



EMERGENCY PREPAREDNESS PLAN

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MAJOR EMERGENCY GUIDELINES.....	4
Purpose.....	4
Scope.....	4
Types of Emergencies.....	4
Definitions of an Emergency.....	4
1. Reporting an Emergency *CALL 911*.....	4
2. Minor Emergency:	4
3. Major Emergency:	4
4. Disaster:	4
Assumptions	5
DECLARATION OF CAMPUS STATE OF EMERGENCY	5
DIRECTION AND COORDINATION	5
Emergency Director	5
Emergency Coordinator/Incident Command	5
Emergency Command Post.....	5
Field Emergency Command Post Equipment Includes:	5
General Emergency Command Post.....	6
A. Command Post:	6
B. Marshalling/Staging Area:	6
CAMPUS EMERGENCY RESPONSE TEAM	6
1. Emergency Coordinator:.....	6
2. Damage Control: The Incident Commander is responsible for the following:	6
Public Information	7
RESPONSIBILITIES.....	7
President.....	7
Administrator, Vice President, Deans, & Department Heads.....	7
A. Emergency Preparedness.....	7
Faculty & Supervisors	7
Emergency Shutdown Procedures	7
DISASTER RESOURCES (Current Telephone Listings).....	8
College Notification System	8
EMERGENCY PROCEDURES GUIDE.....	9
Emergency Shutdown Procedures	9
Campus Emergency Guidelines	9
Evacuation Procedure	9
1. Building Evacuation	9
2. Campus Evacuation	10
Campus Disturbance or Demonstration.....	10
1. Peaceful, Non-Obstructive Demonstration	10
2. Non-Violent, Disruptive Demonstrations.....	10

3. Violent, Disruptive Demonstrations.....	11
Explosion, Aircraft Down (Crash) on Campus	11
Earthquake	11
Medical & First Aid EMERGENCY: DIAL 9-1-1 FOR LOCAL RESPONDERS	12
Chemical Spill	13
Bomb Threat.....	13
BOMB THREAT REPORT FORM.....	15
Violent or Criminal Behavior	16
Active Shooter	16
To Do: Active Shooter Situation:.....	16
To Do: Taken Hostage:	17
Fire IN AN EMERGENCY, DIAL 911 IMMEDIATELY!!!.....	17
Utility Failure	17
Additional Information & Procedures.....	18
Psychological Crisis.....	18
JOB CLASSIFICATIONS ACCORDING TO EXPOSURE POTENTIAL.....	19
EXPOSURE DETERMINATION.....	19
Training Records	19
Record Availability	20
Transfer of Records.....	20
Record Keeping.....	20
HAZARDOUS MATERIALS	20
RADIATION SAFETY POLICY.....	21
Purpose.....	21
General Policy	21
Implementation	21
I. General Radiation Safety Issues	21
II. Guidelines for Prescribing Dental Radiographs.....	22
III. Radiation Protection Measures for Patients and Personnel	22
GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS	23
Adults	23
Positive Historical Findings	24
Positive Clinical Signs/Symptoms	24

MAJOR EMERGENCY GUIDELINES

Purpose

The basic emergency procedures outlined in this guide are to enhance the protection of lives and property through effective use of college and campus resources. Whenever an emergency affecting the campus reaches proportions THAT CANNOT BE HANDLED BY ROUTINE MEASURES, the President, or his designee, may declare a state of emergency; and these contingency guidelines may be implemented. There are two general types of emergencies that may result in the implementation of this plan. These emergencies are: (1) large-scale disorder, (2) large-scale natural/man-made disaster. Since an emergency may be sudden and without warning, these procedures are designed to be flexible in order to accommodate contingencies of various types of magnitudes.

Scope

These procedures apply to all personnel, students, buildings, and grounds of Arizona College.

Types of Emergencies

Types of emergencies covered by this manual are:

1. Fire
2. Earthquake
3. Chemical
4. Explosion, Downed Aircraft (Crash) on Campus
5. Bomb
6. Civil Disturbance or Demonstration
7. Utility Failure
8. Violent or Criminal Behavior
9. Medical and First Aid (Epidemic Poisoning)
10. Psychological Crisis

In addition, there are sections on how to report emergencies, evacuate buildings, and enlist first aid as necessary.

Definitions of an Emergency

The Incident Commander, or designee, serves as the overall Emergency Director during any major emergency or disaster. The following definitions are provided as guidelines to assist Fire Captains in determining the appropriate response(s):

1. Reporting an Emergency *CALL 911*

Incident Commander:
Campus Director:
Fire Captions:

2. Minor Emergency:

Any incident, potential or actual, which will not seriously affect the overall functional capacity of the College.

3. Major Emergency:

Any incident, potential or actual, which affects an entire building or buildings, and which will disrupt the overall operations of the College. Outside emergency services may be required, as well as major efforts from the College Administration during times of crises.

4. Disaster:

Any event or occurrence, which has taken place and has seriously impaired or halted the operations of the College. In some cases, multiple casualties and/or severe property damage may occur. A coordinated effort of all campus-wide resources is required to effectively control the situation. Outside emergency resources will be essential.

In addition, any incident, which has potential for adverse publicity concerning campus resources and/or instrumentalities of the College, should be promptly reported to the Marketing.

Assumptions

The College Emergency Response Plan is predicated on a realistic approach to the problems likely to be encountered on a campus during a major emergency or disaster. Hence, the following are general guidelines:

1. An emergency or a disaster may occur at any time of the day or night, weekend, or holiday, with little or no warning.
2. The succession of events in an emergency are not predictable; hence, published support and operational plans will serve only as a guide and check list and may require field modification in order to meet the requirements of the emergency.
3. Disasters may affect residents in the geographical location of the College; and city, county, state and federal emergency services may not be available immediately. A delay in off campus emergency services may be expected (48-72 hours).
4. A major emergency may be declared if information indicates that such a condition is developing or is probable.

