediately seek protection:
 - They should put something between them and the assailant.
 - They should consider trying to escape, if they know where the assailant is and there appears to be a safe escape route immediately available to them.
 - If in doubt, find the safest area available and secure it the best way you can.

All emergency situations should be reported to campus law enforcement by dialing **925-8570 (5-8570 from a campus phone) or 911**. Caller should be prepared to provide the dispatcher with as much information as possible, such as the following:

- What is happening.
- Where you are located, including building name and room numbers.
- Number of people at your specific location.
- Injuries if any, including the number of injured and types of injuries.
- Caller's name and other information as requested, such as:
 - What exactly did you hear – e.g., gunshots, explosions, etc.
 - Specific location of the assailant.
 - Number of assailants.
 - Gender, race, and age of the assailant.
 - Language of commands used by the assailant.
 - Clothing color and style.
 - Physical features-e.g., height, weight, facial hair, glasses.
 - Type of weapons-e.g., handguns, rifle, shotgun, explosives.
 - Description of any backpack or bag.
 - Do you recognize the assailant? Do you know his/her name?

Law Enforcement Response:

University Police will immediately respond to the area, assisted by other local law enforcement agencies.

- Responding officers will establish safe corridors for persons to evacuate.
- Occupants should remain in secure areas until instructed otherwise.
- Occupants may be escorted out of the building by law enforcement personnel
- After evacuation, occupants may be taken to a staging or holding area for medical care, interviewing, or counseling.
- Once personnel have been evacuated they will not be permitted to retrieve items or access the area until law enforcement releases the crime scene.

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