DECLARATION OF CAMPUS STATE OF EMERGENCY

The authority to declare a campus state of emergency rests with the College President or his designee as follows:

During the period of any major campus emergency, the Incident Commander and Campus Manager, as required, shall place into immediate effect the appropriate procedures necessary to meet the emergency, safeguard persons and property, and maintain College facilities. The Campus Incident Commander shall immediately consult with the President or his/her designee regarding the emergency and the possible need to declare a campus state of emergency.

Only faculty and staff members who have been assigned to the Emergency Management Team duties and designated personnel will be allowed to enter the immediate disaster site at the approval of the official in charge.

In the event of earthquakes, aftershocks, fires, storms, or major disasters occurring in or about the campus, or which involve College property, Campus Incident Commander and/or the Campus Manager will be dispatched to determine the extent of any damage to College property.

DIRECTION AND COORDINATION

Emergency Director

The President, or his designee, as listed below shall direct all emergency operations:

Incident Commander:

Campus Manager:

Fire Captains:

In the absence of the President, or his designee, the Incident Commander or Campus Manager shall assume operational control of the emergency until relieved by higher authority.

Emergency Coordinator/Incident Command

The Incident Commander or designee shall coordinate all emergency operations. The direct operational control of the campus major emergency or disaster is the sole responsibility of the College Incident Commander or his/her designee. The coordination of campus emergency management (response) team is the responsibility of the Incident Commander who will direct all on campus emergency functions.

Emergency Command Post

When a major emergency occurs, or is imminent, it shall be the responsibility of Incident Commander to set up and staff an appropriate emergency Command Post. The Command Post will be kept fully operational throughout the duration of the emergency.

Field Emergency Command Post Equipment Includes:

- a. Barricades, barrier tapes, and signs for the scene
- b. Portable radio with emergency phone interface and scan function.
- c. First aid kit
- d. Campus telephone directory and Telephone Directory to include Yellow Pages (if available)
- e. Flashlight and/or other light source
- f. Working cell phone

General Emergency Command Post**A. Command Post:**

The site will be appropriately and clearly marked. At least one college trained staff member is to staff the Command Post at all times until the emergency situation ends.

B. Marshalling/Staging Area:

For outside and local agency assistance - shall be established by the Incident Commander or designee for operations of a combined on-site emergency response team.

CAMPUS EMERGENCY RESPONSE TEAM

In addition to establishing an Emergency Command Post as necessary, the Incident Commander or his/her designee, shall immediately begin contacting all necessary members of the Campus Emergency Response Team, which consists of the following personnel:

Emergency Director: President/President's Designee

Incident Commander:

Campus Manager:

Fire Captains:

Information Technology:

Media Relation: Marketing

Health: Dean of Nursing and Dean of Allied Health

1. **Emergency Coordinator:** The Incident Commander or designee is responsible for the overall coordination of the College Emergency Response as follows:
 - a. Determines the type and magnitude of the emergency and establishes the appropriate emergency command post.
 - b. Initiates immediate contact with the President and begins assessment of the College's condition.
 - c. Notifies and utilizes Campus Manager to notify local and state police, fire, and emergency medical services (EMS), College Administration, and, if necessary, and college staff to maintain safety and order.
 - d. Coordinates notification of the members of the Emergency Response Team and advises them of the nature of the emergency.
 - e. Coordinates and conducts liaison activities with appropriate outside organizations such as fire, police or emergency services, medical services, Department of Public Works, etc.
 - f. Ensures that appropriate notification is made to off-campus staff when necessary.
 - g. Performs other related duties as may be necessary to the nature of the campus emergency.
 - h. Prepares and submits a report to the President or designee apprising him/her on the final outcome of the emergency.

2. **Damage Control:** The Incident Commander is responsible for the following:
 - a. Provides equipment and personnel to perform shutdown procedures, hazardous area control, barricades, damage assessment, debris clearance, emergency repairs, and equipment protection.
 - b. Obtains or coordinates the assistance of utility companies as required for emergency operations.
 - c. Arranges for emergency power and lighting systems as required.
 - d. Surveys space and relocates essential services and functions.
 - e. Provides for or coordinates storage of vital records at an alternate site; coordinates with building and area coordinators for liaison and necessary support.

Public Information: The Incident Commander and Marketing are

responsible for the following:

- a. Establishing liaison with the news media for dissemination of information as determined necessary by the President or his/her designee.
- b. Establishing liaison with local radio and television services for public announcements.
- c. Establishing Social Media Strategy and Implementation.
- d. Arranges for photographic and audio-visual services.
- e. Advises the President or designee of all news concerning the extent of disaster affecting the campus.
- f. Prepares news releases for approval and disseminates to media concerning the emergency.

RESPONSIBILITIES

President

The College President acts as Campus Emergency Director and is responsible for the overall direction of campus emergency operations as outlined in the Emergency Resource Team section of this guide.

Administrator, Vice President, Deans, & Department Heads

Every Administrator, Vice President, Dean, and Department Head may appoint a specific person as department coordinator for each activity under his/her control. Every Administrator, Vice President, Dean, and Department Head has the following general responsibilities prior to, and during, an emergency:

A. Emergency Preparedness

1. Building evacuation information shall be distributed to all employees with follow-up discussions, on-the-job training, or explanation as required. Emergency preparedness training will be provided in several formats annually.

B. Emergency Situations

1. Inform all employees under their direction of the emergency condition.
2. Evaluate impact the emergency has on their division and take appropriate action. This may include ceasing operations and initiating building evacuation.
3. Maintain emergency telephone communications with staff and faculty members from own division (or with other offices/divisions if necessary).

Faculty & Supervisors

Each faculty and staff supervisor has the responsibility to:

- A. Educate their students and/or employees concerning College emergency procedures as well as evacuation procedures for their building and/or division. The Incident Commander recommends that faculty discuss emergency evacuation procedures during the first class and add evacuation directions to their syllabi.
- B. Inform their students and/or staff of an emergency and initiate emergency procedures as outlined in this guide.

Emergency Shutdown Procedures

Emergency Shutdown Procedures is a responsibility of the Incident Commander or his/her designee.

NOTE: In the event of a natural disaster in which major structural damage is sustained, it is advisable to turn off hazardous utilities; electricity and natural gas are of primary concern.

DISASTER RESOURCES (Current Telephone Listings)

IN CASE OF EMERGENCY, DIAL 911

1. Local Ambulance Services:
2. Local Hospitals:
3. The American Red Cross:
4. State and County Highway Departments :
5. Arizona Emergency Management Administration:
6. Local Television and Radio Stations: See school closing listing
7. Civil Defense Agency:
8. Fire Departments:
9. Police:

College Notification System

The telephone, email and text messaging are the primary means of emergency notification at Arizona College. This system is intended for the immediate transmission of specific information regarding an emergency to all affected areas of the campus.

The Incident Commander will notify the Campus Manager of any campus emergency, as necessary, and will initiate the notification system by calling the following College administrators, as appropriate:

1. President
2. Fire Captains
3. Dean of Nursing
4. Dean of Allied Health

EMERGENCY PROCEDURES GUIDE

EMERGENCIES **CAMPUS EMERGENCY: DIAL 9-1-1**

Emergency Shutdown Procedures

Emergency Shutdown Procedures is a responsibility of the Incident Commander or his/her designee.

NOTE: In the event of a natural disaster in which major structural damage is sustained, it is advisable to turn off hazardous utilities; electricity and natural gas are of primary concern.

Campus Emergency Guidelines

This section contains the recommended procedures to be followed during specific types of emergencies. The procedures should always be followed in sequence, unless conditions dictate otherwise.

Reporting Emergencies Campus Emergency



KEEP CALM
&
KEEP OTHERS CALM

Incident Commander:

Office Location: Room

Telephone Extension:

Cell Phone:

Call 9-1-1

Carefully Explain

****DO NOT HANG UP UNTIL ADVISED****

➤ YOUR LOCATION

➤ WHAT IS THE PROBLEM

➤ WHO ARE YOU

Evacuation Procedure

IN AN EMERGENCY --- POLICE/FIRE/AMBULANCE ---- DIAL 911

1. Building Evacuation

- a. All building evacuations will occur when an alarm sounds and/or upon notification (in person, or via the emergency communication network (Blackboard, Canvas, using one or more of the following methods: text, email, phone, or cellphone).
- b. When the building evacuation alarm is activated during an emergency or when otherwise notified to evacuate, leave the building through the nearest door marked EXIT.
- c. Designated Captains will ASSIST PERSONS exiting the building.
- d. Once outside, proceed to clear area that is at least 500 feet away from the building. Keep streets, fire lanes, hydrant area, and walkways clear for emergency vehicles and personnel.
- e. DO NOT return to an evacuated building unless told to do so by a College official.

2. Campus Evacuation

- a. Evacuation of all or part of the campus grounds will be announced by the Incident Commander, Campus Manager or President of the College or other designated person as described.
- b. When notified, all persons (students and staff) are to immediately vacate the area in question and relocate to another part of the campus grounds as directed by the Incident Commander or members of the Emergency Response Team.

Campus Disturbance or Demonstration

Most campus demonstrations such as marches, meetings, picketing, and rallies will be peaceful and non-obstructive. A student demonstration should not be disrupted unless one or more of the following conditions exists as a result of the demonstration:

-  INTERFERENCE with the normal operations of the College.
-  PREVENTION of access to office, buildings or other College facilities.
-  THREAT of physical harm to persons or damage to College facilities.

If any of these conditions exists, The Incident Commander or Campus Manager should be notified and will be responsible for contacting and informing the President and/or his/her designee. Depending on the nature of the demonstration, the appropriate procedures listed below should be followed:

1. Peaceful, Non-Obstructive Demonstration
 - A. Generally, demonstrations of this kind should not be interrupted. Demonstrations should not be obstructed or provoked, and efforts should be made to conduct College business as normally as possible.
 - B. If demonstrators are asked to leave but refuse to leave by regular facility closing time:
 1. Arrangements will be made by the Incident Commander to monitor the situation during non-business hours, or
 2. Determination will be made to treat the violation as a disruptive demonstration.
2. Non-Violent, Disruptive Demonstrations
 - A. In the event that a demonstration blocks access to College facilities or interferes with the operation of the College:
 1. Demonstrators will be asked to terminate the disruptive activity by the President or his/her designee.
 2. Key College personnel and student leaders will be asked by the Incident Commander or his/her designee to go to the area and persuade the demonstrators to desist.
 3. The Incident Commander or his/her designee may utilize photography.
 4. The Incident Commander or his/her designee will go to the area and ask the demonstrators to leave or to discontinue the disruptive activities.
 5. If the demonstrators persist in the disruptive activity, they will be advised that failure to discontinue the specified action, within a determined length of time, may result in disciplinary action including suspension or expulsion or possible intervention by civil authorities. Except in extreme emergencies, the President will be consulted before such disciplinary actions are taken.
 6. Efforts should be made to secure positive identification of demonstrators in violation to facilitate later testimony, including photographs, if deemed advisable.
 7. The Incident Commander will be responsible in determining the need for an injunction and/or intervention of civil authorities.
 8. If determination is made to seek the intervention of civil authorities, the demonstrators should be so informed. Upon arrival municipal police officers, the remaining demonstrators will be warned of the intention to arrest.

3. Violent, Disruptive Demonstrations

A. In the event that a violent demonstration in which injury to persons or property occurs or appears imminent, the President and the Incident Commander or his/her designee shall be notified:

1. In coordination with the President or his/her designee the Incident commander or designee will contact the State Police and/or Local Police Department with jurisdiction.

2. The President or his/her designee and the Incident commander will determine the possible need for an injunction.

B. After Business Hours

1. The Incident Commander and Campus Manager immediately notified of the disturbance.

The Incident Commander or the Campus Manager will investigate the disruption and notify the President or his/her designee.

2. The Incident Commander his/her designee will:

a. Report or coordinate notification of the circumstances to the President.

b. Coordinate notification to key personnel.

c. Coordinate for the arrangement of a photographer.

d. If necessary, the Incident Commander or designee will call for State and/or local police department assistance.

Explosion, Aircraft Down (Crash) on Campus

A. In the event of an explosion or a downed aircraft (crash) on campus, take the following action:

1. Immediately take cover under tables, desks, and other objects, which will provide protection against falling glass or debris.
2. After the effects of the explosion and/or fire have subsided, call 911. Give your name and describe the location and nature of the emergency.
3. If necessary, or when directed to do so, activate the building fire alarm system.
4. When the building evacuation alarm is sounded or when instructed to leave by College officials, walk quickly to the nearest door marked EXIT and alert others to do the same.
5. ASSIST PERSONS WITH DISABILITIES IN EXITING THE BUILDING!
6. Once outside, move to a clear area that is at least 500 feet away from the affected building. Keep streets and walkways clear for emergency vehicles and crews. Know your area assembly points
7. If requested, assist Emergency Crews as necessary.
8. A Campus Emergency Command Post may be set up near the disaster site. Keep clear of the Command Post unless you have official business.
9. DO NOT RETURN TO AN EVACUATED BUILDING unless told to do so by a College official.

Earthquake

During an earthquake, remain calm and quickly take the following action:

1. IF IN-DOORS, seek refuge in a doorway or under a desk or table. Stay away from glass windows, shelves, and heavy equipment.

2. IF OUTDOORS, move quickly away from buildings, utility poles and other structures. CAUTION: Always avoid power or utility lines and trees as they can be energized.
3. If in an automobile, stop in the safest place available, preferably away from power lines and trees. Stop as quickly as safety permits and stay in the vehicle for the shelter it offers.
4. After the initial shock, evaluate the situation. If emergency help is necessary, call 1 times and be prepared for after-shocks.
5. Damaged facilities should be reported to Incident Commander and Campus Manager. **NOTE:** Gas leaks and power failures create special hazards.
6. If an emergency exists, activate the building alarm. You must also report the emergency by phone. **Call 911.**
7. When the building evacuation alarm is sounded, walk to the nearest marked EXIT and alert others to do the same.
8. ASSIST PERSONS WITH DISABILITIES IN EXITING THE BUILDING! Once outside move to a clear area that is at least 500 feet away from the affected building(s). Keep streets, fire lanes, hydrants, and walkways clear for emergency vehicles and crews.
9. If requested, assist Emergency crews as necessary.
10. A Campus Emergency Command Post may be set up near the disaster site. Keep clear of the Command Post unless you have official business.
11. DO NOT RETURN TO AN EVACUATED BUILDING unless told to do so by a College official.

Medical & First Aid **EMERGENCY: DIAL 9-1-1 FOR LOCAL RESPONDERS**

1. If serious injury or illness occurs call emergency services. Give your name, describe the nature and severity of the medical problem and the location of the victim.
2. In case of minor injury or illness, provide first aid care. Use only sterile first aid materials.
3. In case of serious injury or illness, first responder trained personnel should quickly perform the following steps:
 - a. Contact 9-1-1 for local police, fire, and ambulance.
 - b. Keep the victim still and comfortable. DO NOT MOVE THE VICTIM.
 - c. Ask victim, "Are you okay?" and "What is wrong?"
 - d. Check breathing and give artificial respiration if necessary if trained. Control serious bleeding by direct pressure on the wound.
 - e. Check for pulse and if none is found, call 911 and start BLS. If trained in BLS and the use of an AED, send someone to get the AED at the main desk or if alone, get the AED as quickly as possible and return to victim. Use the AED as quickly as possible. A report must be filed after any use of the AED.
 - f. Continue to assist the victim until help arrives.
 - g. Look for emergency medical I.D., question witness(es), and give all information to the Emergency Responders.

Chemical Spill

1. Any spillage of a hazardous chemical should be reported immediately to the Incident Commander and the Campus Manager.
2. When reporting, be specific about the nature of the involved material and exact location. The Incident Commander, Campus Manager and/or administrative personnel will contact the necessary specialized authorities and medical personnel.
3. The key person on site should vacate the affected area at once and seal it off to prevent further contamination of other areas until the arrival of the Incident Commander or Campus Manager, and local responders.
4. Anyone who may be contaminated by the spill, should avoid contact with others as much as possible, remain in the vicinity, and give their names to the Incident Commander, Campus Manager or other emergency responders. Required first aid and clean up by specialized authorities should be started at once.
5. If an emergency exists, activate the building fire alarm.
6. When the building evacuation alarm is sounded, an emergency exists. Walk quickly to the nearest marked exit and alert others to do the same.
7. ASSIST PERSONS WITH DISABILITIES IN EXITING THE BUILDING!
8. Once outside, move to a clear area at least 500 feet away from the affected building(s). Keep streets, fire lanes, hydrants, and walkways clear for emergency vehicles and crews.
9. If requested, assist emergency crews as necessary.
10. A Campus Emergency Command Post may be set up near the emergency site. Keep clear of the Command Post unless you have official business.
11. DO NOT RETURN TO AN EVACUATED BUILDING unless told to do so by a College official.

Bomb Threat

1. If you observe a suspicious object or potential bomb on campus, DO NOT TOUCH THE OBJECT! Clear the area and immediately call 911. Notify the Incident Commander.
2. Any person receiving a phone call concerning a bomb threat should ask the caller:
 - a. When is the bomb going to explode?
 - b. Where is the bomb located?
 - c. What kind of bomb is it?
 - d. What does it look like?
3. Keep talking to the caller as long as possible and record the following:
 - a. Note the caller's ID
 - b. Signal for someone to call Police on a separate phone
 - c. Note the time of the call
 - d. Try to determine age and sex of the caller
 - e. Pay attention to speech patterns, accent, possible nationality, etc.
 - f. Try to gauge the emotional state of the caller
 - g. Listen and try to identify any background noises
4. The Incident Commander, in conjunction with other trained personnel, may conduct a detailed bomb search. Employees are requested to make a cursory search of their area during evacuation for suspicious objects and to report the location to Public Safety. IF FOUND, DO NOT TOUCH THE OBJECT. Do not open drawers, cabinets, or turn lights on or off. Do not use your cell phone.
5. If an emergency exists, activate the building fire alarm.



6. When the building evacuation alarm is sounded, an emergency exists. Walk quickly to the nearest marked exit and alert others to do the same.
7. ASSIST PERSONS WITH DISABILITIES IN EXITING THE BUILDING!
8. Once outside, move to a clear area at least 500 feet away from the affected building(s). Keep streets, fire lanes, hydrants, and walkways clear for emergency vehicles and crews.
9. DO NOT RETURN TO AN EVACUATED BUILDING unless told to do so by a college official.

BOMB THREAT REPORT FORM

(Used in the case of any threatening phone calls; and, used to provide a description of the caller's voice along with information relative to the threat)

Date: _____ Time: _____

Exact words of person placing call:

Using the caller ID, please have someone contact campus or local police.

Male Female Unsure Computer Generated

Did the caller sound Child Young - Adult Middle-aged Elderly

Tone of voice _____ Accent _____

Background Noise(s): _____

Is the voice familiar? _____ If so, who did it sound like? _____

QUESTIONS TO ASK

1. When is bomb scheduled to explode? _____

2. Where is the bomb right now? _____

3. What kind of bomb is it? _____

4. What does it look like? _____

5. Where/why did you place the bomb? _____

REMARKS: _____

YOUR CONTACT INFORMATION

Your Name: _____ Your Department: _____

Your Phone Number: _____ Additional Phone Numbers: _____

Your Home Address: _____

Your email address _____

ADDITIONAL COMMENTS

Violent or Criminal Behavior

1. Everyone is asked to assist in making the campus a safe place by being alert to suspicious situations and promptly reporting them.
2. If you are a victim or a witness to any on campus offense, AVOID RISKS!!!
3. Promptly notify 911 as soon as possible and report the incident, including the following:
 - a. Nature of the incident.
 - b. Location of the incident.
 - c. Description of person(s) involved.
 - d. Description of property involved.
4. If you observe a criminal act or whenever you observe a suspicious person on campus, immediately notify the Incident Commander and the Campus Manager.
5. Assist the officers when they arrive by supplying them with all additional information and ask others to cooperate.
6. Should gunfire or discharged explosives threaten the campus, you should take cover immediately using all available concealment. After the disturbance, seek emergency first aid if necessary.

Active Shooter

To Do: Active Shooter Situation:

1. RUN/EVACUATE the area, if it is safe to do so. HELP others to escape, if possible. Prevent other people from entering the danger area, if possible. DO NOT attempt to move wounded people. KNOW the building and where all exits are located.
2. HIDE, if evacuation is not possible. Find a place to hide where you are less likely to be found. Hiding places should: be out of view, provide protection if shots are fired (close, lock, and barricade door), and not trap or restrict your options for movement. Silence your cell phone or pager. Turn off radios and other noise producers whenever possible. Hide behind large objects whenever possible (cabinets, desks, copiers, etc.). Remain quiet. If possible, close and lock all doors and windows and turn off all lights. Get down on the floor and make sure that no one is visible from outside the room.
3. NOTIFY police, by dialing 9-1-1 as soon as possible. Provide as much information as possible to the police or dispatcher. Helpful information will include the location of the shooter/shooters, the description of their clothing, along with information regarding the types and number of weapons, etc. It's also important to provide information about potential victims (how many and their locations). IF YOU CANNOT SPEAK, leave the line open so that the dispatcher can listen.
4. FIGHT only when your life is in eminent danger. DISRUPT the shooter by ACTING AGGRESSIVELY - throw items and improvised weapons at the shooter, yell, and try to physically incapacitate the shooter. COMMIT TO YOUR ACTIONS FIGHT!!!!

Response to Law Enforcement:

1. Remain calm and follow instructions
2. Put down/drop items in your hands
3. Raise your hands and spread your fingers
4. Keep your hands visible at all times
5. Avoid quick movements
6. Avoid pointing, yelling, or screaming
7. When told to leave, exit the same way used by the officers to enter. Do not stop to ask officers for directions.

To Do: Taken Hostage:

1. Run, hide, or fight, see active shooter procedures.
2. Be patient. Time is on your side. Avoid drastic action.
3. The initial 45 minutes are the most dangerous. Follow instructions, and remain alert. The captor is emotionally unbalanced.
4. Don't speak unless you are spoken to and then only when necessary. Don't talk down to the captor who may be in an agitated state. Avoid appearing hostile. Maintain eye contact with the captor at all times if possible, but do not stare. Treat the captor like royalty.
5. Try to rest. Avoid speculating. Comply with instructions as best you can. Avoid arguments. Expect the unexpected.
6. Be observant. You may be released or escape. The personal safety of others may depend on your memory.
7. Be prepared to answer the police on the phone. Be patient, wait. Attempt to establish rapport with the captor. If medications, first aid, or restroom privileges are needed by anyone, say so. The captors, in all probability, do not want to harm anyone. Such direct action may further implicate the captor on additional offenses.

Fire**IN AN EMERGENCY, DIAL 911 IMMEDIATELY!!!**

1. Know the location of fire extinguishers, fire exits, and alarm systems in your area and know how to use them. Training and information are available through the Incident Commander and Campus Manager.
2. If a minor fire appears controllable, **IMMEDIATELY** contact Incident Commander. Then promptly direct the charge of the fire extinguisher toward the base of the flame.
3. If an emergency exists, activate the building alarm.
4. For large fires that do not appear controllable, **IMMEDIATELY call 911 and Incident Commander**. Then evacuate all rooms, closing all doors to confine the fire and reduce oxygen - **DO NOT LOCK THE DOORS!!**
5. When the building evacuation alarm is sounded, an emergency exists. Walk quickly to the nearest marked exit and alert others to do the same.
6. **ASSIST PERSONS WITH DISABILITIES IN EXITING THE BUILDING!!!**
7. Once outside, move to a clear area at least 500 feet away from the affected building(s). Keep streets, fire lanes, hydrants, and walkways clear for emergency vehicles and crews.
8. If requested, assist Emergency crews as necessary.
9. A Campus Emergency Command Post may be set up near the emergency site. Keep clear of the Command Post unless you have official business.
10. **DO NOT RETURN TO AN EVACUATED BUILDING** unless told to do so by a College official.

NOTE: If you become trapped in a building during a fire and a window is available, place an article of clothing (shirt, coat, etc.) outside the window as a marker for rescue crews. If there is no window, stay near the floor where the air will be less toxic. Shout at regular intervals to alert emergency crews of your location. **DO NOT PANIC.**

Utility Failure

1. In the event of a major utility failure (electrical, plumbing, flooding, elevator, ventilation) occurring during regular working hours (8:00 a.m. through 5:00 p.m., Monday through Friday, immediately notify the Incident Commander.

2. If there is potential danger to building occupants, or if the utility failure occurs after hours, weekends or holidays, notify Police by calling **911**.
3. If an emergency exists, activate the building alarm.
4. All building evacuations will occur when an alarm sounds continuously and/or when an emergency exists. Exit the building and alert others.
5. ASSIST PERSONS WITH DISABILITIES IN EXITING THE BUILDING!!!
6. Once outside, move to a clear area at least 500 feet away from the affected building(s). Keep streets, fire lanes, hydrants, and walkways clear for emergency vehicles and crews.
7. If requested, assist Emergency crews as necessary.
8. A Campus Emergency Command Post may be set up near the emergency site. Keep clear of the Command Post unless you have official business.
9. DO NOT RETURN TO AN EVACUATED BUILDING unless told to do so by a College official.

Additional Information & Procedures

Always observe steps "1" and "2" above whenever the following utility emergencies arise.

Electrical/Light Failure:

In this situation, campus building lighting may not provide sufficient illumination in corridors and stairs for safe exiting. It is advisable to have a flashlight and portable radios available for emergencies.

Plumbing Failure/Flooding:

Cease all operation. **DO NOT SWITCH ON ANY LIGHTS OR ANY ELECTRICAL EQUIPMENT! REMEMBER**, electrical arcing can trigger an explosion!!! Notify Incident Commander and Campus Manager immediately.

Ventilation Problem

If smoke odors come from the ventilation system, immediately notify Incident Commander and Campus Manager, and if necessary, cease all operations and vacate the area.

Psychological Crisis

A psychological crisis exists when an individual is threatening harm to himself/herself or to others, or is out of touch with reality due to severe drug reactions or a psychotic breakdown. Hallucinations or uncontrollable behavior may manifest a psychotic breakdown.

If a psychological crisis occurs:

1. Never try to handle a situation you feel is dangerous on your own.
2. Notify the Incident Commander and **CALL 911**. Clearly state that you need immediate assistance; give your name, your location, and the type of situation you're facing.

The following pages (pages 18-19) contain the exposure control plan for our facility. This plan identifies potential exposure hazards and specific procedures for protection against them. Included are steps to follow in the event of an exposure incident and additional information as required by 29 CFR Part 1910.1030, Occupational Exposure to Bloodborne Pathogens, Final Rule.

Please read the plan carefully. Any and all questions should be directed to the Safety Officer of the facility. Additional copies may be obtained from your administrator.

A copy of the Exposure Control Plan will be kept in all laboratory areas.

JOB CLASSIFICATIONS ACCORDING TO EXPOSURE POTENTIAL

Arizona College will determine exposure category of all employees by developing a list of all job classifications in which employees have an occupational exposure.

An "Occupational Exposure" is defined by OSHA as: Reasonable anticipated skin, eye, mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

In determining and developing the list of job classifications, the duties, tasks, and procedures that place an employee at risk of occupational exposure, regardless of protective clothing or equipment, must be considered.

There are three categories of job classifications:

Category I Employees whose routine and/or daily duties, tasks, or procedures always expose them to blood and other potentially infectious materials.

Category II Employees whose routine and/or daily duties, tasks, or procedures occasionally expose them to blood and other potentially infectious materials.

Category III Employees whose routine and/or daily duties, tasks, or procedures never expose them to blood and other potentially infectious materials.

EXPOSURE DETERMINATION *(To comply with 1910.1030)*

In compliance with 1910.1030 ©(1)(I), this Exposure Control Plan designed to eliminate or minimize employee exposure to Bloodborne Pathogens.

1. The following job classifications within our organization have reasonably anticipated exposure to bloodborne pathogens.

Category I: All Medical, Dental, Phlebotomy, Nursing, EKG/Laboratory Assisting Instructors directly responsible for teaching and supervision of laboratory procedures.

Category II: All school Administrators, Directors, and Assistant Directors, who might assist or substitute teach in these areas.

Any and all instructors who might assist in the instruction of laboratory procedures or individuals cross-trained to teach laboratory procedures.

2. The following classifications within our organization have no anticipated risk of exposure to bloodborne pathogens:

Category III: A. Admissions Representatives

B. Administrative Staff (Admissions Coordinator, Administrative Assistants)

Training Records

1. Training records shall include the following information:

- A. The dates of the training session.
- B. The contents or a summary of the training session.
- C. The names and qualifications of persons conducting the training.
- D. The names and job titles of all persons attending the training sessions.

2. Training records shall be maintained for three years from the date on which the training occurred.

Record Availability

1. The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Executive Assistant or Director for examination and copying.
2. Employee training records by the regulations shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Executive Assistant.
3. Employee medical records required by the regulations shall be provided upon request for examination and copy to the subject employee, to anyone having written consent of the subject employee, to the Director and to the Executive Assistant.

Transfer of Records

1. The employer shall comply with the requirements involving transfer of records as they are set forth in the regulation.
2. If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three-month period.

Record Keeping

1. The employer will establish and maintain an accurate record for each employee with occupational exposure.
2. This record shall include:
 - A. The name and social security number of the employee;
 - B. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination;
 - C. Documentation regarding any exposure incidents;
 - D. A copy of all examinations, medical testing, and follow-up procedures;
 - E. The employer's copy of the health care professional's written opinion;
 - F. A copy of the information provided to the health care professional; and,
 - G. Documentation of training and risk reduction procedures
3. Confidentiality. The employer shall ensure that employee medical records are:
 - A. Kept confidential; and
 - B. Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section as may be required by law.
4. The employer shall maintain the records required for at least the duration of employment plus 30 years.
5. The Safety Officer will assume responsibility for trending illnesses and injuries and completing, maintaining and posting the OSHA 200 log.

HAZARDOUS MATERIALS

Health profession students will train and eventually work in an environment that includes chemical products. Arizona College provides Material Safety Data Sheets (MSDS) in every laboratory. These are documents that contain information on the potential hazards (health, fire, reactivity and environmental) and how to work safely with the chemical product. It also contains information on the use, storage, handling and emergency procedures all related to the hazards of the material

RADIATION SAFETY POLICY

Purpose

To establish protocols designed to minimize radiation exposure to patients and operators; to promote sound radiological health practices, and to promote proper infection control during radiographic procedures

General Policy

The responsibility for clinical radiation safety and infection control lies with every individual involved with diagnostic radiology including faculty, students, clinical staff and other individuals who are responsible for the proper use and maintenance of radiation equipment and supplies (including film, darkrooms and processors). The ultimate goal of this policy is to operate under the ALARA concept (As Low As is Reasonably Achievable) with regard to radiation exposure. The principles of infection control as applied to clinical radiology and described in this policy shall be utilized in all laboratory/clinical areas.

Implementation

I. General Radiation Safety Issues

- A. Compliance Statement: The policies and criteria outlined herein adhere to both Federal and Arizona State regulations of Radiation Protection and adopt the principles of the FDA Guidelines for Radiographic Examinations. It shall be the obligation of all students and staff at Arizona College who are involved in diagnostic radiology to:
- adhere to accepted protocols for the safe operation of radiologic equipment and supplies for their own protection and for the protection their patients.
 - follow sound and logical radiological health practices and to report any suspected health hazards to the proper administrative authority.
 - adhere to the infection control policy of the school during radiographic procedures.
- B. Responsibility for monitoring radiation safety is placed on the Safety Coordinator. The Coordinator is responsible for implementation of radiation safety measures and controls thereof. Annual inspections are performed including but not limited to
- Measurements of radiation in controlled and non-controlled areas.
 - Performance of x-ray units in respect to State and Federal regulatory codes.
 - Identification of non-compliance with program policy or regulatory codes.
 - Evaluation of radiological safety programs by observing their effectiveness in providing protection and the level of compliance.
 - Authorized Users: The use of diagnostic x-ray equipment shall be restricted to those individuals described in this section.
- C. Students and faculty: The operation of x-ray equipment by students is authorized but limited to the following restrictions:
- The operator shall have Arizona State Radiology Certification.
 - The x-ray exposures shall be authorized by a clinical instructor
 - A clinical instructor shall approve the quality of the radiograph as evidenced by the instructor's signature on the record.
- D. Radiation Protection Standards Occupational doses for individuals are:
- an annual limit is to be the more limiting of: total effective dose equivalent being equal to 5 rem (0.05 Sv) or the dose equivalent to any organ, tissue, or extremity (other than the lens of the eye) being equal to 50 rem (0.5 Sv). The annual dose equivalent limit to the eye will become 15 rem (0.15 Sv).
 - A pregnant worker should voluntarily declare her pregnancy in writing to her employer/campus director and include her estimated date of conception. The embryo/fetus should not receive a dose equivalent greater than 0.5 rem (50 mSv) during the entire pregnancy. Special dosimeters can be provided to declared pregnant workers to evaluate fetal doses.
 - occupationally exposed minors (under 18 years of age) should not receive an dose equivalent in excess of 0.5 rem (50 mSv) Monitoring will be required for any individual who could potentially receive a dose in excess of 10% of any applicable limits. Any individual monitoring device used for monitoring the dose to the whole body shall be worn at the unshielded location of the whole body likely to receive the highest exposure. When a protective apron is worn, the location of the individual monitoring device is typically at the neck (collar). Any additional individual monitoring device used for monitoring the dose to an embryo/fetus of a declared pregnant woman shall be located at the waist under any protective apron being worn by the woman.

II. Guidelines for Prescribing Dental Radiographs

- A. General Principles: The goal of every radiographic examination will be to seek information which will influence the diagnosis and treatment of the patient, thereby providing a benefit which otherwise could not be realized. The exposure of each patient will be as individualized as feasible. There shall be no "routine" radiographic examination. Radiographic examinations shall be carried out solely based on clinical indications. Radiographs shall not be taken solely for legal, documentary, teaching, or administrative purposes. To minimize unnecessary radiation to the patient, previous radiographs of the patient should be obtained. These will serve as important guides for the ordering of new radiographs and to provide a better understanding of disease progress.
- B. Prescription Guidelines: The Guidelines for prescribing dental radiographs are based on the recommendations issued by U.S. Department of Health and Human Services, Public Health Service, F.D.A., and shown in chart below.

III. Radiation Protection Measures for Patients and Personnel

A. Patient Protection from Ionizing Radiation

- The authorized user shall employ those operating parameters (kVp, mA, exposure time, film screen combinations, and collimation), which result in the lowest possible radiation dose to the patient and still produce desired diagnostic information.
- A lead impregnated apron is recommended to shield the trunk of the body and the gonads of the patient. The lead equivalent of the apron should be at least 0.25mm.
- A thyro-cervical shield is recommended to protect the patient's neck when the use of it does not interfere with the retrieval of diagnostic information. This shield shall be provided for children. when it will not interfere with the examination.
- Before any exposure is initiated the operator shall ensure that the tube head has its proper and stable position.
- Film holders with indicators for proper x-ray beam alignment are recommended for combination with these film holders.
- Retakes should be approved by a faculty supervisor and should be taken only for a valid clinical reason, not for the purpose of improving the esthetics of the radiograph.

B. Personnel Protection from Ionizing Radiation

- In no instance shall the x-ray operator or an assistant hand-hold a film during exposure.
- During each exposure the operator shall stand behind a protective barrier. Only the patient should be in the path of the useful beam.
- Neither the tube housing nor the cone shall be hand held during exposure.
- When a patient needs assistance or reassurance during exposure, then a third party, such as a member of the patient's family, may be allowed to stay in the xray room to assist with the procedure, provided that the individual is issued appropriate protective devices and instructed to stay out of the path of the primary beam. The third party shall not be pregnant or under the age of eighteen.

- A. Recording of Radiographic Procedures: An entry which includes the date and type of exposure shall be made in the Radiology Log of the patient's dental record for each radiographic procedure performed. Patient records shall be reviewed by the faculty with respect to record entries in the Radiology Log and in the progress notes. All films or film mounts shall be labeled with the patient's name and date

- B. of exposure and stored in the patient's record. All intraoral films are to be mounted and labeled. Large extra-oral films are to be labeled directly on the film using identification labels.

- C. Facilities Management: The management of radiology equipment and facilities shall be in compliance with state law and Arizona College environmental health and safety policy as described in Appendix B. The Intraoral Dental X-ray Unit Test and Instructions (Form RSO 404) shall be used in the evaluation of facilities as displayed in Appendix C. Darkroom equipment and procedures: In addition to the regular maintenance of darkroom equipment and change of processing chemicals regular evaluations of the performance of the processing systems shall be undertaken. The Program Administrator shall keep logs of services on file. Viewing facilities: It is the responsibility of each department to keep viewing equipment and facilities in an adequate operating condition.

- D. Radiographic Image Quality Control: In an effort to maintain radiographic image quality at a high level, each radiographic examination shall include a critical review of image quality with respect to projection, exposure, and possible processing errors or artifacts. Remedial measures such as reinforcement of instructions, individual tutorials, etc., should be employed. All radiographs are reviewed by the student and a faculty member for errors. The need for retakes is determined by the diagnostic quality of the film. Retakes are limited to 4 films
- E. for a full mouth series, and a faculty member must supervise all patient retakes.

GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS

Modified after recommendations issued by U.S. Department of Health and Human Services, Public Health Service, Food & Drug Administration. The recommendations in this chart are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient's health history and completing a clinical examination. The recommendations do not need to be altered because of pregnancy.

Adults

TYPE OF ENCOUNTER	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
New Patient* being evaluated for oral diseases	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.	Individualized radiographic exam, based on clinical signs and symptoms.	
Recall Patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6-18 month intervals	Not applicable
Recall Patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable
Recall Patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.				Not applicable
Patient (New and Recall) for monitoring of dentofacial growth and development, and/or assessment of dental/skeletal relationships	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical exam to assess developing third molars	Usually not indicated for monitoring of growth and development. Clinical judgment as to the need for and type of radiographic image for evaluation of dental and skeletal relationships.	
Patient with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions				

Clinical situations for which radiographs may be indicated include, but are not limited to:

Positive Historical Findings

1. Previous periodontal or endodontic treatment
2. History of pain or trauma
3. Familial history of dental anomalies
4. Postoperative evaluation of healing
5. Remineralization monitoring
6. Presence of implants, previous implant-related pathosis or evaluation for implant placement

Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract ("fistula")
9. Clinically suspected sinus pathosis
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical tooth erosion
23. Peri-implantitis

****Factors increasing risk for caries may be assessed using the ADA Caries Risk Assessment forms (0-6 years of age and over 6 years of age).**